

Unannounced Care Inspection Report 10 September 2020



Creggan Day Centre

Type of Service: Day Care Service
Address: Fanad Drive, Derry, BT48 9QE
Tel No: 028 7126 9082
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Creggan day centre is a day care setting with up to 35 places that provides care and day time activities to service users with enduring mental health needs and service users living with dementia.

The centre is open for service users from Monday to Friday; however both service user groups attend the day centre on specific days of the week.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Fidelma Heaney (Acting)
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Fidelma Heaney	Date manager registered: Fidelma Heaney – (application received)

An unannounced inspection took place on 10 September 2020 from 10.00 to 17.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Five areas requiring improvement were identified in relation to infection prevention and control, monthly quality monitoring visits, fire drills, the service's fire risk assessment and the weekly testing of the fire alarm system.

Evidence of good practice was found in relation to compliance with Covid-19 guidance, staff training, staff registrations with NISCC, care records and reviews and communication between service users, staff and other key stakeholders.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "Great place to come", "I love it here", "Staff have to wear masks to keep us safe" and "This place is always warm and clean."

Service users' relative also provided the following comments: "Staff are always so friendly and welcoming". "Care is very good." "Invaluable service."

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Fidelma Heaney, manager and a day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 19 March 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 March 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 19 March 2019
- unannounced care inspection report and QIP dated 19 March 2019.

During the inspection, the inspector met with the manager, a day care worker, two day care assistants, two relatives and five service users.

Ten service user and/or relatives' questionnaires were provided for distribution; two responses were received.

'Tell us' cards were provided to give service users and those who visit them the opportunity to contact RQIA after the inspection with views of the agency; no responses were received.

At the request of the inspector, the manager was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; five responses were received.

The following records were examined during the inspection:

- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- a sample of staff training records
- elements of three service users' care records
- a sample of service users' progress records
- a sample of governance audits/records
- a sample of policies and procedures
- a sample of monthly monitoring report
- Covid-19 guidance
- RQIA registration certificate.

One area for improvement identified at the last care inspection was reviewed and an assessment of compliance was recorded met.

The inspector would like to thank the manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager and a day care worker at the conclusion of the inspection.

6.0 The inspection

Area for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 5.2 Stated: First time	The registered person shall ensure that person centred, holistic and comprehensive care plans are in place for all service users which appropriately reflect how their assessed needs, wishes and preferences should be managed by staff.	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 elements of three care records evidenced that this area for improvement had been addressed.	

6.1 Inspection findings

The manager confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The manager confirmed that all staff are currently registered with NISCC.

We viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Staff were noted to maintain individual training files; a sample of these records viewed evidenced a training log, certificates obtained and an evaluation of training. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, moving and handling and infection prevention and control including Covid-19.

Discussion with the manager and staff confirmed that mandatory staff training was up to date. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

We reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The manager described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding attendance at the day centre.

Discussion with the staff and service users assured the staff in this setting had responded to service users' wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Observations of the environment concluded that it was fresh smelling and clean throughout. During a review of the environment we observed three couches and two armchairs with very worn/torn seating and armrests. These items of furniture cannot be effectively cleaned. This has been identified for an area for improvement.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 7 December 2018. Fire drills had not been undertaken in line with the organisation's Fire Safety Policy. This has been identified for an area for improvement. Discussion with staff confirmed they were aware of the evacuation procedure.

Fire exits were observed to be clear of clutter and obstruction. Review of the fire alarm test records identified a number of omissions in regard to the weekly fire alarm tests. For example a test occurred on 7 September 2020 and previous tests undertaken were on 10 August and 3 July 2020. This has been identified for an area for improvement.

An updated fire risk assessment was completed on 4 December 2019. Review of the fire risk assessment confirmed that a significant finding had not been addressed within the specified timeframe. This has been identified for an area for improvement.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by an independent monitoring officer. The monitoring officer reported on the conduct of the day care setting. Review of Regulation 28 monthly quality monitoring visits identified that a monitoring visit had not been undertaken in July and August 2020. This has been identified for an area for improvement.

Discussion with service users, relatives and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Service users' comments:

- “Great place to come, everybody is so kind.”
- “Staff are good to me, you always get a cup of tea.”
- “A cheery place to come.”
- “I like doing the chair exercises.”

Staff comments:

- “I have recently done my infection prevention and control training including donning and doffing of personal protective equipment (PPE).”
- “Individualised person centred care delivered.”
- “We have excellent reference material re Covid-19.”
- “Fantastic team communication and support from the manager.”
- “We are constantly cleaning and keep records of cleaning.”

Relative’s comments:

- “Good communication and staff keep me informed of any changes regarding Covid-19.”
- “Staff are always wearing PPE.”
- “The staff are great, very kind and caring.”

The staff questionnaire responses received indicated that staff members were very satisfied that the care provided in the setting was safe, effective, compassionate and well led. Comments included: “I manage a team of highly motivated, caring, knowledgeable staff who have a desire to constantly improve our service.” “Activities are creative and inclusive, meeting the needs of people with a range of needs and abilities.”

The two completed service user/relatives’ questionnaires returned to RQIA indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. Comments included: “I feel all staff give me great support and take care of my needs” and “The service is amazing at Creggan Day Centre. My mother loves the staff and all the fun and attention that she gets”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, staff registrations with NISCC, care records and reviews and communication between service users, staff and other key stakeholders.

Areas for improvement

Five areas requiring improvement were identified in relation to infection prevention and control, monthly quality monitoring visits, fire drills, the service’s fire risk assessment and the weekly testing of the fire alarm system.

	Regulations	Standards
Total number of areas for improvement	5	0

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection 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. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose.

Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

We spoke with the manager and to three staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

We reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the WHSCT, the Public Health Agency and the Department of Health. Policies and guidance were available to all staff in hard copy within the staff office.

We reviewed monitoring records that indicated that service users and staff have their temperatures monitored in accordance with the guidance. Monitoring records also included a symptom check, such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to infection prevention and control including donning and doffing.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both he and the monitoring officer spot check the use of PPE by staff.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the day centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to compliance with Covid-19 guidance.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fidelma Heaney, manager and a day care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 (4) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: Creggan Day Centre is a facility shared by the Women and Children Directorate and managed by the Day Centre Manager. The Adult Mental Health and Primary Care & Older People's services are managed by the Adult Day Care Manager. Nominated Fire Officers from both areas of care have been included in a rota in which responsibility for the Weekly Fire Alarm check is shared as per Fire Risk Assessment. A substitute Nominated Fire Officer has been named to ensure that in the event of staff being absent the check is completed on time. A hard copy is kept in the Fire Safety File for reference.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First 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 4 December 2019.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: On the instruction of Trust Estates, an external contractor completed an updated Zone Chart for the Fire Alarm 21/10/2020.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 26 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>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.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A Fire Drill and a practice evacuation of the premises has been completed since the Inspection. This has been recorded in the Fire Safety Log. The Fire Policy is displayed with the main room used by clients. Where possible, with regard to cognitive and mobility issues, a number of clients are aware of the procedures to be followed in case of a fire and for saving a life.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person must ensure that the monthly monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <p>Ref: 6.1</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>Response by registered person detailing the actions taken: Monthly monitoring visits have re-commenced from both Adult Mental Health and Primary Care and Older People Directorates. PCOP visits did not take place in order to reduce footfall between facilities due to Covid-19. The AMH Day Opportunities Manager post has been vacant since March 2020 and recruitment has commenced. Peer monitoring has commenced with the Inspector's approval as a temporary measure. This will continue until visits are deemed safe to take place in the Day Centres due to the high number of Covid-19 cases within the geographical area.</p> <p>The registered person shall make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection in the day care setting.</p> <p>This requirement relates to the torn/worn couches and armchairs identified on the day of inspection.</p> <p>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: The affected sofas used in the Recreation Room were disposed on 11th September 2020. Replacements were ordered from the 'Annex A DOH Covid-19 NI Response Budget on 28th July 2020. During the inspection, a call was made to check on the progress of the order. We were advised that the process was "arduous" and a delivery time could not be identified at that time. We await delivery of the replacement furniture.</p>



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