

Inspection Report

7 July 2023



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 7 July 2023 between 9.30 a.m. and 2 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 was also reviewed.

Areas for improvement identified related to the Eating and drinking care plans which need to be reflective of the most current Speech and Language Therapist (SALT) assessment.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Cookstown Adult Centre uses the term 'members' 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 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?

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 attending the centre, I attend the service users’ meeting.”
- “I like coming to the centre.”
- “I like the activities in the room e.g. Arts and crafts and baking.”
- “It’s ok. I enjoy activities, jigsaws, bike, painting and going out on the bus, meeting other people and having a chat. I like the staff.”
- “I like the centre and enjoy coming. I have made friends. I enjoy the activities and being in (my) room.”
- “Good friends.”
- “I like the centre but I want to leave to go to Superstars. I like the staff in my room.”

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.

All staff and service users’ relatives spoken with indicated that they had no concerns regarding the care and support provided. Comments provided included:

Staff’ comments:

- “I have no concerns regarding the service users’ health and wellbeing.”
- “Everyone is being treated well, they get everything they need.”

Service users’ relatives:

- “It is really excellent, we couldn’t complain. (Name of service user) knows the staff very well and always wants to come to the centre, they are very good.”

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?

The last care inspection of the day care setting was undertaken on 27 January 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 27 January 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (4)(f) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 26 (4)(a) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 25.10 Stated: 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. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	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).

The manager advised that no concerns had been raised under the whistleblowing policy since the last inspection. The manager was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. Any potential safeguarding concerns had been reported appropriately.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

Service users' relatives spoken with said they had no concerns regarding the safety of service users; they described how they could speak to staff if they had any concerns about safety or the care being provided. Discussion with the manager and a review of the staffing rotas identified that there were sufficient staffing levels in place to meet the needs of the service users. We were also satisfied that where enhanced supervision levels were required for individual service users, there were satisfactory arrangements in place.

RQIA had been notified appropriately of any reportable incidents in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. It was good to note that the monthly quality monitoring process reviewed staff compliance with mandatory training requirements on a monthly basis.

The manager advised that the medicines competency assessment had been recently updated to include administering liquid medicines where an oral syringe was used.

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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of DoLS training appropriate to their job roles.

A resource folder relating to DoLS 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, the relevant documentation was generally in place.

5.2.2 What are the arrangements for promoting service user involvement?

From discussion with the manager, staff and review of records it was evident that the service users were involved in all aspects of their care, as appropriate. Service users and their representatives were encouraged to attend their care review meetings. The staff used a Care Review Preparation form to ascertain service users' views in advance of the care review meetings.

Staff also reflected on how well service users participated in various activities and provided feedback to relatives, as appropriate. Service users' feedback was also sought as part of the annual quality processes. It was good to note that Speech and Language Therapist input was also sought for any service users who had communication difficulties.

There were informal opportunities on a daily basis for service users to speak with the manager. Service users' meetings were held on a regular basis and there was a system in place to obtain the input from any service users who could not attend the meetings. Review of the service users' meeting minutes identified that they were asked for their views on the activities they wished to participate in and also on the quality and variety of the meals provided. Some of the matters discussed included:

- Getting involved in the Butterfly/Secret Garden
- Going to the cinema and on bus runs
- Meal choices.

Review of records and discussion with staff also noted a number of activities which the service users enjoyed. These included:

- Chair aerobics
- Music and Movement
- Narrative skills (story telling)
- Music based therapy
- Rebound therapy (Trampoline exercises with the physiotherapist)

- Participating in The Greatest Showman
- Easter Disco and making Arts and Crafts.

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. Staff had been provided with training in relation to Dysphagia and it was good to note that this was monitored as part of the monthly quality monitoring visits.

Dysphagia audits were undertaken on a monthly basis. However, review of the service users' care plans identified that they did not reference the most current SALT assessment. This was discussed with the manager who took immediate action to rectify the care plans. An area for improvement has been identified to ensure that this is embedded into practice.

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) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the day care setting.

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.

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.

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. Advice was given in relation to the need for the reports to be received by the manager in a timely manner, and in particular to enable the designated monitoring officer to review the previous action plan when undertaking the subsequent visit.

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.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

The Statement of Purpose required updating with RQIA's contact details. The manager agreed to action this after the inspection.

There was a system in place for managing incidents where a service user did not attend the day centre as planned. This included a signing in and signing out of service users. Advice was given in relation to the need for the transport staff to check the bus at the end of each trip, to ensure that there are no service users remaining on the bus. The manager welcomed this advice and immediately implemented a system to record such safety checks.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area 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 Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (2)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the eating and drinking care plans are reflective of the most current SALT assessment</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The two service user's Careplans were immediatley updated on 7/07/2023 to reflect their recent SALT careplans. Mealtimes matter audits have been introduced to ensure regular audits check that all information is reflective of the most current SALT assessment.</p>

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