

Inspection Report

Name of Service: Inniscoole Day Centre
Provider: Northern HSC Trust
Date of Inspection: 26 November 2024

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:	Northern Health Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Mrs Gillian Jordan
Service Profile – Inniscoole Day Centre is a day care setting. Service users may have assessed needs in one or more categories of disability, infirmity, dementia, sensory impairment or addiction. The day centre is managed by the Northern Health Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 26 November 2024 between 9.30 a.m. and 1.30 p.m. This 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 and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards, and to assess progress with the area for improvement identified during the last care inspection on 28 November 2023.

A new area for improvement was identified, this was related to care records.

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the

time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of the day care setting. The information provided indicated that there were no concerns.

Service users spoke positively about their experience of the day care setting; one told us they loved coming to the day centre, the staff are great and there are plenty of activities, while another stated that they were aware of the complaints procedure and that the food was nice.

Staff spoke very positively in regard to the care delivery and management support in the day care setting. One told us that they felt they loved coming and working there, while another stated that there was great support from the manager.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included "Just love the day centre", "The staff are really good" and "Gets me out and is very happyful".

There were no responses to the electronic survey.

3.3 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 28 November 2023 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 28 November 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4)(d) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall make adequate arrangements for the maintenance and testing of all fire equipment and for the planning in the event of fire for the safe placement of service users. Action taken as confirmed during the inspection: Personal Evacuation Plan documents were all reviewed and daily, weekly and monthly fire checks consistently undertaken.	Met

3.4 Inspection findings

3.4.1 Staffing Arrangements

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. This included staff members who had transferred from other roles within the Trust.

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. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties. The review of the volunteer files confirmed that AccessNI checks had been completed.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.4.2 The 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They 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.

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

A review of care records identified that risk assessments and care plans were not consistently up to date. An area for improvement has been identified.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required oral medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (MCA) 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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The fire risk assessment and staff fire training were found to be in date. During the inspection fire exits were observed to be clear of clutter and obstructions. Daily, weekly and monthly fire checks had been undertaken and Personal Evacuation Emergency Plans (PEEPS) were found to be in date and signed appropriately.

3.4.3 The arrangements for promoting service user involvement

From reviewing service users' care records and through discussions with service users, 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.

The day care setting had undertaken an evaluation of the service and produced a report which included feedback from service users with recommendations and actions.

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

3.4.4 The arrangements to ensure robust managerial oversight and governance

There were monitoring arrangements in place. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

4.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Gillian Jordan, Manager, 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	
Area for improvement 1 Ref: Regulation 16 (2)(b) Stated: First time To be completed by: Immediately from the date of inspection	The Registered Person shall ensure that the service users' care plans are kept under review. Ref: 3.4.2 Response by registered person detailing the actions taken: Registered Manager will ensure care plans are clear, succinct, and current with service users needs by regularly reviewing all care plans.

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The Regulation and
Quality Improvement
Authority

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA



Tel: 028 9536 1111



Email: info@rqia.org.uk



Web: www.rqia.org.uk



Twitter: @RQIANews