

Unannounced Care Inspection Report 9 January 2020



Drumcoo Centre

Type of Service: Day care setting

Address: 1 Cherrymount Road, Drumcoo, Enniskillen, BT74 4GN

Tel No: 02866 324400

Inspector: Angela Graham

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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 Western Health and Social Care Trust (WHSCCT).

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Niall McGandy
Person in charge at the time of inspection: Niall McGandy	Date manager registered: 13 September 2012
Number of registered places: 40	

4.0 Inspection summary

An unannounced inspection took place on 9 January 2020 from 11.15 to 15.30.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

One area requiring improvement was identified regarding the environment.

Evidence of good practice was found in relation to staff members' registrations with the Northern Ireland Social Care Council (NISCC), infection prevention and control practices and staff training.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I am very well looked after"; "great manager and great staff team" and "I love coming here, all is good".

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Niall McGandy, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 7 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 February 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that 15 incidents had been reported to RQIA since the care inspection on 7 February 2019
- unannounced care inspection report and QIP dated 7 February 2019

During the inspection, the inspector met with the manager, senior day care worker, two day care workers and a visiting health care professional. Introductions were made to all service users while walking around the setting with individual interaction with seven service users.

Ten service user and/or relatives' questionnaires were provided for distribution; nine service user/relative questionnaires were returned to RQIA within the timeframe for inclusion in this report. The respondent indicated that they were very satisfied that care provided to service users was safe, effective and compassionate and that the day care setting was well led.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The following records were examined during the inspection:

- Complaints and compliments records
- Staff roster
- RQIA registration certificate
- A sample of policies and procedures
- Records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC).

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

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

Areas for improvement from the last care inspection		
Action required to ensure compliance with Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time	The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Policies and procedures were available in the service in line Standard 18, Appendix 2.	

6.1 Inspection findings

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 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 the staffing roster for weeks commencing 2 December 2019 until 09 January 2020 evidenced that the planned staffing levels were adhered to.

Discussions with staff and service users confirmed that they felt there were sufficient staff to ensure the safety of service users in the day centre. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The manager confirmed that all staff are currently registered with NISCC.

The manager advised that no staff had been recruited since the previous care inspection and the most recent staff member appointed was approximately seven years ago. The manager confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities such as infection prevention and control, moving and handling and first aid. It was positive to note that staff had undertaken deprivation of liberty safeguards training (DoLS).

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous care inspection. The complaints procedure was displayed in areas throughout the day centre. 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. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. The review identified that the décor in several areas of the day care setting and the external environment required address. The following deficits were noted:

- stained and peeling paintwork in the identified office
- stained ceiling tiles in the identified activity room
- 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.

These areas have been identified for an area for improvement.

Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required.

Service users' comments:

- "Super centre with super staff."
- "Staff are great, always about to help. We have a fire drill with staff now and again."
- "Staff and care here is brilliant. We get great opportunities to do activities in the centre and out and about. We go swimming and bowling."
- "I am very happy here. If I had any complaints I know I could talk to the staff and the complaints procedure is displayed on the noticeboard."
- "My independence is promoted here; I am encouraged and supported to be independent."
- "This centre is very well run. Staff are all very well organised."

Staff comments:

- “I feel the care is good here and we have enough staff to care for all those attending.”
- “All my training is up to date.”
- “Staff are very knowledgeable about the service users’ individual needs.”
- “We have different types of communication aids to ensure service users can communicate their needs.”
- “Service users are treated with respect and we always promote their independence. They are involved in the day to day running of the centre.”
- “This is a well led centre. The manager and senior day care worker are always available. Open door policy.”
- “I have supervision every three months and an appraisal every year.”

Visiting health care professional’s comments:

- “Excellent centre.”
- “Staff are fully aware of the service users’ speech and language therapy recommendations.”
- “Staff are always keen to ensure the delivery of good nutritional care.”
- “Appropriate referrals.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff members’ registrations with the Northern Ireland Social Care Council (NISCC), infection prevention and control practices and staff training.

Areas for improvement

One area requiring improvement was identified regarding the environment.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

One area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Niall McGandy, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 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, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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: First time</p> <p>To be completed by: 30 April 2020</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 deficits must be addressed:</p> <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. <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>In relation to the Quality Improvement Plan I have requested to the Estates Department for all work identified from the RQIA Inspection on the 9th January 2020 to be carried out as soon as possible. To date none of the work identified has been carried out. All areas still outstanding.</p>



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