

# Inspection Report

16 December 2021



## Crossmaglen Social Education Centre

Type of service: Day Care Setting

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern Health and Social Care Trust (SHSCT)	<b>Registered Manager:</b> Mrs Paula Farrell (Acting)
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> Application received
<b>Person in charge at the time of inspection:</b> Assistant Manager	
<b>Brief description of the accommodation/how the service operates:</b> Crossmaglen Social Education Centre is a day care setting registered to provide care and day time activities for a maximum of 24 people who have a learning disability. The day care setting is open Tuesday to Friday and is managed by the SHSCT.	

## 2.0 Inspection summary

A short notice announced care inspection took place on 16 December 2021 from 10.00 a.m. to 4.50 p.m by two care inspectors.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

Evidence of good practice was found in relation to monitoring the professional registration of staff; management of accidents and incidents, the provision of person centred care, communication between service users, staff and other key stakeholders and staff training.

Six areas requiring improvement were identified in relation to recording practices pertaining to the management of service users' monies, the management of hot surfaces, safe storage of chemicals, care plans relating to eating, drinking and swallowing, the completion of quality monitoring reports and the staff duty roster.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC and the NMC were monitored.

We discussed any complaints and incidents during the inspection with the assistant manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Two service user/relative responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the assistant manager and day care worker at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with two service users and three staff including the assistant manager.

**Comments received during the inspection process included:**

**Service users' comments:**

- "Staff are nice and I get on with them alright."

- “We are doing arts and crafts for Christmas.”
- “I am happy the way the centre is.”
- “Staff wear their masks.”

#### Staff comments:

- “I have done all my mandatory training and very good training provided by the Trust.”
- “Care and support is individualised and service users’ views are always respected.”
- “Detailed cleaning and social distancing measures in place.”
- “No restrictive practice in place in the centre.”
- “We have a small staff team and know all the service users’ needs.”
- “We offer choice of everything the service users do in the centre.”

## 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 inspection to Crossmaglen Social Education Centre was undertaken 10 October 2019 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 10 October 2019		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1  Ref: Regulation 19 (2) Schedule 5 12  Stated: First time	The registered person shall ensure the weekly and monthly checks on fire equipment are completed and appropriate records maintained. Measures should be put in place for management to monitor and identify any deficits.	Met
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the assistant manager confirmed that this area for improvement had been addressed. Review of fire safety records evidenced that weekly and monthly fire safety checks were undertaken.	

## 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 assistant manager and staff revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records.

In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

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

The day care worker described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided by the day care worker that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of a sample of the staffing roster evidenced that the planned staffing levels were adhered to.

Review of the staff duty roster identified, that on a small number of occasions, it was difficult to ascertain staff rostered on duty on a daily basis and the hours worked by care staff. The staff duty roster should explicitly specify the staff rostered on duty and the time each shift commences and concludes. An area for improvement has been made in this regard.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users.

The day care setting's governance arrangements in place for identifying, managing and, where possible, eliminating unnecessary risk to service users' health, welfare and safety were reviewed during the inspection. This indicated that an effective incident and accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager, senior manager and the SHSCT governance department. A review of a sample of these records and

discussion with the assistant manager evidenced that incident and accidents were managed appropriately.

Observation of and discussion with staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the assistant manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

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 roles. Discussion with staff confirmed that mandatory staff training was up to date. This included DoLS training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The assistant manager told us that no service users met the criteria to have a DoLS process put in place at this time. The assistant manager also told us that there were no restrictive practices in place at the time of the inspection.

The day care worker advised that staff manage monies on behalf of a small number of service users. These monies were used for the payment of service users' lunch meals in the day care setting.

Review of records evidenced that receipts were provided to service users. However, two signatures were not provided for monies received from service users. An area for improvement has been made in this regard.

On entering the day care setting the inspectors' temperatures and contact tracing details were obtained by the day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The assistant manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

Observation of the environment was undertaken during a walk around of the day care setting, it confirmed that the environment was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions.

During a review of the environment it was noted that there was an area which service users could potentially have access to toilet cleaner, odour eliminator and hand sanitiser product. This was discussed with the assistant manager and it was stressed that the internal environment of the day care setting must be managed to ensure Control of Substances Hazardous to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the assistant manager prior to the conclusion of the inspection. An area for improvement has been made in this regard.

We observed three storage heaters in the dining room with a notice placed above the storage heaters advising of a hot surface temperature. Discussion with the assistant manager confirmed that a risk assessment had not been completed. An area for improvement has been made in this regard.

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

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

It was noted that one service user had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. However, review of records identified that there were discrepancies between the SALT recommendations to that indicated on the care plan. This was discussed with the assistant manager who agreed to address the matter. An area for improvement has been made in this regard.

It was positive to note staff had undertaken dysphagia training.

### **5.2.3 Are there robust systems in place for staff recruitment?**

The assistant manager 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 assistant manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting were registered with NISCC and/or the NMC, as appropriate. Information regarding registration details and renewal dates was monitored by the manager. The assistant manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.



Discussion with staff confirmed that they were registered with NISCC and/or the NMC, as appropriate. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The assistant manager told us that the day care setting does not use volunteers or voluntary workers.

#### **5.2.4 Are there robust governance processes in place?**

The Regulation 28 quality monitoring reports were available to be examined since the last inspection. The reports evidenced a review of the conduct of the day care setting, engagement with service users, service users' representatives and the development of action plans for follow up at subsequent visits. Reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

Review of the quality monitoring reports identified that visits had not been undertaken in May 2021, July 2021 and in September 2021. RQIA acknowledges from May 2017, the SHSCT implemented an alternative approach to assuring quality monitoring; this meant that eleven visits were undertaken instead of the required twelve. This arrangement had not been met. An area for improvement has been made in this regard.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager.

Discussions with the assistant manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

It was established during discussions with the assistant manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

## **6.0 Conclusion**

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.



Six areas requiring improvement were identified in relation to recording practices pertaining to the management of service users' monies, the management of hot surfaces, safe storage of chemicals, care plans relating to eating, drinking and swallowing, the completion of quality monitoring reports and the staff duty roster.

The inspectors would like to thank the assistant manager, service users and staff for their support and co-operation throughout the inspection process.

## **7.0 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 the Day Care Settings Minimum Standards, Revised August 2021.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of Areas for Improvement</b>	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the assistant manager and day care worker, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (1) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> All day care staff have been instructed to ensure that surplus hand sanitisers, air fresheners, cleaning products or any products harmful to health are safely secured in a locked COSHH cupboard within the registered day care facility. This will be subject to ongoing monitoring by day care staff and daycare management. The monitoring officer role will include a focus on the regular audit and checks completed by day care staff and management in respect of COSHH practices.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (1) (a) <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing from the date of inspection	The registered person shall ensure that a hot water/hot surfaces risk assessment for the premises be completed and implement any risk assessment report action plan recommended control measures in accordance with the assessors required time intervals.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The SHSCT's estates departemt and Registered Responsible Manager have undertaken a risk assessment in relation to hot surfaces within Crossmaglen day care centre. The actions agreed include the installation of wire mesh covers on existing storage radiators as a potential hot surface that could be harmful to service users. This is being progressed by estates 9 covers have been ordered. Day care staff will continue to use the thermostatic controls in place on the existing radiators to ensure a safe temperature is maintained and signage warning alerts where necessary are in place, whilst delivery of radiator covers are awaited. Only designated staff are permitted to enter the kitchen area, and this has been reinforced with service users attending and with use of signage. Additionally as a further control assurance measure Speech and Language Colleagues have provided appropriate signage to enhance service user's awareness and understanding of the dangers of hot surfaces in the daycare centre.

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 16 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that care plans are reflective of the International Dysphasia Diet Standardisation Initiative (IDDSI), as indicated on the SALT care plan.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The daycare worker has updated the relevant care plan as per International Dysphasia Diet Standardisation Initiative (IDDSI) requirements. Daycare management will carry out regular audits on the recording of professional assessment information within daycare plans to ensure that the care plans held on file in day care are reflective of the service user assessed needs as recorded on the electronic PARIS system. Refresher training in recording practices and paris systems training for daycare staff has also been completed .</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</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: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> The SHSCT will ensure compliance with the requirement to complete 12 monthly monitoring visits per year as per Regulation 28 of the Day Care Setting Regulations (NI) 2007. The Mental Health and Disability Directorate have invested significant additional monies to address the shortfall in the monitoring officer availability to ensure that all required 12 monthly visits will take place.</p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, Revised August 2021</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 11.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign, two members of staff sign and date the record.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The responsible registered daycare manager has reinforced with all day care staff that all records of and receipts for financial transactions undertaken by staff on behalf of service users must have the required 2 staff signatures where Service users are unable to or choose not to provide a signature This requirement will be subject to regular audit and monitoring by daycare management .</p>

<b>Area for improvement 2</b>  <b>Ref:</b> Standard 23.7  <b>Stated:</b> First time	The registered person shall ensure that the staff duty roster clearly indicates the staff rostered on duty on a daily basis and the time that each shift commences and concludes.  Ref: 5.2.1
<b>To be completed by:</b> Immediate and ongoing from the date of inspection	<b>Response by registered person detailing the actions taken:</b> A revised duty rota schedule has been put in place in Crossmaglen day care centre which clearly indicates who the staff rostered on duty are with confirmation of full name . This information is recorded on a daily basis, and also includes time that each shift commences and concludes. The banding of staff and role is also noted. This will be subject to regular audit and monitoring by daycare management staff.

***\*Please ensure this document is completed in full and returned via Web Portal\****



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