

Inspection Report

1 August 2024



Appleby Social Education Centre

Type of service: Day Care Setting
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Armagh, BT60 1JD
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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: Mr Melvyn Purdy</p> <p>Date registered: Acting</p>
<p>Person in charge at the time of inspection: Mr Melvyn Purdy</p>	
<p>Brief description of the accommodation/how the service operates: Appleby Social Education Centre is a day care setting that provides care and day time activities up to 105 services users who are living with a learning disability.</p> <p>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 1 August 2024 between 9.04 a.m. and 5.15 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, care reviews and service user meetings. An area for improvement identified at the previous inspection in relation to the fire risk assessment is stated for a second time.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to the safe and effective selection and recruitment of staff.

A meeting was arranged with the Responsible Individual on 15 August 2024 with the intention of issuing one Failure to Comply (FTC) notice in respect of The Day Care Setting Regulations (Northern Ireland) 2007; this was in relation to Regulation 21 (1)(b) (2)(b) (3)(d) regarding the fitness of workers. This meeting was attended by representatives of the Responsible Individual.

At the meeting, RQIA were provided with an action plan and assurances in relation to the concerns identified. On this basis, the decision was made not to serve the FTC Notice in respect of Regulation 21 (1)(b) (2)(b) (3)(d).

All service users spoken with indicated that they were very happy with the care and support provided by the staff. Comments received from service users and staff are included in the main body of this report.

Evidence of good practice was found in relation to communication between service users and day care setting staff; the provision of compassionate care; staff training and the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC).

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.

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:

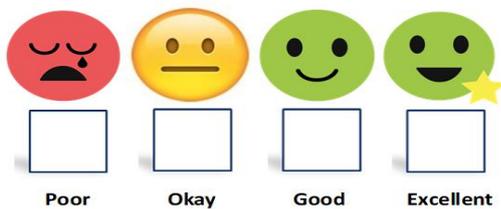
Service users' comments:

- "I like coming to the centre. Staff are good to me."
- "This is a good place to come. I like playing games outside."
- "I get to choose what I do here."
- "Dinner is nice."

Staff comments:

- "We have a daily huddle in the morning and all relevant information is discussed and shared with all staff. Good communication and sharing of information."
- "I get regular supervision and an annual appraisal."
- "Care and support is of a high standard and individual needs are met."
- "We have very detailed processes in place regarding the service users coming in to the centre. Records are maintained in line with the standard operating procedure."
- "There are DoLS in place for a number of service users and we are all aware of their care plans."

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?

One service user questionnaire was returned. The respondent indicated that they were generally satisfied with the care and support provided. The questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

A staff member responded to the electronic survey. The respondent indicated that they were generally satisfied. The questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

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 24 May 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was partially validated during this inspection.

Areas for improvement from the last inspection on 24 May 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 (1)(a) Stated: First time	The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users in respect of managing the moving and handling needs of service users including: An accurate and comprehensive care plan An accurate and comprehensive needs assessment.	Met
	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 care records evidenced that this area for improvement had been addressed.	
Area for improvement 2 Ref: Regulation 26 (4)(f) Stated: First time	The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.	Met
	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 records evidenced that fire drills had been completed on 3 July 2024 and 12 May 2024.	
Area for improvement 3 Ref: Regulation 26 (4)(a) Stated: First time	The registered person shall provide details of the action taken to address the significant findings highlighted in the fire risk assessment dated October 2022.	Partially met
	Action taken as confirmed during the inspection: The fire risk assessment was reviewed. A number of significant findings had not been addressed. This area for improvement is stated for a second time.	
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Matters as detailed below should be addressed with immediate effect: <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • PPE and hoist slings should not be stored uncovered in bathrooms. 	Met
	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. A tour of the environment evidenced that items were stored in line with best practice in infection prevention and control.	

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. 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. 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.

Discussion with the manager confirmed that there were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities.

A number of care reviews were outstanding. Discussion with the manager confirmed that staff had endeavoured to progress these care reviews with the relevant Trust staff.

However, they were unsuccessful in securing dates for these reviews. This was identified as an area for improvement.

All staff had been provided with training in relation to medicines management. The manager advised that one service user required their liquid medicine to be administered orally with a syringe. A competency assessment had been undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (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 who spoke with the inspector 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. Review of a sample of care records and discussion with the manager evidenced that a number of service users who required high levels of supervision or monitoring and restriction 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 infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control 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.

The day care setting's fire risk assessment was reviewed. A number of significant findings had not been addressed. An area for improvement made in the previous inspection report is stated for a second time.

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. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

It was also positive to note that the day care setting had service users' meetings on a regular basis. The minutes of the three most recent service users' meetings were reviewed during this inspection.

The minutes did not clearly reflect service users' views and opinions and provide the detail if any action is needed with details of who is responsible for this. This was identified as an area for improvement.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, opinions and concerns with the aim of ensuring service users received an effective service.

Interactions between service users and staff were observed on the day of the inspection; staff encouraged service users to discuss their preferences and engaged with them in an effort to develop their cognitive, physical and social skills through discussion and activities.

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.

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.

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 ancillary staff member had commenced employment. RQIA requested an immediate risk management strategy be implemented to ensure that the staff member had no direct service user involvement until a satisfactory AccessNI pre-employment check was received. An intention to serve a Failure to Comply Notice Meeting was held 15 August 2024. The SHSCT was able to provide assurances that steps have been taken to prevent recurrence.

On that basis, a decision was made not to issue the Failure to Comply Notice; one area for improvement was therefore made.

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.

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; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) 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. 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.

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 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.

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

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
Total number of Areas for Improvement	2*	2

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

Areas for improvement and details of the QIP were discussed with Mr Melvyn Purdy, Manager, the Assistant Manager and the Governance Lead for the SHSCT, 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 21 (1)(b) (2)(b) (3)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure that AccessNI pre-employment checks are satisfactorily carried out for all staff before they commence employment.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>An Enhanced Access NI check has been completed and returned for the staff member identified during inspection as not having a new check completed prior to commencing in current post.</p> <p>The registered manager will seek an enhanced Access NI pre-employment check for all new staff before they commence employment. This issue is being discussed at a regional Directors level involving Trusts and RQIA..</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4)(a)</p> <p>Stated: Second time</p> <p>To be completed by: On completion of QIP</p>	<p>The registered person shall provide details of the action taken to address the significant findings highlighted in the fire risk assessment dated October 2021.</p> <p>Ref:5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has liaised with SHSCT estates department who responded on the 19.09.24 to inform the Registered Manager that an order has been raised with a contractor for the installation of a new L1 fire system for Appleby Day Centre. The estates department have indicated a completion date of the end of the calendar year. The estates department have also completed a survey of the roof void and instructed contractors to initiate repairs.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 15.3 Stated: First time To be completed by: Immediate and ongoing from date of inspection	<p>The registered person shall ensure that the initial care review should take place within four weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care. As a minimum, a formal review should take place once a year.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager has liaised with the Community Learning Disability Team Leader to ensure that service user care reviews will take place within 4 weeks of commencement of placement and thereafter at intervals and times according to the the service users needs. This will be subject to ongoing monitoring. As a minimum the registered manager will ensure a formal service user review will be completed once a year.</p>
Area for improvement 2 Ref: Standard 8.3 Stated: First time To be completed by: Immediate and ongoing from date of inspection	<p>The registered person should improve the recording of service user meetings to ensure a detailed record is kept of the matters raised by service users and actions taken in response.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure that recording of service user meeting notes are detailed, accurate and reflect matters raised by service users. An action plan will be kept as part of the meeting record, the action plan which will be reviewed at the commencement of the following Service User meetings. A new recording format has been developed and is already in use.</p>

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



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