

Inspection Report

Name of Service: Dairy Farm Day Centre

Provider: South Eastern Health and Social Care Trust
(SEHSCT)

Date of Inspection: 24 April 2025

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:	SEHSCT
Responsible Individual/Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mr Raphael Kearns
Service Profile –	
Dairy Farm Day Centre is a day care facility operated by the SEHSCT and is managed under the auspices of the Trust's Learning Disability Programme. The day care setting provides support for people living with learning disabilities to enable them to live full and valued lives as independently as possible.	

2.0 Inspection summary

An unannounced inspection took place on 24 April 2025, between 9:00 am and 3:00 pm by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

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. We also examined the reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), care delivery and the environment.

There were areas of good practice identified in relation to the variety of activities available to service users, service users' reviews, service user involvement and person centred care plans.

As a result of this inspection, one area for improvement was identified in relation to the monthly quality monitoring reports.

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 this day care setting. This included registration information, and any other written or verbal information received from service users' relatives, staff or the commissioning trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey for staff.

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

Throughout the inspection the RQIA inspector will seek to engage with service users, their relatives and staff for their opinions on the quality of the care and support and their experiences of this agency.

The information provided by service users indicated that there were no concerns in relation to the service. They commented that staff were knowledgeable, very reliable, approachable and treated them with dignity and respect.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Staff comments were very positive and indicated they enjoyed working as part of a supportive team.

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 7 September 2023 by a care Inspector. No areas for improvement were identified.

3.4 Inspection findings

3.3.1 Governance and Managerial Oversight

The day care setting's registration certificate was up to date.

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the agency's 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; staff recruitment and training, and staffing arrangements. It was noted, in the monthly monitoring reports that there was a discrepancy in relation to the number of service users subject to deprivation of liberty compared with the restrictive practice register. This was brought to the attention of the manager, following the inspection, who agreed to discuss this with the monitoring officer to ensure accurate information is contained within these reports. An area for improvement has been identified.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and was satisfactory.

The day care setting's Statement of Purpose (SOP) and Service Users' Guide (SUG) required to be updated. The SOP needed to include information in relation to safeguarding; the arrangements for the keeping of documents and records; the arrangements for the notification of reportable events; and the complaints section required the addition of the contact details for the Patient Client Council (PCC) and Northern Ireland Public Services Ombudsman (NIPSO). The person in charge was advised to include information relating to RQIA address and PCC contact details should be included in the SUG. These documents will be reviewed at the next inspection.

There had been no notifiable events since the last inspection. Staff had good knowledge in relation to incident management and what required reporting to RQIA in keeping with the regulations.

There was a system in place to ensure that complaints were managed in accordance with the day care service's policy and procedure. A complaints policy was available to guide staff. There was evidence of a system to ensure oversight of complaints, this included a review of complaints during the monthly quality monitoring visits.

3.3.2 Staffing (recruitment and selection, induction and training).

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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 programme which also included shadowing of a more experienced staff member.

Recruitment records were not available to review. Following the inspection, the manager confirmed that they were advised by the Trust's recruitment department when 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 NISCC and there was a system in place for professional registrations to be monitored by the person in charge.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff received an opportunity to discuss their post registration training requirements during supervision and appraisal meetings.

Records of all staff training were retained and the person in charge maintained oversight of the training matrix to ensure compliance. Staff were provided with opportunities to complete training commensurate with their role.

There were no volunteers deployed within the day care service.

3.3.3 Care Delivery and Records

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

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. 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 review and services users and /or their relatives participate. The review of the care provided is on an annual basis or when changes occur.

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 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 service. Staff implemented the specific recommendations of the SALT to ensure the care received was safe and effective. Care records included a copy of the SALT recommendations.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

3.3.4 Safeguarding

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy 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 and children's safeguarding training during induction and regular updates thereafter. Review of training records evidenced good compliance.

3.3.5 Deprivation of Liberty Safeguards (DoLS)

The 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. The person in charge demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

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. However, as stated in section 3.3.1 of this report, the monthly monitoring reports indicated there was a service user subject to DoLS. This was discussed with the manager following the inspection and it was confirmed this was inaccurate and they agreed to address this matter with the monitoring officer.

3.4.6. The Environment

A review of the day care setting environment was undertaken and the setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

During the inspection fire exits were observed to be clear of clutter and obstructions. Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. Fire risk assessments for the setting were available for the inspection. All staff had completed fire training.

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	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge and Mr Rapheal Kearns, 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 Day Care Settings Minimum Standards (revised) August 2021.	
<p>Area for improvement 1</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>The Registered Person shall ensure all information contained in the monthly quality monitoring reports is accurate and up to date.</p> <p>This relates specifically to that information relating to DoLS and the restrictive practice register.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: The Monitoring Officer will now check the Dols register alongside the service user files to ensure accuracy. The Registered manager will then read the Monitoring Report to verify and sign off.</p>

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



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