

Inspection Report

13 August 2024



McCague Day 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

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)	Registered Manager: Mr Melvyn Purdy
Responsible Individual: Dr Maria O’Kane	Date registered: Acting manager
Person in charge at the time of inspection: Assistant Manager	
Brief description of the accommodation/how the service operates: McCague Day Centre has 15 places that provides care and day time activities for people with a learning disability. The day care setting is open Monday to Friday and is managed by the SHSCT.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 August 2024 between 9.25 a.m. and 3.25 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. and Covid-19 guidance were also reviewed.

No areas for improvement were identified during this inspection.

Good practice was identified in relation to service user involvement, Infection Prevention and Control (IPC) practices, dysphagia management and staff training. There was evidence of good governance and management arrangements in place.

We would like to thank the person in charge, service users 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 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:

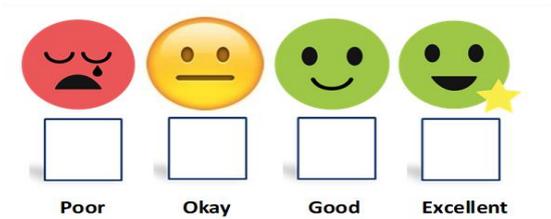
- "I like coming here. Staff are nice. We do a lot of things. We play skittles and armchair exercises are good fun."
- "I am coming here a long time. All is good. Staff are lovely."
- "Good centre."
- "Dinner is good."

Staff comments:

- "Care and support is very much person centred and we encourage the service users to make their own decisions in the day centre."
- "Good relationships with other multidisciplinary professionals."
- "My mandatory training is up to date and I have completed additional training."

- “We are a small team and work well together.”
- “We provide a wide variety of activities and the service users choose what they like to do.”

During the inspection we provided a number of easy read questionnaires for those supported to obtain their comments on the quality of the service:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

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

- “Xxxx is very happy at the centre and knows everybody very well.”

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 10 October 2022 by a care inspector. No areas for improvement were identified.

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 safeguarding champion was known to the staff team.

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. 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.

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.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. The review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the SHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

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 person in charge advised that no service users required their liquid 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.

Staff had completed DoLS training appropriate to their job roles. The person in charge 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. Care plans were detailed and contained specific information on each service users' care and support needs and what or who was important to them.

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.

There was a range of activities and outings provided for service users. The range of activities included armchair exercises, quizzes, art therapy and games.

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?

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 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.

The person in charge advised that there were no volunteers deployed 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 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 induction in place which included shadowing of a more experienced staff member.

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 person in charge 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. Records reviewed and discussion with the person in charge indicated that no complaints were recorded since the previous care inspection.

Discussions 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. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

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 discussions 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.

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.

We discussed the acting management arrangements which have been ongoing since 1 March 2024; RQIA will keep this matter under review.

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 Mr Melyvn Purdy, Manager, the Assistant Manager, Day Care Worker and the Governance Lead, SHSCT, as part of the inspection process and can be found in the main body of the report.



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