

# Inspection Report

27 January 2023



## 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

<b>Organisation/Registered Provider:</b> Northern HSC Trust	<b>Registered Manager:</b> Mrs Arlene Workman
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> 7 September 2021
<b>Person in charge at the time of inspection:</b> Senior Day Care Worker	
<b>Brief description of the accommodation/how the service operates:</b>  This 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 27 January 2023 between 9.15 a.m. and 3.45 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement.

Areas for improvement relating to the need for the recommendations made in the Fire Risk Assessment to be actioned as a matter of urgency; and all staff need to take part in a fire evacuation.

The majority of service users consulted with indicated that they felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led.

### 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 provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- 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?

Returned questionnaires indicated that the majority of service users felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led. Some written comments included:

- “I like it. All the staff are good to me and my centre friends. I would like more cinema outings for everybody
- “I enjoy coming to the adult centre every day. I like the activities we do at the centre. I like on the bus going to McDonalds and going shopping. I like the staff at the centre. I like going to art class every week. I enjoy taking part in baking with my room.”
- “You meet good friends at the centre. I enjoy taking part in the activities at the centre. I like coming to the centre every day. Staff listen to what I have to say to them. I like the music groups at the centre. I have lots of friends at the centre. I like the art groups that the centre has every week.”

One service user responded that they didn't enjoy coming to the centre. However, there was no further comment provided to support this.

Staff and visiting professionals met with indicated that they had no concerns in relation to the day care setting.

A number of staff, relatives and visiting professionals responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

#### **Relatives' comments:**

- “We would like more input/feedback from the physiotherapist in regards to what they are doing and how things are going and how often. An overhead hoist would be an excellent addition as it would be more comfortable.”

One relative provided comment in relation a specific matter. This was relayed to the manager for review and action as appropriate.

#### **Visiting professionals' comments:**

- “As a visiting professional I attend the centre twice a week and have always felt extremely welcomed and valued. Staff here have created a brilliant environment for the service users.”

#### **Staff' comments:**

- “I believe that we should welcome inspection as an important principle of the care that we provide.”

## 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 20 January 2022 by a care inspector. No areas for improvement were identified.

An inspection was undertaken by an Estates Inspector on 16 September 2022. A Quality Improvement Plan (QIP) was issued. This was approved by the Estates inspector. Action required to ensure compliance with the areas for improvement identified during that inspection were not reviewed as part of this inspection and were partially met.

<b>Areas for improvement from the last inspection on 16 September 2022</b>		
<b>Action required to ensure compliance with the Day Care Settings Standards 2021</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.10 <b>Stated:</b> First time	The Registered Person shall submit written evidence that the local building control department are satisfied that the works completed are compliant with their requirements	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27.5 <b>Stated:</b> First time	The Registered Person shall submit confirmation that a review of the water safety / legionella risk assessment risk assessment has been completed and any necessary controls implemented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 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).

Discussions with the person in charge 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. Any safeguarding incidents identified since the last inspection were managed appropriately.

The person in charge advised that no concerns had been raised under the whistleblowing policy since the last inspection

The person in charge was aware of the incidents which are required to be notified to RQIA.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

The person in charge advised that none of the service users currently required the use of specialised equipment. The person in charge was aware of the need to record the dates of any training that is provided by any external provider/health professional.

The person in charge advised that a small number of service users required their medicine to be administered with a syringe. The person in charge advised that this element of medicines administration was included in the medicines competency assessment. However, following review of the competency assessment tool, advice was given in relation to further developing the section pertaining to liquid medicines.

It was good to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice.

Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

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. Where a service user was experiencing a deprivation of liberty, their care records contained the appropriate documentation.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference. Advice was given in relation to adding additional guidance 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 service users were experiencing a deprivation of liberty, their care records contained the required authorisation forms. Advice was given in relation to keeping the DoLS register up to date. The person in charge was advised that letters of consideration should be retained for those service users who were not subject to DoLS.

During the inspection fire exits were observed to be clear of clutter and obstructions. Records examined identified that there were systems in place relating to safety checks and audits. These included fire drills and fire evacuations. Whilst it was evident that all staff had undertaken fire training, there were a number of staff who had not attended a fire evacuation drill. An area for improvement has been identified.

Review of the Fire Risk Assessment dated 5 September 2022 identified a number of recommendations that should have been implemented in order to reduce fire risk. There was limited evidence that these actions had been addressed. An area for improvement has been identified.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing records, it was good to note that service users had an input into devising their own activities each day. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The service delivered had also been regularly reviewed through a range of audits.

It was good to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in. These included:

- Shopping trips
- Walks in parks
- Parties and discos
- Bowling
- Outside painting
- Chinese takeaway
- Halloween and Christmas parties



### **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 modified.

A review of training records confirmed that the majority of staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Following the inspection, the manager confirmed to RQIA by email that the outstanding training needs had been addressed. There was a system in place to ensure that staff had read and understood each individual SALT Care plan.

It was good to note that there was a comprehensive resource folder available for staff to reference.

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 (Access NI), 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) and the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. The monitoring arrangements in place were satisfactory.

There were no volunteers working in the day care setting. The agency currently use outside agency staff and records review show that all required documents were in place.

### **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, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.



A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly quality 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 quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements. Advice was given in relation to the use of using unique identifier numbers as a means of anonymising the names of the people spoken with and records reviewed; this would enable traceability.

There was a system in place to record any complaints. Review of the complaints records identified that there had been no complaints received since the date of the last care inspection.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately.

The Statement of Purpose required to be updated. It was agreed that this would be updated within a specified timeframe and submitted to RQIA.

The Annual Quality Survey was scheduled to be undertaken following the inspection. Advice was given in relation to further enhancing the report. It was agreed that this would be submitted to RQIA when completed.

There was a system in place for managing incidents where a service user did not attend the day centre as planned. It was agreed that a protocol needed to be formalised in this regard. This will be followed up at future inspection.

## **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
<b>Total number of Areas for Improvement</b>	2	1*

\* the total number of areas for improvement includes one which is carried forward for review at the next inspection.

The areas for improvement and details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (4)(f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</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: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>A fire drill took place on 9/02/2023 to include staff and service users that didn't have the opportunity to attend the previous one.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 26 (4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure the recommendations made in the Fire Risk Assessment, dated 5 September 2022, are satisfactorily rectified as a matter of urgency.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The external bin disposal area is locked every evening by senior staff who are responsible for securing the entire building.</p> <p>All intumescent strips on the fire doors have been replaced by Estates Services.</p> <p>The damaged door noted has been repaired by Estate Services.</p>

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.10  <b>Stated:</b> First time	The Registered Person shall submit written evidence that the local building control department are satisfied that the works completed are compliant with their requirements  Ref: 5.1
<b>To be completed by:</b> 01 December 2022	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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



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