

Inspection Report

3 October 2024



Crossmaglen Social Education 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

<p>Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)</p> <p>Responsible Individual: Dr Maria O’Kane</p>	<p>Registered Manager: Mrs Geraldine Carragher</p> <p>Date registered: Acting</p>
<p>Person in charge at the time of inspection: Mrs Geraldine Carragher</p>	
<p>Brief description of the accommodation/how the service operates: Crossmaglen Social Education Centre is a day care setting registered to provide care and day time activities for a maximum of 24 people who have a learning disability. The day care setting is open Monday to Friday and is managed by the SHSCT.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 3 October 2024 between 10.00 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting’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.

An area for improvement has been stated for a second time in relation to the recording of the manager and assistant manager’s presence within the day care setting on the staff roster.

Good practice was identified in relation to service user involvement, Infection Prevention and Control (IPC) practices, dysphagia management and staff training.

We would like to thank the manager, service users, HSC Trust representative and staff for their support and co-operation throughout the inspection process.

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.

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.

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, a HSCT Trust representative and staff members.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "This is a good place."
- "I love coming to the Day Centre. The staff are so nice and kind to us all. I am supported very well here. I enjoy doing puzzles and armchair exercises. The dinner is beautiful and I get enough to eat."
- "I know the staff and they are all very good and help me when I need help."
- "I am happy here and all is good."

Staff comments:

- “I have completed dysphagia training and I am aware of all the levels the service users are on. All changes in service users’ meals are shared with staff.”
- “I am well supported in my role and there is good training provided. I have done my DoLS and Dysphagia training. Dysphagia is a focus in the Centre.”
- “The manager is always available at the end of the phone. I am well supported in my role.”
- “Service users are encouraged to be as independent as possible.”

HSC Trust representative’s comments:

- “I support the service users regarding their mobility needs and complete transport assessments. It is my view that the care provided in the Centre is of a high standard. Staff are very good at informing me of any changes in the service users’ needs. I am undertaking a group activity today with service users working on their strength and balance.”

No questionnaires were returned within the timeframe to be included in this report.

No staff responded to the electronic 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 17 October 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 17 October 2023		
Action required to ensure compliance with the Day Care Settings Minimum Standards\z (revised), 2021		Validation of compliance
Area for improvement 1 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.	Met
	This relates specifically to adult safeguarding update training for transport staff.	
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of staff training	

	confirmed that transport staff had completed adult safeguarding update training.	
Area for improvement 2 Ref: Standard 23.7 Stated: First time	The registered person shall ensure that the staff duty roster clearly indicates the staff rostered on duty on a daily basis and the time that each shift commences and concludes.	Not met
	Review of a sample of staffing rosters evidenced that on a number of occasions the records did not outline the hours of work for the manager and assistant manager. Until fully addressed this area for improvement is stated for a second time.	

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). The ASC was known to staff.

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 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. 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 manager confirmed that no adult safeguarding referrals had been made 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 day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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.

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

Staff had completed DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

The environment was observed during a tour of the day care setting and there was evidence of IPC measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting was found to be warm, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction. All staff had completed fire safety training and participated in an annual fire evacuation drill.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and staff, it was positive to note that service users had an input into devising their own plan of care. It was also positive to note that the day care setting had regular service users' meetings which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Service users said they felt well looked after and would speak to staff if they had any concerns. They also told us their views and opinions are sought as well as integrated into practice.

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

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

A number of 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.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Service users told us they very much enjoyed the food provided in the day care setting. The daily menu was displayed for service users.

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

The manager advised that there were no newly recruited staff to the day care setting since the last inspection. The manager 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 Northern Ireland Social Care Council (NISCC). There was evidence of a robust system in place for professional registrations to be monitored monthly by the manager; these are also reviewed as part of the day care setting's monthly monitoring process. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

The manager confirmed that a structured orientation and induction programme was in place for all newly appointed staff.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Records viewed indicated that staff had completed required training.

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; dysphagia management; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory; there was evidence of engagement with service users, their relatives and other key stakeholders.

The manager advised 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 settings policy and procedure. It was identified that no complaints had been received since the last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Discussions with service users concluded they are aware of the day care setting's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and support from the management to provide safe, effective and compassionate care in this setting. There was a system in place for managing instances where a service users did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

The manager is also the manager of a number of other day care settings. The assistant manager also has management responsibility for other day care settings. Review of staffing roster identified that their presence within the day care setting was not always recorded on the staffing roster. An area for improvement stated in the previous inspection is stated for a second time.

There was a system in place where an identified person checked the vehicle at the end of each journey to ensure that no service users remained on the transport.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* the total number of areas for improvement includes one that have been stated for a second time.

The area for improvement and details of the QIP were discussed with Mrs Geraldine Carragher, the Assistant Manager, Head of Service, Day Care Co-ordinator and the Standards and Guideline and Audit 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 Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing form the date of inspection</p>	<p>The registered person shall ensure that the staff duty roster clearly indicates the staff rostered on duty on a daily basis and the time that each shift commences and concludes.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The staff duty roster has been revised by management and day care staff. The duty roster now records the times that each staff member's shift commences and concludes. The Manager and Assistant Manager's hours of work within the day care setting is now recorded on the staff roster as well as on the centre signing in/out sheets and the weekly mangement rota.</p> <p>The management rota has been reviewed for Crossmaglen Day Centre. The Assistant Manager will be present in the centre once per week and the Manager will be present in the centre once per fortnight . Disability daycare management also provide daily support to staff working in Crossmaglen day centre an required.</p>

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