

# Inspection Report

17 April 2024



## Newtownstewart Day Centre

Type of service: Day Care Setting

Address: ABB Parish Hall, Dublin Street, Newtownstewart, BT78 4AE

Telephone number: 028 8166 1577/ 07787141072

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Ms Kyra Crawford
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> 21 December 2022
<b>Person in charge at the time of inspection:</b> Senior Social Work Practitioner for Governance and Workforce Planning.	
<b>Brief description of the accommodation/how the service operates:</b>  This is a day care setting that is registered to provide care and day time activities for service users over the age of 65 and who may be frail. The day care setting is open Wednesday and is managed by the Western Health and Social Care Trust (WHSCCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 17 April 2024 between 10.30 a.m. and 4.40 p.m. The inspection 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 was also reviewed.

Good practice was identified in relation to service user involvement and the monthly quality monitoring reports.

## 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 day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

#### 4.0 What did people tell us about the service?

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

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

##### Service users' comments:

- "The staff are good and very helpful."
- "I am happy coming here."
- "If I had any concerns, I would speak to the staff or the manager."
- "I enjoy the activities we do and we can choose different activities."
- "The day centre is nice, clean and warm."
- "I arrive on the bus, which is good, and we are left off at our door. The staff make sure we are safely in the house."
- "I have no complaints."

##### Staff comments:

- "The service is person centred. There is good communication with the service users, and we have three monthly service user meeting where we discuss activities and anything the service users want to change; we also discuss anything they are not happy with and anything new they want. I love working with the service users. I would speak to the manager if I had any concerns. I am up to date with all my mandatory training. I am aware of my NISCC requirements to keep my registration up to date."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "Only for good staff I would not get out on Wednesday. Great care. I look forward to my day out. Excellent staff."
- "Everything is good at NT Stewart Day Centre.... It is nice to have other people to talk to as well. It's always a bit of company. I hope to go as long as I am able..."

No responses were received to the electronic staff survey.

## 5.0 The inspection

### 5.1 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 20 September 2024 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 20 September 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 20 (1) (c) <b>Stated:</b> First time	The registered person shall ensure that the persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform. This includes the maintenance of the training matrix.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a review of the training records, the inspector confirmed this area for improvement has been met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 26 (4) (a) <b>Stated:</b> First time	The registered person shall ensure they have in place a current written risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed;	<b>Met</b>
	This specifically related to the Annual Fire Risk Assessment.  <b>Action taken as confirmed during the inspection:</b> Following a review of the fire safety records, the inspector confirmed this area for improvement has been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 26 (4) (d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure adequate arrangements are in place regarding the weekly testing of the fire alarm system to ensure compliance with BS5839.</p> <p>This specifically relates to the weekly auditory fire alarm testing.</p> <p><b>Action taken as confirmed during the inspection:</b> Following a review of the fire safety records, the inspector confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 17 (1) (a) (b)</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall establish and maintain a system for monitoring the matters set out in Schedule 3 not less than annually; and improving the quality of care provided in the day care setting.</p> <p><b>Action taken as confirmed during the inspection:</b> Following a review of the Annual Quality Report, the inspector confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for Improvement 1</b></p> <p><b>Ref:</b> Standard 4.3</p> <p><b>Stated:</b> Second time</p>	<p>The registered person shall ensure that the 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><b>Action taken as confirmed during the inspection:</b> Following a review of the care records, the inspector confirmed this area for improvement has been met.</p>	<p><b>Met</b></p>

## 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 person in charge 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 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 in normal business hours. 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.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection.

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 person in charge was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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 moving and handling risk assessments and care plans were up to date.

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.

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

The Mental Capacity Act (Northern Ireland) (MCA) (2016) 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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS.

Records examined identified that a number of safety checks and audits had been undertaken including weekly fire alarm testing. It was noted that a full fire evacuation drill was undertaken on the 13 December 2023. The annual Fire Risk Assessment was completed on 29 November 2023. During the inspection fire exits were observed to be clear of clutter and obstruction. Following a review of the training records there was evidence that all staff had completed fire safety training.

The day care setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of the service users, visitors or staff.

### **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. 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 service 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 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 matters discussed included:

- Activities
- Day centre closures

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in dysphagia and the management of a choking incident.

#### **5.2.4 What systems are in place for staff recruitment and are they robust?**

The person in charge advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The person in charge confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the NISCC. 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 were no volunteers working in the day care setting.

#### **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 newly appointed staff are required to complete 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.

The day care setting 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 monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly 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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

It was discussed with the person in charge the need to implement a system for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

It was also discussed with the person in charge 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 person in charge welcomed this advice and agreed to implement a system to record these checks.

## **6.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with person in charge, as part of the inspection process and can be found in the main body of the report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)