

Inspection Report

24 October 2024



Cookstown Adult Centre

Type of Service: Day Care Service
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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: Ms Jennifer Welsh	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: Cookstown Adult Centre provides day time activities for up to 70 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 inspection was undertaken on 24th October 2024 between 09.35 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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. and Covid-19 guidance was also reviewed.

Areas for improvement identified related to the staffing arrangements and in relation to the induction process.

Good practice was identified in relation to the varied activities participated in by service users. There were robust auditing processes in place. There was a colour coded training matrix in place to alert staff of any training that was due to expire to enable sufficient time to arrange refresher training prior to expiry date.

Cookstown Adult Day Centre uses the term 'service users' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

HSC Trust representatives' described the day care setting in positive terms and commented that they loved visiting Cookstown Adult Centre. They described the day care setting as being 'one of the best'.

A number of service user's relatives were also asked about their views of the service and commented as follows:

- "I couldn't fault it here, great service."
- "(name of service user) comes in happy every day and there has been such a positive change noted since leaving school."

- “It is a good service, the staff are very good. I have no concerns about the level of care provided here and there is a good routine and structure to every day that is different”.
- “The service is 110%. It has very good staff and all of them are very supportive. It gives me a break from caring so it is a vital service”.

Relatives spoken to were also complimentary about the staff whom they described as ‘very supportive’ with good variety of activities and routines in place.

Services users appeared relaxed and comfortable in their interactions with staff. Staff spoken with had a good understanding of the service users’ needs and preferences.

Whilst the staff spoke positively in relation to the care and support provided, a number spoken with commented on being short staffed on a regular basis. This is further discussed in section 5.2.6.

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

- “Good.”
- “I am happy.”
- “Good, I have friends, good staff.”
- “I love work.”

No responses were received to the electronic survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 7 July 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (2)(b)	The registered person shall ensure that the eating and drinking care plans are reflective of the most current SALT assessment	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

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 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).

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.

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.

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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager had a good system in place for tracking when training was due to lapse through a colour coded matrix. This enables staff to identify and schedule training in a timely manner before it expires.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference. 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. Where a service user was experiencing a deprivation of liberty, their care records contained the appropriate authorisation forms and these were reflected within the service users' care plans.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur. The care plans were noted to be person centred and provided comprehensive information pertaining to the service users' needs.

Service user meetings were held on a regular basis. Review of the notes of the meeting identified that service users were involved in planning the activities they would like to become involved in. However, areas to enhance the quality of the meeting were shared with the manager, who welcomed this advice.

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.

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.

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 confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager.

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 agency's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. It was identified that the proforma used for the Senior Day Care Worker's induction was the same as used by Support Workers. Whilst there was evidence of regular supervision undertaken following completion of the induction, there was a need for the induction process to be further developed for those in more senior roles. An area for improvement has been identified.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

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. However, it was noted that the monthly quality monitoring visits were not consistently undertaken by a person with the appropriate level of seniority expected by RQIA. This matter will be followed up at future inspection.

The staffing arrangements were reviewed. As previously discussed, staff consulted with commented in relation to the day care setting being short staffed. Review of the staff rosters identified that the staffing levels were not consistently maintained; and there was also evidence that the manager had been included within the staffing numbers on a number of occasions. Whilst this arrangement may be acceptable in response to any short notice staff absences, this should not be a regular occurrence. RQIA recognises the planned recruitment that is imminent in relation to addressing this matter. However, an area for improvement has been identified to ensure that the staffing levels are consistently reviewed and maintained as part of the monthly quality monitoring processes.

The Annual Quality Report was reviewed and was satisfactory.

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.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

'There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend each day. It was good to see there were also guidelines for escorts on Transport which outlined what to do if a service user was not present when the transport arrived to collect them.

With regards to ensuring that no service users were left on vehicles at the end of each journey, forms had been drawn up for staff to complete to indicate that a morning and afternoon check of the vehicles had taken place. Whilst it was positive to see this practice in place, it was discussed with the manager that the recording forms could be further developed by highlighting the date and time of checks and numbers of service users counted at the beginning and end of each journey. This information should also be included in the guidelines for escorts on transport. The manager welcomed this advice and immediately implemented a system to record these checks in a more detailed manner.

The Statement of Purpose required updating with RQIA's contact details; the manager agreed to address this.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	2

The areas for improvement and details of the QIP were discussed with Mrs Arlene Workman Registered Manager 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 Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 21.1 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that an Induction proforma is developed and implemented for new Senior Day Care Worker posts. Ref: 5.2.5
	Response by registered person detailing the actions taken: The Service Lead Manager for Day Care Services has developed an Induction proforma for Senior Day Care Workers. The Senior Day Care Worker in Cookstown Adult Centre will commence the new induction proforma on 16 th December.
Area for improvement 2 Ref: Standard 17.10 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the monthly quality monitoring reports specifically focus on the staffing arrangements; this refers to the frequency the manager covers shifts, rather than focusing on their governance and management responsibilities; and the number of days each room is below their assessed staffing requirement; the reports should evidence meaningful review of these staffing arrangements until the next inspection. Ref: 5.2.6
	Response by registered person detailing the actions taken: The manager completing the monitoring report will examine safe staffing levels within the centre and define the number of times each room has fallen below safe staffing levels. The monitoring report will evidence the review of staffing arrangement and detail the contingency plans implemented to ensure safe staffing levels; such as sourcing alternative staff from other service areas, offering alternative choice of service, and on occasion the centre manager will support staff on the floor. This will be reviewed at each monitoring visit and detailed within the report.

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