

Inspection Report

28 November 2022



Drumcoo Centre

Type of service: Day Care Setting
Address: 1 Cherrymount Road, Drumcoo, Enniskillen, BT74 4GN
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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 HSC Trust (WHSCT)	Registered Manager: Mrs Elizabeth McGuinness
Responsible Individual: Dr Maria O’Kane	Date registered: Awaiting registration
Person in charge at the time of inspection: Senior Day Care Worker	
Brief description of the accommodation/how the service operates: This is a day care setting that is registered to provide care and day time activities for up to 40 service users. The service meets the needs of adults with physical complex disabilities and sensory impairment. The day care setting is open Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 28 November 2022 between 09.40 a.m. and 12.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency’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.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to support good communication.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated strong caring values and a desire to provide service users with personalised care. Staff were familiar with the choices and preferences of individual service users and expressed a commitment to providing care in keeping with service users’ care and support plans.

We noted some of the compliments received by the agency from a number of sources:

- “I find Drumcoo a positive in my life that supports my mental health”
- “Thanks for all the care and support received.”
- “Thanks for the additional days for my relative.”
- “Thanks to the staff for the practical and emotional support.”

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 the 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 questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with service users enjoying their activities with staff members. We also spoke with staff. The information provided by staff indicated that there were no concerns in relation to the day care setting.

Service user comments:

- "Great staff."
- "I like the centre."
- "No complaints."
- "Good activities."
- "Staff support is good."
- "I have been here a long time and still enjoy the centre."
- "More outside activities would be good."

Staff comments:

- "A good comprehensive induction and shadowing others that prepares you for the role."
- "I have regular one to one supervision that is helpful."
- "The manager has an open door policy."
- "Currently all my training is up to date."
- "Staff communicate well with each other."
- "A good approachable and helpful manager."

- “We provide a wide range of varied activities.”
- “I’m aware of my responsibilities as a NISCC care worker and know the standards and values of NISCC.”

During the inspection we provided a number of questionnaires for service users to complete and share their views in regard to the following areas of service quality and their lived experiences:

Returned questionnaires evidenced that service users thought care and support was excellent.

Comments included the following remarks from service users:

- “Very, very, good.”
- “I’m glad to be at this centre to come where I can meet my friends.”
- “I feel safe and confident with staff from Drumcoo, they are always available if needed or required.”
- “The service is very good in Drumcoo.”

No staff questionnaires were received prior to the issue of this report.

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 8 February 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 8 February 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2)(b) Stated: Second time To be completed by: 31 May 2022	The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following area must be addressed: <ul style="list-style-type: none"> • The exterior low level paintwork at the front of the day care setting was chipped and peeling Ref: 5.2.1	Met

	<p>Action taken as confirmed during the inspection: The centre is now compliant.</p>	
<p>Area for improvement 2 Ref: Regulation 28 Stated: First time To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person must ensure that the monthly quality 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>Action taken as confirmed during the inspection: The centre is now compliant.</p>	Met
<p>Area for improvement 3 Ref: Regulation 16 (1) Stated: First time 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: 5.2.2</p> <p>Action taken as confirmed during the inspection: The centre is now compliant.</p>	Met
Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
<p>Area for improvement 1 Ref: Standard 4.3 Stated: First time To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure needs assessments are updated, as necessary, signed and dated by the service user, the member of staff responsible for its review and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Ref: 5.2.2</p> <p>Action taken as confirmed during the inspection: The centre is now compliant.</p>	Met

Area for improvement 2 Ref: Standard 21.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	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. This relates specifically to adult safeguarding training for ancillary staff and dysphagia training for catering staff. Ref: 5.2.1 & 5.2.2	Met
	The centre is now compliant with ongoing training arrangements in place.	

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's) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff if they needed to report any concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager 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 their induction and every two years thereafter. Staff who spoke with us had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff 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.

The manager retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that no concerns had been identified since the last inspection.

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

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

confirmed that where the day care setting is unable to provide training in the use of specialised equipment, this had been identified by the staff before care delivery commenced and training had been requested from the HSC Trust.

It was positive to note that a number of care reviews were undertaken in keeping with the day care setting's policies and procedures. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and community inclusion. We noted some comments from recent reviews:

- "I'm very happy and content with my relative at the centre."
- "I'm looking forward to another day."
- "I enjoy coming to the centre and take an active role."
- "I'm happy at the centre."
- "I enjoy the craic and banter."
- "I'm happy with my current programme of activities."

The Mental Capacity Act (MCA) 2016 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 MCA.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

Staff had completed Deprivation of Liberty Safeguards DoLS training appropriate to their job roles. The manager reported that no current service users were subject to DoLS arrangements.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full fire evacuation drill was undertaken 25 September 2022. Reviewed Fire risk assessments for the centre were completed on the 9 June 2022. Staff fire training was completed on the 16 May 2022. During the inspection fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and in discussion with staff, it was good to note that service users and families had an input into devising individual activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The quality of service provision had also been regularly reviewed through a range of internal and external audits.

It was also positive to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in.

Some service users' comments included:

- "It's great to see new faces."
- "Maybe a change of current menus."
- "More lunch outings and day trips."
- "Swimming in SHARE is going well."
- "I have an interest in flower arranging."

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

The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review and service users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

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

A number of service users were assessed by SALT and the required assessments were in place. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered relevant professional regulatory bodies such as NISCC or The Nursing and Midwifery Council (NMC).

There was a robust system in place for staff professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their professional registrations up to date.

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

There was evidence that all newly appointed staff had completed 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 induction programme also included shadowing of a more experienced staff member. Written records were retained by the manager of the person's capability and competency in relation to their job role.

A review of the governance records Identified that staff had been recruited, inducted and trained in line with the regulations.

The manager had maintained a record for each member of staff in respect of their training, including induction and professional development activities. The training records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

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

There were monthly quality monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

Comments noted within monthly quality monitoring reports included:

Service users:

- "I love coming to the centre and have good friends here."
- "Staff are always willing to help."
- "I enjoy being involved in all activities."

Staff:

- "We feel supported in the role."
- "We provide a good standard of care."
- "Service users are happy and well cared for."

Relatives:

- "My relative enjoys the banter and friendships."
- "I would be lost without the centre."
- "I have no complaints and the standard of care is good."

HSC Staff:

- "Nothing but praise for the centre."
- "The staff are approachable, kind and respectful."
- "Good communication at the centre."

The day care setting had completed an annual review in relation to their practice that incorporated service users' and their representatives' feedback in keeping with regulations. The report was reviewed and was satisfactory.

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

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedures. No complaints had been received since the last inspection.

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

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the manager as part of the inspection process and can be found in the main body of the report.



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