

Inspection Report

22 November 2022



Foyleville Day Centre

Type of service: Day Care Setting
Address: Academy Road, Londonderry, BT48 7LE
Telephone number: 028 7126 3900

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health & Social Care Trust Responsible Individual: Mr Neil Guckian	Registered Manager: Mr Martinog Bradley (Acting) Date registered: Not required
Person in charge at the time of inspection: Day Care Assistant	
Brief description of the accommodation/how the service operates: Foyleville Day Centre is a day care setting that provides care and day time activities for up to 20 services users aged over 65 who may have a range of needs associated with physical disability, brain injury, sensory impairment, mild cognitive impairment and dementia. The day care setting is open from Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 22 November 2022 between 10.20 a.m. and 3.20 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to care plans, the service's fire risk assessment, the annual report, quality monitoring visits, service users meetings and adult safeguarding training for ancillary staff.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

We would like to thank the person in charge, service users, and staff for their support and co-operation throughout the inspection process.

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I am treated with respect and kindness."
- "The centre is very clean; staff are forever cleaning things like chairs and tables."
- "I have just started and I have been made so welcome."
- "The centre is a big part of my life."

Staff comments:

- "I am well supported by the new manager."
- "Good handover of information."
- "There is no DoLS in place; all service users are free to leave."
- "I know the types of abuse and when and how to report."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “My care is very good.”
- “The staff listen to me which is very important.”
- “Staff are perfect, kind and helpful.”

There were no responses to the electronic staff survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 3 March 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 3 March 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (1) (1) (a) Stated: First time	<p>The registered person shall ensure that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. We undertook a tour of the day care setting and evidenced that all chemicals were stored appropriately.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 13.4 Stated: First time	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>This relates specifically ancillary to staff.</p>	Not met

	<p>Action taken as confirmed during the inspection: A review of staff training records evidenced that ancillary staff had not completed adult safeguarding training. This area for improvement has not been addressed and has been stated for a second time.</p>	
<p>Area for improvement 2 Ref: Standard 21.4 Stated: First time</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified, and arrangements are in place to meet them.</p> <p>This relates specifically to DoLS training.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. A review of staff training records evidenced that staff had completed DoLS training.</p>	Met

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

Records viewed and discussions with the person in charge indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

A review of accident/incident records evidenced that no accidents/incidents had occurred since the last inspection.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

We reviewed three service users' care records. Care plans generally reflected the assessed needs of the service users. On review of one service user's care records we identified that there were inconsistencies in the care plan pertaining to moving and handling. Another care record had admission documentation regarding the service user's medical history and on review of the care plan there was no specific plan in place to direct the care required. An area for improvement has been made in this regard.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

The day care setting's fire safety precaution records were reviewed. A fire risk assessment was completed in December 2021. Review of the fire risk assessment confirmed that a number of significant findings had not been addressed within the specified timeframe. An area for improvement has been made in this regard.

Fire exits were observed to be clear of clutter and obstruction. Discussion with staff confirmed they were aware of the fire evacuation procedure.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care.

Discussion with the person in charge confirmed that service user meetings were undertaken however, the last meeting was undertaken on 25 August 2022 and the previous meeting was undertaken 2 December 2021. We discussed that service users should be enabled to be involved in and given opportunities to influence the running of the service. This will require the establishment of regular forums or systems whereby service users can be consulted about and express their views. An area for improvement has been made in this regard.

We discussed the annual report with the person in charge. An annual report had not been developed in line with Regulation 17 (1), Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007. The person in charge was advised where guidance was available on the RQIA website and the matters that must be included in the report. An area for improvement has been made in this regard.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties it was positive to note that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

The person in charge advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The person in charge confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

The person in charge advised that there were systems in place to ensure all newly appointed staff would complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed the monthly monitoring arrangements in place to ensure that these arrangements were in line with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Review of these arrangements confirmed that the monitoring visits were not always undertaken monthly. An area for improvement has been made in this regard.

A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day care setting.

We discussed the acting management arrangements which have been ongoing since 1 September 2022; RQIA will keep this matter under review.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	4	2*

* the total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person, where appropriate, shall ensure that a written care plan is prepared in consultation with the service user or the service user's representative as to how the service user's needs in respect of his day care are to be met.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All care plans for service users attending the Day Centre have been audited and updated as required. Care plans are to be reviewed as and when required or at annual review.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4)(a)</p> <p>Stated: First time</p> <p>To be completed by: On completion of QIP</p>	<p>The registered person shall provide details of the action taken to address the significant findings highlighted in the fire risk assessment dated December 2021.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All areas identified within the fire risk assessment action plan have been addressed within in the specified timeframe. Estate Services have been contacted to address any areas within the action plan relating to their service. All areas for the nominated fire officer have been actioned within the specified timeframe. Any jobs requested from estates department have been followed up.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17(1)(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2022</p>	<p>The registered person shall complete the annual report which is compliant with Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: An annual report was completed following the review and forwarded to RQIA, this was subsequently updated following advice on templates available on RQIA web resources.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p>	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 5.2.6</p>

<p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Monitoring visits are carried out monthly by the Head of Care and Accommodation, Primary Care and Older People's Services Directorate. Octobers visit was carried out by an acting Band 7 who has since returned to their substantive post and provided the report on 23/12/22.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure service users are enabled to be involved in and given opportunities to influence the running of the service. This will require the establishment of forums or systems whereby service users can be consulted about and express their views.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Service users meetings are scheduled in the diary in advance to take place every quarter. The most recent service user meeting was held on 28/11/22.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.4</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>This relates specifically ancillary to staff.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: Safeguarding training has been arranged for transport and catering staff for 09/02/23.</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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