

Inspection Report

Name of Service: Killadeas Day Centre (11295)
Provider: Western Health and Social Care Trust
Date of Inspection: 25 November 2024

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1.0 Service information

Registered Provider:	Western Health and Social Care Trust
Responsible Individual	Mr Neil Guckian
Registered Manager:	Miss Patricia Griffith
<p>Service Profile</p> <p>This is a day care setting that provides care and day time activities for up to 20 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).</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 25 November 2024 from 10.50 a.m. to 4.20 p.m. 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 examined.

One area for improvement was identified; this related to monthly quality monitoring reports.

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

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, as well as their experiences of using, visiting or working in the day care setting to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

During the inspection, service users were observed interacting with staff and appeared to be relaxed and engaged in activities.

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

Relative's Comments:

- "I am very happy – there's been some difference in my relative coming here compared to when she was at school – her legs and arms are kicking with delight when she goes and even the driver saw a really positive change in her – head used to be down and now she's so happy coming in. I could approach staff with any issues – they are very good."
- "They are fantastic – they go over and above - he looks forward to going to it – enjoys the activities paints, drawing and jigsaw – he loves it – he is perfect where he is - the staff are like friends at this stage they know how to deal with him - if only everywhere was as good... he is very safe in there, it's fantastic"
- "My relative gets on great in day care – I am delighted with how they treat him – he gets a lot of food there – he has no bother there – and he even got some speech therapy there – he loves coffee and gets to watch the TV which he enjoys - the staff are great."

- “My relative gets on well there – really, really happy – not a fancy building but the care is exceptional and the staff are so lovely – they have their whole priorities right – he is so much more settled and much happier than in school. He is respected for who he is. I couldn’t say a negative thing about them they show empathy and understanding.”

Staff comments:

- “I am fairly new here but I like it so far. They are keen to push you on – I can do a course related to the work which I might think about doing.”

HSC Staff comments:

- “I am relatively new to this centre but I received an induction and have found staff to be proactive and diligent towards the service users.”
- “Keeping staff is difficult, the space is not great and there are more complex needs now and they really could do with more space. The care sector needs investment to train, recruit and maintain good staff as it is a very complex job that requires very specific training and skills.”
- “It’s a great place, the staff are amazing, they use the space so well, they are excellent at what they do.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ or ‘satisfied’ that care provided was safe, effective and compassionate and that the service was well led. A lack of funding was identified as an issue that impacts care and activities on offer. Written comments included:

- “A lack of funding does put strain on our ability to provide an effective and engaging care and activities at times.”
- “I feel that this service strives to deliver care that is very much person and family centred. Staff are provided with a range of training and support to carry out their role effectively. This allows our service users, with complex needs to have opportunity and meaning in their day.”
- “I find Killadeas a lovely place to work and I feel supported by all staff every day and Senior Management are very open and approachable.”

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 4 May 2023 by a care inspector. 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 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 HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately however, some referral documentation did not include a completed body map to indicate where bruising was noted. Outcomes of referrals to the Adult Safeguarding Team were not always recorded. This was discussed with the manager at the time of inspection and it was agreed that body maps would be completed where appropriate and staff would record the outcome of the screening decisions by the Adult Safeguarding Team. This will be reviewed at the next inspection.

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 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, their care records contained the correct documentation confirming DoL is in place and the day care setting maintains a register of those service users who have a DoL in place.

There was a policy in place for the use of restrictive interventions and this was referenced in the Statement of Purpose. The person in charge confirmed that there were no restrictive interventions used within this service day centre.

3.4.3 Staff Recruitment Records

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). 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 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, three day induction programme and written records were retained by the day care setting of the person's capability and competency in relation to their job role.

3.4.4 Staff Training

Staff were provided with training appropriate to the requirements of their role. There was a colour coded training matrix that was checked and updated on a regular basis. 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.

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 orally 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.

3.4.5 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.

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 and followed a clear programme for each service user with SALT requirements at meal times

3.4.6 Care Records and Service User Input

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care plans contained details about their likes and dislikes and the level of support they may require.

These 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. A review of care records identified that moving and handling risk assessments and care plans were up to date.

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 give their views on they wanted from attending the day centre as well as identifying any activities they would like to become involved in. Some matters discussed included: planning for seasonal events, arts and crafts and outings to the local fun farm, supermarket, leisure centres and coffee shops.

3.4.7 Governance and Managerial Oversight

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 April 2024 had not been completed. This has been identified as an area for improvement.

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.

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

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.

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	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Patricia Griffiths, 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 (2) & (3) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from day of inspection</p>	<p>The Registered Person shall ensure 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.</p> <p>Ref: 3.4.7</p> <p>Response by registered person detailing the actions taken: The outstanding report has been received since the inspection. The monitoring rota has been reviewed. The need for visits to be carried out each month and resulting report provided to the registered manager on a timely basis, has been re-emphasised at middle management meetings.</p>

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