

Inspection Report

Name of Service: Meadows Rehabilitation Centre

Provider: Southern Health and Social Care Trust

Date of Inspection: 11 March 2025

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:	Southern Health and Social Care Trust (SHSCT)
Responsible Individual/Responsible Person:	Colm McCafferty, interim Chief Executive
Registered Manager:	Ms Paulina Konieczna
Service Profile:	
Meadows Rehabilitation Centre is a day care setting that provides care and day time activities for people living with dementia and may have needs arising from a mental health diagnosis. The day care setting operates Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 11 March 2025 between 9.45 am and 3.00 pm 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 examined.

Two areas for improvement were identified; these related to quality monitoring reports and the annual report for service users' views.

Good practice was identified in relation to service user involvement and staff interaction with service users. There were good governance and management arrangements in place.

We would like to thank the manager, service users and staff team for their help and support in the completion of the inspection.

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 service 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, and to address any deficits identified during our inspections.

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

Throughout the inspection process inspectors will seek the views of those working and visiting the service and examine a sample of records to evidence how the service is performing in relation to the regulations and standards.

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

Through actively listening to a broad range of service users, staff and relatives, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke to a range of service users, relatives and staff to seek their views of visiting and working within Meadows Rehabilitation Centre. The information provided indicated that there were no concerns in relation to the day care setting.

Service users spoke positively about their experience of the care and support they received from staff. Two comments received included: "I love it here it's a great way of meeting people and the staff are very good and we have a good laugh" and "We are having fun here – there's lots to do – I like the arts and crafts and after bereavement, it gets me out".

Returned service user questionnaires indicated that the respondents were satisfied/very satisfied with the care and support provided and that those attending the service felt the care was safe, effective, compassionate and well led.

Staff working in the day care setting spoke positively in regard to the care delivery and management support given. Two comments received included: "The service users get a good range of activities. There are lots of training opportunities as well and I can go to the senior staff and management who can help with anything" and "I think the service users have a good day and enjoy a range of activities".

One relative contacted for feedback was satisfied with the care provided commenting as follows: "My relative goes three days a week and would go 7 days if she could. It is great for her as she does different activities which she enjoys. They are approachable and I could go to them if I was worried about anything".

HSC staff contacted for feedback spoke positively about the service commenting as follows: “They are absolutely amazing and I would recommend it to all service users whom I would love to see go. Staff treat the service users like their own family and communication is great.” and “Communication is good. They will contact me directly with any issues and vice versa. I feel that I can approach them with issues and work together for a resolution”.

We did not receive any responses from the questionnaires or staff 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 26 October 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Adult Safeguarding and Incident Reporting

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 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.

The day care setting 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 day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Review of the management of accidents and incidents within the day care setting confirmed that these had been managed appropriately and RQIA had been notified of any incidents that required to be reported via the portal in keeping with the regulations.

3.4.2 Mental Capacity and Restrictive Practice

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 MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who might require high levels of supervision or monitoring and restriction would have their capacity considered and, where appropriate, assessed. At the time of inspection there were no service users that were subject to DoLS or restrictive practices within the day care setting.

3.4.3 Staff Selection, Training and Recruitment Records

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), had been completed for all new staff prior to commencing direct work with service users. For staff who had moved positions internally it was confirmed during inspection that renewed AccessNI checks had been completed and verified.

Monthly checks were completed by the manager to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. Staff were aware of their responsibilities to keep their registrations up to date and were alerted a month in advance if their registration was due for renewal. There were no volunteers deployed within the day care setting.

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 evidence of a robust induction programme for new staff, 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.

Staff were provided with training appropriate to the requirements of their role. The day care setting held a record of training for all staff on an electronic matrix which was checked and updated after each on-line and face to face training event.

The manager confirmed that no service users required the use of specialised equipment to assist them with moving, however, should this be required, training was included within the day care setting's mandatory training programme.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their oral medicine to be administered via syringe and

was aware that should this be required a competency assessment would be arranged with staff before assisting with this task.

There was evidence that staff received regular supervision and appraisals on an annual basis.

3.4.4 Dysphagia Management

A number of service users were assessed by 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. Safe and effective practice was observed at meal times through use of colour coded placemats which helped to ensure that service users with SALT requirements received the correct meal in line with their dietary needs. Staff spoken with were familiar with how food and fluids should be modified.

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 day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. 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.

3.4.5 Care Records and Service User Input

From reviewing care records, 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 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 in line with the commissioning trust's requirements.

Care reviews had been undertaken in keeping with the day care setting'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.

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. Some activities arranged for the service users included bowling, boccia, gardening in the greenhouse, reminiscence work, head band games and relaxation activities.

3.4.6 Quality and Management of the Environment

The day care setting was observed to be clean and tidy and suitably furnished, warm and comfortable and free of clutter. There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed. The day room was brightly decorated and offered a wide range of activities and arts and crafts to participate in, making it a pleasant and welcoming environment.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

3.4.7 Governance and Managerial Oversight

There were monitoring arrangements in place in compliance with regulations and standards however, some reports were not completed in a timely manner and one report reviewed did not include engagement with relatives to obtain their views on the service. This has been identified as an area for improvement.

The Annual Quality Report was not available for review for the previous year 2023/24. The manager explained that this was an oversight due to the preceding manager's long term absence. This has been identified as an area for improvement. The importance of obtaining service users views in order to shape the quality of the service in the future in line with the regulations and standards was highlighted to the registered manager who provided assurances that the Annual Quality Report for the current year was in the process of being completed. This will be reviewed at a future inspection.

There was a system in place for recording accidents and incidents. Advice was given to the registered manager around the need to ensure unique identifier numbers are used as a method of tracking and identifying any trends or patterns within monitoring and incident reports. This will continue to be implemented by the registered manager.

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.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Records reviewed and discussion with the person in charge indicated that no complaints were recorded since the previous care inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Paulina Konieczna 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 28</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the date of inspection</p>	<p>The Registered Person shall ensure that the day care setting is visited monthly to monitor the standard of care provided, and the opinions of service users and their representatives will be obtained for inclusion within the written report</p> <p>Ref: 3.4.7</p>
	<p>Response by registered person detailing the actions taken: The Registered Manager acknowledges the importance of monthly monitoring visits to ensure high standards of care within Day Care Settings. A Monitoring Officer has been appointed who will carry out the monthly visits and report the findings to the Registered Manager and the Head of Service. The opinions of Service Users and their representatives will be obtained for inclusion within the written report.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 17</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the time of inspection</p>	<p>The Registered Person shall prepare an annual report that includes the views and opinions of service users as part of a system to improve the quality of care provided in the day care setting. A copy of this report shall be made available to service users and RQIA.</p> <p>This relates to the provision of an Annual Report of Service User Views</p> <p>Ref:3.4.7.</p>
	<p>Response by registered person detailing the actions taken: Since the inspection, the Annual Report has been completed and is available to Service Users at their request. A copy has since been sent to the RQIA Inspector and the report is available to view at future inspections. The Registered Manager will ensure that Annual Reports are prepared consistently on an annual basis and in a timely manner.</p>

Please ensure this document is completed in full and returned via the Web Portal



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