

Inspection Report

19 September 2024



Magherafelt Day Centre

Type of service: Day Care Setting
Address: 57 Hospital Road, Magherafelt, BT45 5EG
Telephone number: 028 7936 5075

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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| <p>Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)</p> <p>Responsible Individual: Ms Jennifer Welsh</p> | <p>Registered Manager: Ms Donna O'Neill</p> <p>Date registered: 11 May 2022</p> |
| <p>Person in charge at the time of inspection: Ms Donna O'Neill</p> | |
| <p>Brief description of the accommodation/how the service operates: Magherafelt Day Centre is a day care setting that is registered to provide care and day time activities for up to 30 service users over the age of 65, who may also be frail, have a physical disability, learning disability, sensory impairment, mental health need, and/or dementia. The day care setting is open Monday to Friday and is managed by the NHSCT.</p> | |

2.0 Inspection summary

An unannounced inspection was undertaken on 19 September 2024 between 10.10 a.m. and 4.40 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 were also reviewed.

Areas for improvement were identified in relation to safe recruitment, staff roster, adult safeguarding training for transport staff and the monitoring of recruitment agencies staffs' professional registrations.

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 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.

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 staff 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:

- "You will not get better than here. All is good."
- "I enjoy all the activities we do in the Centre. Staff are always there to help you if you need help. The Centre is always warm and clean. I am happy with all."
- "Staff greet you with a smile. They are so friendly and kind."
- "This is a great place to come. I look forward to coming. Staff are always happy to see you. You get a cup of tea when you come in to the Centre. You also get a choice of lunch and the food is very good."

Staff comments:

- "I got a good induction and was encouraged to ask questions if I didn't know something. The other staff made me feel welcome."

- “Dysphagia is a key focus in the Centre. A safety pause is in place at all meal times.”
- “Service users are encouraged to express their views and their views are respected.”

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

- “Staff are very good.”

No staff questionnaires were returned prior to the issue of this report.

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 16 February 2023 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 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. However, it was noted that a transport staff member had not received adult safeguarding training. An area for improvement has been identified in this regard.

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 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. Adult safeguarding matters were reviewed as part of the quality monitoring process.

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 NHSCT 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.

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. 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 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.

It was positive to note that the Mealtimes Matters Assurance Audit tool is completed on a monthly basis.

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 indicated that an Enhanced AccessNI pre-employment check had not been satisfactorily completed before an identified care staff member had commenced employment. Review of records and discussion with the manager confirmed that an Enhanced AccessNI pre-employment check had been received approximately six weeks after the staff member had commenced employment. This staff member had been working in a care role within the NHSCT prior to commencing employment in the day care setting. A further care staff member had commenced employment prior to this inspection and an Enhanced AccessNI pre-employment check had been satisfactorily completed before they had commenced employment. An area for improvement has been identified in this regard.

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, of staff employed by the day care setting, to be monitored by the day care setting's personnel department and the manager. However, there was a small number of staff working in the day care setting that had been supplied by a recruitment agency. Discussion with the manager and review of records identified that a system was not in place to review the professional registrations of these staff. An area for improvement has been identified in this regard.

The manager 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 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.

It was noted that an outpatient's clinic was operating from the day care setting two days per week which is not in keeping with the service's Statement of Purpose. RQIA are currently engaging with the service in regards to these arrangements.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's quality monitoring process. 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. 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.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

The administrative officer hours of work were not recorded on the staff roster. An area for improvement has been identified in this regard.

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.

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 and Day Care Settings Minimum Standards, (revised), 2021.

| | Regulations | Standards |
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| Total number of Areas for Improvement | 1 | 3 |

Areas for improvement and details of the QIP were discussed with Ms Donna O'Neill, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | |
| Area for improvement 1 Ref: Regulation 21 (1)(b) (2)(b) (3)(d) Stated: First time To be completed by: Immediate and ongoing from date of inspection | The registered person shall ensure that AccessNI pre-employment checks are satisfactorily carried out for all staff before they commence employment. Ref: 5.2.4 |
| | Response by registered person detailing the actions taken: All staff will have a satisfactory AccessNI pre-employment check prior to commencing employment. If satisfactory checks are not in place, the staff member will not commence employment. |
| Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021 | |
| Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: Immediate and ongoing from the date of inspection | The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding. This relates specifically to adult safeguarding training for transport staff. Ref: 5.2.1 |
| | Response by registered person detailing the actions taken: Day Centre Manager will ensure that staff have completed initial training on and can demonstrate knowledge of adult safeguarding prior to meeting service users. |
| Area for improvement 2 Ref: Standard 21.6 Stated: First time To be completed by: Immediately from the date of inspection and ongoing | The registered person shall ensure that a robust system is implemented to include the monitoring of staffs' professional registrations for any staff member supplied by a recruitment agency. Ref: 5.2.4 |
| | Response by registered person detailing the actions taken: Day Centre manager will check that all staff supplied by a recruitment agency are registered with their appropriate professional body prior to commencing duty. The Agency will be asked to provide NISCC registration number and expiry date before cover arrangements can be implemented. |

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| <p>Area for improvement 3</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: Standard 23.7</p> | <p>Ref: 5.2.6</p> |
| <p>Stated: First time</p> | <p>Response by registered person detailing the actions taken: The rota has been updated to include the dates and hours worked by the Higher Clerical Officer.</p> |
| <p>To be completed by: Immediate and ongoing from the date of inspection</p> | |

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The **Regulation** and
Quality Improvement
Authority

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