

Inspection Report

16 September 2024



Seymour Hill Horticultural Unit

Type of service: Day Care Setting
Address: Yewtree Walk, Dunmurry, Lisburn, BT17 9PH
Telephone number: 028 9061 2114

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust (SEHSCT)	Registered Manager: Mr Raphael Kearns
Responsible Individual: Ms Roisin Coulter	Date registered: 29 October 2019
Person in charge at the time of inspection: Day Care Worker	
Brief description of the accommodation/how the service operates: Seymour Hill Horticultural Unit is a day care facility within the South Eastern Health and Social Care Trust under the auspices of the HSC Trust's Learning Disability Programme; the service aims to provide support for daily living to people living with learning disabilities while enabling them to live full and valued lives as independently as possible.	

2.0 Inspection summary

An unannounced inspection was undertaken on 16 September 2024 between 9.30 a.m. and 2.00 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.

No new areas for improvement were identified, however areas for improvement related to fire safety, care records, dysphagia management and quality monitoring will be stated for a second time.

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.

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 there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I love coming here"
- "It is lovely today, so we are going outside."

Staff comments:

- "All is good here"
- "We lost our polytunnels in a storm in January, the service users have been adversely affected by the delay in the polytunnels being replaced."

No questionnaires were returned and no responses were received 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 12 October 2023 by a care inspector. This was reviewed by the care inspector during this inspection.

Areas for improvement from the last inspection on 12 October 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) (b) (c) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall make suitable arrangements where for the handling, safe keeping, safe administration and disposal of medicines used in the day care setting ensure that service users care records accurately reflect any assessed need to have medicines administered.	Met
	Action taken as confirmed during the inspection: Suitable arrangements are in place for the handling, safe keeping and administration of medication in the day care setting and reflected in case records.	
Area for improvement 2 Ref: Regulation 26 (4) (d)(f) Stated: First time To be completed by: Immediately from the date of inspection	The registered person shall ensure that adequate arrangements for reviewing fire precautions, and testing fire equipment and ensure, by means of fire drills and practices that the persons employed in the day care setting are involved in fire drills at least once a year. The registered person shall also ensure that fire warden lists are accurately maintained at all times; and that the service's fire risk assessments are made available for inspection at all times.	Not met
	Action taken as confirmed during the inspection: On inspection fire drill records indicated that it was more than one year since the last fire drill	

<p>Area for improvement 3</p> <p>Ref: Regulation 19 (3)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that service users' care records are completed accurately and consistently at all times; these care records should also contain service user and/or staff signatures as needed. records are kept up to date.</p> <p>Action taken as confirmed during the inspection: On inspection, service user's signatures were not consistently contained within documents</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that service users' care records accurately reflect any assessed risk of choking</p> <p>Action taken as confirmed during the inspection: Risk of choking not included in the risk assessment of a service user</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 17 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that monthly quality monitoring reports are completed robustly as to identify deficits and drive improvement in a consistent and sustained manner</p> <p>Action taken as confirmed during the inspection: Quality monitoring reports reviewed at inspection contained inaccurate information, and does not consistently contain progress on action plans.</p>	<p>Not met</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). Staff were required to complete adult safeguarding training during induction and every two years thereafter.

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 reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements. The agency shared their annual care review plan.

All relevant 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. Suitable arrangements for the handling, safe keeping and administration of medication are in place in the day care setting and reflected in case records.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. Fire risk assessments for the centre and staff fire training were in date. During the inspection fire exits were observed to be clear of clutter and obstructions. It was noted that the last full evacuation drill was undertaken on the 28 June 2023. An area for improvement has been identified and will be stated for a second time. The agency confirmed that a fire drill had been undertaken following the inspection.

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. The DoLS register was noted to be inconsistent to the details recorded in the monthly quality monitoring report. Following the inspection, the manager has reviewed the accuracy of the information. This will be reviewed at future inspections.

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. 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 but

service user signatures were missing from some documents reviewed. An area for improvement has been identified and will be stated for a second time.

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.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. This was shared following the inspection and found to be satisfactory.

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.

The review of service users' care records found that Dysphagia was not reflected within the service user's risk assessments. An area for improvement has been identified and will be stated for a second time.

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

The person in charge confirmed that no new staff had been recruited since the last inspection. 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.

5.2.5 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place. A review of the reports of the day care setting's monthly quality monitoring established that they contained inaccurate information and lacked engagement with service users, service users' relatives and staff and progress with actions in relation to the Quality Improvement Plan were not consistently included. An area for improvement has been identified and will be stated for a second time.

The Annual Quality Report was provided following the inspection, this 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. No complaints were received since the last inspection.

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 Statement of Purpose and Service User Guide documents required updating, these updated documents were received following the inspection and were found to be satisfactory.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	4*	0

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

The areas for improvement and details of the QIP were discussed with Mrs Alyson Hewitt, Day Care Worker, 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 26</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that adequate arrangements for reviewing fire precautions, and testing fire equipment and ensure, by means of fire drills and practices that the persons employed in the day care setting are involved in fire drills at least once a year</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A fire drill was completed and recorded on day after inspection 17th September 2024. The next annual Fire Drill is booked in diary for 10/1/25. Manager will sign off regular audit checks to ensure completion of fire practices.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 19</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that service users' care records are completed accurately and consistently at all times; these care records should also contain service user and/or staff signatures as needed. records are kept up to date.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A number of care records and risk assessments were signed off by manager on 15/10/24. Staff have been advised at Day Care Worker meeting on 15/10/24 to ensure that signatures are sought on completion and explanation given if service user is unable or refuses to sign. File audits will be completed on regular basis.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16</p> <p>Stated: Second time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that service users' care records accurately reflect any assessed risk of choking</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Risk assessment identified as not having SALT guidelines included was updated day after inspection 17/9/24. Risk assessments will be audited on regular basis to ensure compliance.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 17</p> <p>Stated: Second time</p>	<p>The registered person shall ensure that monthly quality monitoring reports are completed robustly as to identify deficits and drive improvement in a consistent and sustained manner</p> <p>Ref: 5.2.5</p>
<p>To be completed by: Immediately from the date of inspection</p>	<p>Response by registered person detailing the actions taken: Monitoring Officer of facility to be informed of requirement to report deficits if noted and to ensure necessary actions have been taken to ensure consistency in driving improvement.</p>

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



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