

Inspection Report

20 January 2022



Cookstown Adult Centre

Type of Service: Day Care Service
Address: 2 Westlands Road, Cookstown, BT80 8BX
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Mrs Arlene Workman
Responsible Individual: Mrs Jennifer Welsh (Acting)	Date registered: 7 September 2021
Person in charge at the time of inspection: Mrs Arlene Workman	
Brief description of the accommodation/how the service operates: This Cookstown Adult Centre provides day time activities for up to 55 service users. The service meets the needs of adults with learning disabilities, physical complex disabilities, challenging behaviours, autism, mental health diagnosis and sensory impairment.	

2.0 Inspection summary

An unannounced care inspection took place on 20 January 2022 between 11 a.m. and 2.15 p.m. by a care inspector.

This inspection focused on staff recruitment and the day setting's governance and management arrangements as well as staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practices, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users and relatives said that they were very satisfied with the standard of care and support provided.

No areas for improvement were identified.

Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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 guidance, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report, written and verbal communication received since the last care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day setting's governance and management arrangements. This included checking how staff registrations with NISCC and the NMC were monitored.

During the inspection we discussed any complaints that had been received and any incidents which had occurred with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives to request feedback on the quality of service provided. This included service user/relative questionnaires and an electronic survey for staff to complete.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users and staff during the inspection indicated that there were no concerns in relation to the day care setting. Service users were observed to be relaxed in their interactions with staff. Those spoken with indicated that they were happy attending the day care setting.

Staff spoken with indicated that they had no concerns regarding the care and support provided. Comments provided included:

- "I have no concerns, I love my job."
- "I have no concerns whatsoever."
- "This is a great place to work, we are all a very close bunch here, including the service users and the staff."

A number of service users and relatives returned questionnaires. The respondents indicated that they were very satisfied that care was safe, effective, compassionate and well led.

Comments included:

- "I like the adult centre."
- "The care is excellent in the centre."
- "No worries, everything is alright."
- "Just need the five days back again, as (per) pre-Covid assessment. It's detrimental for service users and family, i.e. increased pressure/mental health."

A small number of staff and HSCT visiting professionals responded to the electronic survey. The majority of responses indicated that they felt very satisfied that the care was safe, effective and compassionate and that the service was well led. Written comments included that 'excellent service, excellent manager.'

One respondent indicated that they felt very dissatisfied in relation to all of these aspects of care. Given that no written comments were provided to support this response, this matter was relayed to the manager for review 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?

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.

The last inspection to Cookstown Adult Centre was undertaken on 5 March 2020 by a care inspector; no areas for improvement were identified. An inspection was not undertaken in the 2020-2021 inspection years, due to the impact of the first surge of Covid-19.

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), in keeping with the regional policy.

It was confirmed that staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. It was good to note that support staff had also undertaken training in adult safeguarding.

Discussion with the manager, confirmed that no matters had been raised to them under the whistleblowing procedures.

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that referrals to the Adult Protection Gateway Service (APGS) had been made appropriately. Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty. Service users were observed to be relaxed in their interactions with staff. Those spoken with indicated that they were happy attending the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The manager demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review for two service users.

Review of staff training records confirmed that a number of staff had not completed DoLS training. This was discussed with the manager, who agreed to address the matter. The manager provided written confirmation to RQIA on 26 February 2022 which indicated that all the training had been completed. We were satisfied that this had been addressed.

The environment was observed during the inspection and there was evidence of Infection Prevention and Control (IPC) 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. Hand sanitisers were strategically located throughout the day care setting.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). All the permanent staff had undertaken training in Dysphagia. However, staff who were working in the day care setting, who were employed by a recruitment agency, had not undertaken training in Dysphagia. Despite this, a review of the induction records identified that Dysphagia and eating and drinking care plans had been included in the induction process. Following the inspection, the manager confirmed to RQIA, by email on 26 February 2022, that the Trust had provided the agency staff with Dysphagia training. We were satisfied that this had been addressed.

The manager identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records confirmed that the required food and fluid consistency was included in the care plan. It was good to note that an auditing process had recently been implemented, to ensure the training had been embedded into practice. The auditing process also included review of service users' SALT assessments and care plans.

5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. There was a system in place to ensure that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members commence employment and have direct engagement with service users. No staff had been recruited since the date of the last inspection.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken on a monthly basis.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. Review of the complaints records identified that they had been managed appropriately.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings, the day care setting was deemed to be providing safe, effective and compassionate care; and the service was well led.

6.0 Quality Improvement Plan/Areas for Improvement

There were no areas for improvement identified during this inspection, and a Quality Improvement Plan (QIP) is not required or included, as part of this inspection report.



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