

Inspection Report

8 February 2022



Drumcoo 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

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Mr Neil Guckian</p>	<p>Registered Manager: Mr Niall McGandy</p> <p>Date registered: 13 September 2012</p>
<p>Person in charge at the time of inspection: Mr Niall McGandy</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>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 and is managed by the WHSCT.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 8 February 2022 from 9.25 a.m. to 3.10 p.m.

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.

Five areas requiring improvement were identified in relation to the environment, care plans, needs assessment, Regulation 28 monthly quality monitoring visits and staff training.

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 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. Ten service users' 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.

The findings of the inspection were provided to the manager and senior 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 seven service users and five staff including the manager.

Comments received during the inspection process included:

Service users' comments:

- "This is a very good well run centre."
- "We have meetings and are asked about our views. We are listened to."
- "Staff are very approachable and I could talk to them at any time if I had a problem."

- “The centre is always clean and warm. Staff do extra cleaning of tables, chairs and lots more during Covid.”
- “I am treated very well, happy with all here.”
- “Good information given to us about and Covid and information also provided about what staff have done to keep us safe.”

Staff comments:

- “Service users are always offered choice in all activities and everything that goes on in the centre.”
- “The care and support provided is based on individual needs.”
- “Regular staff meetings generally monthly. The minutes are always available.”
- “We are further developing our gardening project with service user involvement.”
- “I have done my DoLS training and no DoLS in place in the centre. Service users have the freedom of the building.”
- “All relevant changes and updates are shared with staff at the morning team briefing meeting.”
- “We have been working to highlight dysphagia and the importance of service users’ dysphagia needs.”

5.0 The inspection

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

Areas for improvement from the last inspection on 9 January 2021		
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: First time To be completed by: 30 April 2020	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 deficits must be addressed: <ul style="list-style-type: none"> • The stained and peeling paintwork in the identified office • The stained ceiling tiles in the identified activity room • The moss and debris present in the guttering at the main entrance • The exterior low level paintwork at the front of the centre was chipped and peeling • The exterior woodwork room door paintwork was chipped and peeling. 	Partially met

	<p>Action taken as confirmed during the inspection: Review of the environment confirmed that all areas identified had been addressed with the exception of the exterior low level paintwork at the front of the centre. This area for improvement is stated for a second time.</p>	
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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 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. The day care setting had a system for retaining a record of referrals made to the relevant HSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

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. However, it was noted that ancillary staff including transport staff had not received training with regards to adult safeguarding. Adult safeguarding training was identified as an area for improvement.

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 manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector by the manager 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.

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 WHSCT governance department. A review of a sample of these records and discussion with the 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 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.

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 manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager stated that there were no restrictive practices in place at the time of the inspection.

On entering the day care setting the inspector's temperature 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.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. 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 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. The discussion with the manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users.

An area for improvement in the previous QIP in relation to addressing the chipped and peeling exterior low level paintwork at the front of the day care setting had not been addressed and is stated for a second time.

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 a number of service users 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.

Review of two service users' care records confirmed that they 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 and needs assessment. This was discussed with the manager who agreed to address the matter. An area for improvement has been made in this regard.

The needs assessments reviewed were not signed and dated by the service user, the member of staff responsible for its review nor the registered manager. An area for improvement has been made in this regard.

It was positive to note all care staff had undertaken dysphagia training. However, it was noted that catering staff had not received training with regards to dysphagia. An area for improvement has been made in this regard.

5.2.3 Are there 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 and that checks are completed before staff members commence 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 registered with NISCC.

Information regarding registration details and renewal dates was monitored by the manager. The 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. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The 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?

We discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. 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. Review of Regulation 28 monthly quality monitoring visits identified that a monitoring visit had not been undertaken in February, March, April, May, June, July and August 2021. 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 review of records and discussion with 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 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 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.

Five areas requiring improvement were identified in relation to the environment, care plans, needs assessment, Regulation 28 monthly quality monitoring visits and staff training.

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

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 the Day Care Settings Minimum Standards, Revised August 2021.

	Regulations	Standards
Total number of Areas for Improvement	3*	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 Quality Improvement Plan were discussed with Mr Niall McGandy, Manager and a senior 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2)(b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2022</p>	<p>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:</p> <ul style="list-style-type: none"> The exterior low level paintwork at the front of the day care setting was chipped and peeling <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: The Registered person has completed another Minor Capital Works on the 9/2/2022 to ask for the above work to be completed</p> <p>Senior Manager for Adult Physical Disability has escalated the need for this external work to be completed as soon as possible via the service Business Manager.</p> <p>The Day Centre will aim to be compliant by 31.05.2022.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>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>Response by registered person detailing the actions taken: The monthly quality monitoring visits have been carried out on a regular basis each month since September 2021. A new management structure in Adult Physical Disability has supported this improvement and will continue to oversee to ensure this regulation is met on a monthly basis.</p> <p>Service has been compliant since September 2021 and will continue to do so.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</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>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Day Centre manager has worked collaboratively with senior managers in the Adult Physical Disability Service to review current care / support plans. A new robust Care / Support plan will now be implemented with staff working with service users to update all care plans by 30.06.2022.</p> <p>The Day Centre expects to be compliant by 30.06.2022</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, Revised August 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4.3</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 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>Response by registered person detailing the actions taken: The Day Centre Manager is working collaboratively with Senior Management in Physical & Sensory Disability to review the assessment tool. This assessment will be updated as needs change or at a minimum once yearly. The new assessment form will include a section for the service user to sign and date. In addition, the member of staff responsible for its review and the registered manager will also sign the assessment.</p> <p>Where the service user is unable to or chooses not to sign any document, this will be recorded and the basis of his or her agreement to participate noted.</p> <p>The Day Centre expects to be compliant by 30.06.2022</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.4</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 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 adult safeguarding training for ancillary staff and dysphagia training for catering staff.</p> <p>Ref: 5.2.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: The registered person has been in contact with Senior Management within the Ancillary/Catering Service in relation to their staff availing of Adult Safeguarding & Dysphagia Training. This requirement has been acknowledged accordingly. The Trust is arranging a training strategy for this staff group in relation to both adult safeguarding and dysphagia.</p>

	New Training Matrix re-introduced following inspection to clearly indicate staff training completed.
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