

Inspection Report

9 September 2021



Aaron House

Type of Service: Day Care Setting
Address: 40 Rosneath Gardens, Dundonald, BT16 1UN
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Presbyterian Council of Social Witness	Registered Manager: Mr Francis Mooney
Responsible Individual: Mr Lindsay Conway	Date registered: 09 September 2011
Person in charge at the time of inspection: Mr Francis Mooney	
Brief description of the accommodation/how the service operates: Aaron House is a Day Care Setting that provides care and day time activities for people living with a learning disability, some of whom may also have complex physical and medical needs.	

2.0 Inspection summary

An announced inspection was undertaken on 9 September 2021 between 10.00 am and 2.20 pm by a care inspector and a senior inspector.

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

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

RQIA convened an Enhanced Feedback Meeting on 6 October 2021 to provide feedback on inspection findings with regard to the lack of availability of toilet/bathroom facilities within the day care setting and to obtain assurances that the matters identified would be addressed in an appropriate and timely.

The findings of this report will provide the registered individual and the manager 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 the service was 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 about this day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

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

We discussed any complaints and incidents during the inspection with the 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. One relative responded within the timescale requested; they indicated that they were very satisfied with the care and support provided. Comments received included:

- "Aaron House is a wonderful day centre, we can trust them with *****'s (service user) care completely."

There were no responses to the electronic survey.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with the relative of one service user, four service users and three staff. We observed service users being supported by staff to participate in a range of activities. Service users appeared relaxed and comfortable in the environment.

The information provided by service users, a relative and staff during the inspection indicated that there were no concerns in relation to the day care setting.

Comments received during inspection process included:

Service users' comments:

- "Going to make blackberry and apple crumble."

- “I like it here; the staff are good.”
- “The staff help me.”

Relatives’ comments:

- “Aaron House is very good; the staff are so good.”
- “I have no concerns; I am very happy with the care.”
- “I would love the service to be back to four days and would like my respite back; but understand it’s because of Covid.”

Staff comments:

- “I started as agency; I got a good induction.”
- “We get good training.”
- “Very supportive team.”
- “Management very supportive and approachable; would not hesitate to raise concerns.”

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 Aaron House was undertaken on 15 October 2018 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2019-2020 and 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

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). The adult safeguarding position report was reviewed.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed by the manager that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However it was identified from discussions with the manager that ancillary staff, including bus drivers, had not completed safeguarding training. Following the inspection the manager provided evidence that this training had been completed.

Staff spoken with indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could 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.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records reviewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. We noted that adult safeguarding matters are reviewed as part of the quality monitoring process.

The day care setting has provided service users and their relatives with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection and discussion with staff evidenced that service users' needs were effectively met by the number of staff on duty. It was noted that there are a reduced number of service users attending the service at present due to Covid-19 restrictions and guidance.

The review of staff training records highlighted that a number of staff were required to complete medication training updates; discussions with the manager confirmed that there was a plan in place for this to be completed within one month.

Detailed records of incidents and accidents were recorded and these are reviewed and audited by the manager, and the person completing the monthly quality monitoring audit. 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 DoLS training appropriate to the requirements of their roles. Staff demonstrated that they 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.

There are arrangements in place to ensure that service users, who require high levels of supervision or monitoring and restriction have had their capacity considered and, where appropriate, assessed.

The manager stated that where a service user is experiencing a deprivation of liberty, they are in the process of ensuring that appropriate assessments are completed in conjunction with the relevant HSC Trust representatives. This will be reviewed at the next inspection.

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

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins.

There were laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE. Observations of the environment concluded that it was fresh smelling and clean throughout. However, it was noted that electrical wires were hanging over an archway which could present as a tripping hazard, a chair was located close to a fire exit door and that the lounge area was cluttered with equipment/furniture. This was discussed with the manager and actions taken immediately to remove any items not currently required and to secure the wires. Following the inspection the manager provided further assurances that the areas identified had been decluttered and cleaned.

It was identified that there were no toilet/bathroom facilities available within the day care setting. Discussions with the manager identified that service users and staff were currently using a designated toilet and bathroom located in the adjoining Residential Home. The manager described the measures in place to ensure that only service users attending the day care setting used these facilities; he stated that enhanced cleaning regimes were in place. RQIA's concerns with regards to the privacy and dignity of service users attending the day care setting and residents living in the residential home, and the risks relating to IPC especially in light of the current Covid-19 pandemic were discussed with the manager.

These concerns were further discussed at an Enhanced Feedback meeting held with the provider on 6 October 2021. Prior to this meeting the responsible individual provided an action plan to RQIA outlining their proposed actions to address the matters raised. At the meeting the responsible individual provided RQIA with assurances and details of their proposals as to how they would address the matters highlighted during the inspection.

It was agreed that the organisation would liaise with the RQIA estates inspector and provide a comprehensive outline of the works to be completed and proposed timescales to RQIA in due course.

There was a good supply of PPE throughout the service; it was noted that social distancing guidelines were being adhered to. Staff discussed how they had adapted activities during the pandemic to reduce the risk of transmission of the virus.

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.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were currently registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards.

The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 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 identified that staff were implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users have 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. It was positive to note all staff including those who prepared the food had undertaken dysphagia awareness training.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken by the organisation's monitoring officer. A sample of reports viewed for June, July and August 2021 provided evidence that the monitoring process included engagement with service users, relatives and staff.

The reports included details of the review of service user care records; accident/incidents; complaints; staff recruitment and training, the environment and staffing arrangements. We discussed with the manager the benefits of reviewing and updating the template to include details of the review of safeguarding matters and DoLS.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints had been received by the service since the last inspection. Discussion with the manager and staff demonstrated that they had a good understanding of how to receive and deal with complaints and the process for ensuring the information was forwarded to the manager.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care setting's policies and procedures.

It was established during discussions with the 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

Enforcement action did not result from the findings of this inspection. It was, however, identified that appropriate provision of bathroom facilities in the day care setting was necessary.

The responsible individual provided RQIA with assurances that this issue would be addressed. An action plan was provided which set out the range of options under consideration to achieve this.

It was agreed that the organisation would liaise with the RQIA estates inspector and provide a comprehensive outline of the works to be completed and proposed timescales to RQIA in due course. Whilst no further action will be taken by RQIA at this time, the service will be kept under regulatory review in relation to all areas discussed.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

Findings of the inspection were discussed with the responsible individual and the registered manager, as part of the inspection process and can be found in the main body of the report.



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