The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Killadeas Day Centre

**Provider:** Western HSC Trust

**Date of Inspection:** 20 November 2024

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

## 1.0 Service information

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| **Registered Provider:** | Western HSC Trust |
| **Responsible Individual** | Mr Neil Guickan |
| **Registered Manager:** | Mr Niall Campbell |
| **Service Profile**<br>This is a day care setting that provides care and day time activities for up to 30 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT). | |

## 2.0 Inspection summary

An unannounced inspection was undertaken on 20 November 2024 from 10.30 am to 3.40 pm by 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 examined.

Areas for improvement identified related to quality monitoring visits, updating RQIA in respect of management arrangements, restrictive practice and DoLS record keeping.

## 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 Killadeas Day Centre. 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.

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

Throughout the inspection the RQIA inspector will seek to speak with service users, their relatives or visitors and staff for their opinions on the quality of the care and support, and their experiences of using, visiting or working in a day care setting.

During the inspection we spoke with a number of service users, a service user's relative, staff members and a visiting professional. The information provided indicated that there were no concerns in relation to the day care setting.

**Service users' comments:**

- "I enjoy it."
- "I had a good day. I like it."
- "I like it."
- "It's good."

**Relatives' comments:**

- "Great service – couldn't fault it, my relative loves it!.
- "My relative attends 5 days in the day centre – he's as happy as anything there – he gets stimulation and you can see he is as happy as Larry when he returns from the centre."

**Staff comments:**

- "I get great support. I have been eased in gradually after my return to work which has been great and lets me get up to date with any changes."
- "There is great support from the manager. We get good training. I enjoy my work. I can go to staff with anything."
- "It can be short staffed at times and takes a long time to get staff. The manager is really supportive and on top of everything so we can go to him if we need him. I am provided with additional training when I need it."

**HSC Staff:**

- "From what I have observed so far in the centre, I have no concerns – the service users appear happy and well cared for."
- "Communication between centre and myself is always very good, they generally link in to keep me aware of any changes regarding individuals I support - care plans and risk assessments are reviewed and updated in a timely manner. The care and support I have observed during my visits has been exceptional and staff are very in tune with service users' needs. From my discussions with families, the staff also appear to have great rapport with service users' families."

- "I find Kesh Day Centre a very person centred service, with staff who know the service users very well ensuring their needs and wants are met on a daily basis. They involve the service users in all aspects of the daily running of the centre and on visits it is clear to see that choices are always offered and respected."

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

- **"**Staff keep me informed about my relative who attends day care – I find the staff very thoughtful. The quality of the staff at the centre is top notch."

Three staff responded to the electronic survey and indicated that they were 'very satisfied' that care provided was safe, effective and compassionate and that the service was well led.

## 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 27 April 2023. No areas for improvement were identified.

## 3.4 Inspection findings

### 3.4.1 Adult Safeguarding

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 and out of hours. They could also describe their role in relation to reporting poor practice and the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. No referrals had been made since the last inspection.

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

### 3.4.2 Staff Training and Induction

Staff were provided with training appropriate to the requirements of their role and this was recorded on a training matrix held electronically. Whilst staff training was up to date, refresher training in Dysphagia and Fire Safety was required for staff who had recently returned from long term leave. The person in charge later confirmed that this had been completed by the two staff identified.

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.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their oral 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.

### 3.4.3 Mental Capacity and Restrictive Practice

The Mental Capacity Act (Northern Ireland 2016 (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 Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There was a register maintained of the service users subject to DoLS. A review of service user records identified that a DoLS care plan had not been received for one service user and documents relating to a DoLS extension for another service user was not present. This was highlighted to the person in charge who agreed to follow this up immediately. This was identified as an area for improvement.

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, however arrangements around restrictive practices were not explicit within care records. For example, clarity was required around the use of lap belts on wheelchairs as some care plans did not specify the circumstances around their use and when they should be removed. Assurances were sought from the person in charge during inspection regarding the need to review all restrictive practices and to keep a register of such practices under regular review. It was agreed by the person in charge that this would be addressed immediately. This was identified as an area for improvement.

### 3.4.4 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, however some care plans were not dated and signed by the person responsible for drawing up the care plan. This was discussed with the person in charge who agreed to review all care plans immediately and add signatures and dates where required.

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.

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 suggested included: arts and crafts, music and Makaton "move to the beat" outings, coffee mornings, ice cream and walks.

There was a discussion about the range of communication aids used to assist services users to express their views and contribute towards person centred care. The person in charge agreed to use visual aids and Makaton to support the communication needs of the individual service users, and this will be reflected in the records of service user meetings in future.

### 3.4.5 Dysphagia Management

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.

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 also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

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.

### 3.4.6 Staff Recruitment and Induction

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. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) 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.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

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. This ensured they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. A three day induction programme, which included shadowing of a more experienced staff member over two days, was implemented, however the signature of the inductor was missing on one of the written records retained by the day care setting. This was highlighted and addressed immediately by the person in charge. A competency and capability assessment in relation to newly appointed staff and their job role was completed as part of the overall induction programme and signed off by a senior support worker.

### 3.4.7 Governance Arrangements

There were monthly monitoring arrangements in place in compliance with the regulations, however, a review of the reports of the day care setting's monthly quality monitoring identified that the report for August 2024 had not been completed. This has been identified as an area for improvement.

In the reports reviewed, 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 not up to date to reflect that the Registered Manager had since returned to post after a period of absence. RQIA had not been notified. This was discussed with the Registered Manager who agreed to make formal notification to RQIA. This was identified as an area for improvement.

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.

There was a system in place 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.

The need for the vehicle to be checked at the end of each journey to ensure that no service users remained on the transport was discussed with the person in charge. A system for this was immediately implemented, along with written records of such checks. This will be reviewed at the next inspection.

## 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 |
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| **Total number of Areas for Improvement** | 2 | 2 |

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| **Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 28 (2) & (3) (c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediately from day of inspection | The Registered Person shall ensure that the day care setting is visited monthly to monitor the quality of the care and support provided; a report of the visit is prepared and made available.<br><br>Ref: 3.4.7 |
| | **Response by registered person detailing the actions taken:**<br>A review of monthly monitoring process and the person with responsibility for carrying out facility monitoring has been carried out by day care service mangement and an updated monthly schedule has been put in place.<br><br>The front cover sheet of the monitoring proforma has been updated to included the date the monitoring took place and the month the report will be covering. |

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| **Area for improvement 2**<br><br>**Ref:** Regulation 30 (5)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediately from day of inspection | The Registered Person shall notify the Regulation and Quality Improvement Authority of the return to duty of the registered manager not later than 7 days of the date of his return.<br><br>Ref: 3.4.7 |
| | **Response by registered person detailing the actions taken**:<br>This has been duly noted by registered manager and all required ammendments have been sent via the RQIA portal. |
| **Action required to ensure compliance with the Day Care Settings Minimum Standards (revised) August 2021** | |
| **Area for improvement 1**<br><br>**Ref:** Standard 5.7<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediately from day of inspection | The Registered Person shall ensure that specific management or supervisory arrangements or restrictions on choice are highlighted for those who have access to the service users care plan.<br><br>This relates to the need to obtain documentation relating to authorised DoLS restrictions.<br><br>Ref: 3.4.3 |
| | **Response by registered person detailing the actions taken:**<br>Responibile persons where contacted and this information is now on file for the relevant service users. |
| **Area for improvement 2**<br><br>**Ref:** Standard 5.2<br><br>**Stated:** First time<br><br>**To be completed by:**<br>Immediately from day of inspection | The Registered Person shall ensure that any restrictive intervention used is proportionate to the risk of harm identified, and any such restriction used is based on multi-disciplinary assessment of need, subject to regular review and used no more than is deemed necessary for the safety and well-being of the service user. A register should be kept of any restrictive practices employed, and updated to reflect any changes as required.<br><br>Ref: 3.4.3. |
| | **Response by registered person detailing the actions taken:**<br>A register has been put in place for restrictive practice.<br><br>All staff have attended Safety Intervention training which ensures that if restrictive intervention is ever used that it is last resort, reasonable and proportionate to risk presented. A regular MDT review is carried out for service users who require to have a care plan with restrictive interventions, this is evidence in the service user personal file. |

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

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