

Inspection Report

18 June 2024



Valley 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

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Ms. Sandra Boyd
Responsible Individual: Mr. Neil Guckian	Date registered: 5 June 2020
Person in charge at the time of inspection: Registered Manager	
Brief description of the accommodation/how the service operates: The Valley Centre is a Day Care Setting with 25 places that provides care and day time activities for people with learning difficulties. It is open five days a week from Monday to Friday. The day care setting is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 18 June 2024 between 9.40 a.m. and 3.00 p.m. The inspection was conducted by a care inspector. The RQIA Service Improvement Officer was also present throughout the inspection and supported the inspector with seeking the opinions and experiences of service users.

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.

Good practice was identified in relation to service user involvement. Further good practice was identified in relation to guidelines for staff supporting services users on transport and the range of activities offered. There were good governance and management arrangements in place.

One area for improvement was identified in relation to pre-employment checks for staff.

The Valley Centre uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

The RQIA staff would like to thank the manager, service users, relative, HSC Trust representative and staff for their help and support in the completion of the inspection.

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 any 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 domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the agency.

Comments received included:

Service users' comments:

- "I'm happy here."
- "I like coming here."
- "The bus is good. I enjoy going shopping."

Service user's relative's comments:

- "The Centre is fantastic and invaluable for us all. The staff are great."

Staff comments:

- "I'm well supported. I enjoy working here."
- "I love my job. I know the importance of my Northern Ireland Social Care Council (NISCC) registration."

HSC Trust representative's comments:

- "We have a great working relationship with The Valley. Communication is very easy and staff are open to new ideas."

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- "I feel very safe here."
- "The staff know when I need a bit more help."
- "I know the name of the manager."
- "I help around the Centre."
- "The staff take into consideration what I say."
- "I am given choices."

A small number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led. No written comments were included.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 24 May 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 24 May 2023		
Action required to ensure compliance with Day Care Settings Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 20.2 Stated: First time To be completed by: Immediate from the date on inspection	20. The registered person shall ensure staff including volunteers are recruited and employed in accordance with relevant legislation.	Met
	2. Satisfactory criminal history disclosure information of the preferred candidate should be sought from AccessNI. This relates specifically to the volunteer working in the day care setting.	
	Action taken as confirmed during the inspection: Inspector confirmed that records relating to the volunteer were available and evidenced that this area for improvement was met at the time of inspection.	

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency'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).

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. It was positive to note there a Safeguarding Resource File in place for staff to reference.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. All staff were up to date with training.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware what type of incidents required to be reported to RQIA.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment for moving and handling. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

All staff had been provided with training in relation to medicines management. The manager reported that currently no service users were supported with medication.

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 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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

The day care setting did not have a Restrictive Practice Register in place. It was agreed this will be compiled and reviewed at the next inspection.

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 evacuation drill was undertaken on 7 June 2024. Fire risk assessments for the setting were available for the inspection and had been completed on 20 November 2024.

There was evidence of identified actions being followed up. All staff had completed fire training. 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 through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their 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 are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also good to note that the agency had service users' meetings on a regular basis which enabled the service users to discuss the provisions of their care. Some matters discussed included:

- Activities
- Transport

Discussions with staff and review of service users' 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 agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

Some service users were assessed by 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.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

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 indicated that an Enhanced Access NI check had not been satisfactorily completed for a member of staff who had commenced employment. This matter has been highlighted by RQIA in writing to the Responsible Individual and an area for improvement was made.

Checks were made to ensure that staff were appropriately registered with NISCC or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was one volunteer working within the day care setting. There was a policy and procedure in place that clearly specified their role and responsibilities. The manager confirmed the volunteers did not undertake any personal care duties and that an AccessNI check had been completed.

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 agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

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

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

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency'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 in the process of being compiled. This will be sent to the inspector when complete.

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

The agency'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 agency's policy and procedure. It was positive to note that the day care setting had received a range of compliments since the last inspection. We noted one:

- "My relative is extremely happy at The Valley. They always come home smiling."

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and immediately implemented a system to record these checks.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs. Sandra Boyd, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (1)(b)(2)(b)3(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure Access NI checks are satisfactorily completed for all staff before they commence employment.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Staff member (redeployed) is currently off on bereavement leave - A recent Access NI Check is being followed through with the individual involved and will be in place before his return to the Valley Centre.</p>

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