



The Regulation and  
Quality Improvement  
Authority

Maghera Day Centre  
RQIA ID: 11299  
26 Coleraine Road  
Maghera  
BT40 6AH

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**Unannounced Care Inspection  
of  
Maghera Day Centre**

**15 December 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 15 December 2015 from 10:15am to 2:15pm. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. No areas of improvement were identified during this inspection.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Northern HSC Trust Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mr John Holmes
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mr John Holmes	<b>Date Manager Registered:</b> 20 April 2011
<b>Number of Service Users Accommodated on Day of Inspection:</b> 37	<b>Number of Registered Places:</b> 50

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

#### **4. Methods/Process**

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- The previous care inspection report and returned Quality Improvement Plan (QIP)
- A review of notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection.

During the inspection we met 20 service users, the registered manager and four day care workers also met to discuss the standards being inspected.

During the inspection the following records were examined:

- The statement of purpose
- The service user guide
- Records of complaints
- Samples of three monthly monitoring reports
- Selected policies and procedures relevant to standards 5 and 8
- Minutes of meetings of the service user group
- Care records for five service users
- Quality assurance audits.

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment of was undertaken.

#### **5. The Inspection**

##### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the service was an unannounced care inspection dated 02 February 2015. The completed QIP was returned and approved by the care inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26(2)(b)	Chain-link fencing, at the front boundary of the day centre's grounds is neither functional nor safe and must be replaced at the earliest possible time.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The chain link fencing has been made good.	
<b>Requirement 2</b>  <b>Ref:</b> Regulation 26(2)(b)	Floor coverings in the front entrance hall and in the adjacent Tirnoney Room were in a poor state and should be replaced at the earliest possible time.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The floor covering to this area has been replaced.	

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

#### Is Care Safe?

A continence promotion policy was in place. The policy defined personal and intimate care and gave guidance to staff involved with service users who had assessed continence needs.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal needs based on their care plan.

Observation, review of staffing levels and service users' positive feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of those service users who attend.

Staff have received training in continence management, as well as moving and handling training.

On the day of inspection staff were observed to be confident in carrying out their duties. These duties were carried out in an organised unhurried manner. Discussions with staff confirmed that they were able to demonstrate an understanding of individuals assessed needs.

Service users consulted reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

On this occasion there was evidence to confirm that continence care and promotion provided and the centre was safe.

#### Is Care Effective?

Discussion with the registered manager and care staff confirmed that the majority of service users require no support or assistance with their continence care needs. A few service users who require assistance with mobility require additional assistance with their continence needs.

The registered manager confirmed that service users bring in their own continence protection which are retained by the service users for use when needed.

The inspector sought verbal permission to inspect care records during this inspection. The care records inspected confirmed that continence care needs are discussed as part of the core assessment which is completed on admission. Where there is an assessed need for continence care, the measures to be taken were recorded in a care plan.

A care/support plan for each service user was in place and indicated the general support required. Risks were highlighted and the management of these risks recorded.

A review of the environment confirmed a number of bathrooms were available to meet the assessed needs of the service users. Staff confirmed that a sufficient supply of personal protection equipment is available to them. Hand washing dispensers were also available throughout the centre.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was effective.

### **Is Care Compassionate?**

Staff interaction with service users was observed throughout the inspection as polite, friendly, warm and supportive.

Staff discussed with the inspector the importance of meeting service users' continence care in a respectful, dignified manner.

During periods of observation it was noted that continence care was undertaken in a discreet private way.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was compassionate.

### **Areas for Improvement**

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting**

### **Is Care Safe?**

A range of policies were available to promote service users involvement in the day centre and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

An inspection of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately. Discussions with the registered manager in relation to one complaint found that in particular the registered manager's resolution to this was positive and constructive.

Service users confirmed that they felt comfortable to raise any issues of concern with the registered manager or staff. They also confirmed that they felt that such would be appropriately dealt with.

Care plans inspected provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

### **Is Care Effective**

There was evidence that management and staff actively seek the views of service users via service users' meetings and whilst staff facilitate the meetings, it is service user led. These meetings are a platform where everyone's ideas and opinions are listened to. The meetings are held on a two monthly basis with representatives reflective of age, gender and ability.

Minutes of the meetings are retained, and information agreed regarding the activity programme for each month is displayed. Records inspected confirmed that service users had recently agreed their arrangements for a Christmas dinner to be held in the centre.

Discussions with service users confirmed that they were consulted on a daily basis regarding their preferred activities and routines.

Inspection of three service users' care records provided evidence that service users and their representatives are encouraged to participate in decisions about the care and support they receive in the day centre.

The records inspected and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

It was evident from discussion with staff that they had knowledge and understanding of service users' preferences and needs.

Inspection of the last three monthly reports which were completed on behalf of the designated registered person incorporated the views and opinions of service users.

## Is Care Compassionate?

Discussion with staff demonstrated that they were knowledgeable about service users' needs and a person centred approach was adopted. In discussions with staff it was identified that service users were listened and responded to by staff.

In our observations of care practices it was confirmed that service users were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with service users in a polite, friendly and supportive manner.

### Areas for Improvement

There were no issues of improvement identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional Areas Examined

### 5.5.1 Service Users' views

We met with 20 service users, either in a small group setting or individually. In accordance with their capabilities, service users expressed and indicated that they were happy and content with their life in the home.

Some of the comments made included statements such as;

- "This place has increased my confidence and self-esteem coming here"
- "I'd be lost without it"
- "It is simply marvellous. I love coming here"
- "I love the company and the staff. Everyone is so very kind"
- "I was apprehensive about coming here but I needed of worried. I love it here"
- "Everyone is so kind. It is great coming here and having a sense of purpose"
- "The food is lovely with a great choice"
- "I couldn't praise the staff enough".

Five service users' questionnaires were returned after this inspection. Feedback from these questionnaires was all positive.

### 5.5.2 Staff views

We spoke with four care staff members, in addition to the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties.

Five staff questionnaires were returned after this inspection. Feedback from these questionnaires was all positive.

### **5.5.3 General environment**

The centre presented as clean, tidy and adequately heated. Décor and furnishings were found to be of a good standard.

The centre had good accessible facilities and space for service users to avail of.

### **5.5.4 Care practices**

The atmosphere in the centre was friendly and welcoming. We observed staff to be interacting with service users in a respectful, polite, warm and supportive manner.

Care duties and tasks were organised in an unhurried manner. Service users were observed to be comfortable, content and at ease in their environment and interactions with staff. Planned programmes of activities were in place.

An appetising, well-presented dinner time was provided for in a nice appointed setting. Supervision and assistance with this was provided for in an appropriate manner which added to the general ambience of the event.

### **5.5.5. Accident/incident reports**

An inspection of the accident/incident reports from the previous inspection until the date of this inspection was undertaken. These were found to be appropriately managed and reported.

### **5.5.6 Quality Assurance**

An inspection of the annual quality assurance document completed for the centre by the registered manager on 03 December 2015 was undertaken. This was found to be an excellent document with good account of reflective practice and quality assurance.

**No requirements or recommendations resulted from this inspection.**

<b>I agree with the content of the report.</b>			
<b>Registered Manager</b>	John Holmes	<b>Date Completed</b>	7/1/2016
<b>Registered Person</b>	Dr Tony Stevens Una Cuning	<b>Date Approved</b>	16/02/16
<b>RQIA Inspector Assessing Response</b>	John McAuley	<b>Date Approved</b>	19/02/16

Please provide any additional comments or observations you may wish to make below:

*\*Please complete this document in full and return to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**