

Inspection Report

19 July 2022



Antrim Adult Centre

Type of service: Day Care Setting
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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: Mr Marc Carey, acting
Responsible Individual: Ms Jennifer Welsh (Acting)	Date registered: Not registered
Person in charge at the time of inspection: Day Care Lead manager	
Brief description of the accommodation/how the service operates: This is a Day Care Setting that provides care and day time activities for people with learning disabilities. The care is commissioned by the Northern Health and Social Care (HSC) Trust	

2.0 Inspection summary

An unannounced inspection was undertaken on 19 July 2022 between 10.15 a.m. and 4.15 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.

Two areas for improvement were identified in relation to the agency's medication policy and staff training. One area for improvement identified at the last inspection in regard to fire safety checks was assessed as partially met and has been stated for a second time.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements 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, 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 questionnaires and an electronic survey for staff.

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. We observed a number of service users in various rooms within the day care setting; service users appeared relaxed and comfortable. There were a number of activities provided to meet the individual needs of service users.

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

Comments received included:

Service user relative's comments:

- "Very happy with the service, the staff are great. I have no issues or concerns."
- "(My relative) loves coming here and missed it during Covid."
- "I can talk to the manager if not happy but I have never had to."
- "Staff listen and know my daughter well."
- "The only break I get, I would be lost without it."

Staff comments:

- "Like working here, the training is good."
- "I love it; the service users are safe here. We are getting back to normal."
- "We are here to make their (service users) day better."
- "Management are approachable and supportive."
- "This is a great place; I am well supported and very happy."
- "It is all for the service users."

- “I have no concerns.”
- “Can be a challenge with staffing due to absence caused by Covid.”

No questionnaires were returned. No staff responded 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?

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 care inspection of the day care setting was undertaken on 15 November 2021 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 15 November 2021		
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) (d) Stated: First time To be completed by: Immediate and ongoing	The registered person shall make adequate arrangements regarding more robust recording of weekly fire tests. Ref: 5.2.1	Partially met
	Action taken as confirmed during the inspection: It was identified from records reviewed that although regular fire tests were completed there were a small number of occasions when they had not been completed on a weekly basis. This area for improvement is assessed as partially met and will be stated for a second time.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by:	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding. This relates specifically to transport staff. Ref: 5.2.1	Met

<p>Immediate and ongoing</p>	<p>Action taken as confirmed during the inspection: From information reviewed it was identified that transport staff had completed adult safeguarding training.</p>	
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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 DoH’s 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. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting’s policy and procedure with regard to whistleblowing.

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 referrals made had been managed appropriately.

Service users and their relatives indicated that they had no concerns regarding their safety; relatives described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

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

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. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified before care delivery commenced and training was requested from the HSC Trust.

Care reviews had been undertaken in accordance with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

A number of staff had been provided with training in relation to medicines management; however it was identified that six staff were required to complete a training update. An area for improvement was identified.

If an oral syringe was used to administer medicine to a service user, this was clearly recorded in the individual's care records. It was positive to note that staff had completed a competency assessment before they undertook this task. A review of the policy relating to medicines management identified that it was required to be updated to include direction for staff in relation to administering liquid medicines. An area for improvement was identified.

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 DoLS training appropriate to their job roles. The person in charge reported that none of the service users were subject to DoLS. 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.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with staff and relatives, it was good to note that where appropriate service users had an input into devising their own plan of care. It was noted that where service users were unable to effectively engage in the process, staff discussed their needs with relatives and HSC Trust representatives. 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 services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting facilitated a service user forum on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus.

5.2.3 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). A number of service users had been assessed by the SALT with recommendations provided and some required their food and fluids to be modified. A review of training records confirmed that staff had completed training in Dysphagia and in relation to food modification and how to respond to choking incidents.

Discussions with staff and 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 appropriately 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 and support required. Staff were familiar with how food and fluids should be modified.

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 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; however it was noted that the list was required to be updated to accurately reflect the registration status of staff; this was discussed with the person in charge. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge stated that there were no volunteers providing support within 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 and a HSC Trust corporate induction. 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 has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. From records reviewed it was identified that a number of staff are due to complete training updates in areas such as Infection Prevention and Control (IPC), Moving and Handling, Medication administration, and Fire safety. An area for improvement was identified and has been subsumed into an area for improvement identified in 5.2.1.

All 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. The person in charge was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

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. We discussed with the person in charge the merits of recording details of the review of staff NISCC registration status.

The Annual Quality Report was reviewed and was satisfactory. It included comments made by service users such as:

- "Centre is great."
- "Staff are great."
- "I enjoy the centre."

The person in charge advised that 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 displayed appropriately however it was noted that it did not accurately reflect the current manager arrangements. It was identified that RQIA had not been informed of the changes in the management arrangements. This was discussed with the person in charge and action was taken immediately to resolve this matter.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. It was noted that no complaints were received since the last inspection.

The Statement of Purpose required updating with RQIA's contact details and the manager details.

The person in charge was also signposted to Part 2 of the Minimum Standards, to ensure the Statement of Purpose included all the relevant information. The person in charge submitted the revised Statement of Purpose to RQIA within two weeks of the inspection.

The manager is in the process of submitting an application to RQIA to be registered.

6.0 Conclusion

Based on the inspection findings, one area for improvement identified at the last inspection was stated for a second time; in addition two new areas for improvement were identified. Despite this, RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

7.0 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
Total number of Areas for Improvement	1*	2

* the total number of areas for improvement includes one that has been stated for a second time.

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.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (4)(d) Stated: Second time To be completed by: Immediate and ongoing	The registered person shall make adequate arrangements regarding more robust recording of weekly fire tests. Ref: 5.2.1
	Response by registered person detailing the actions taken: Manager and two senior staff members will arrange on rota (dependant on leave/absence) who will be responsible for all weekly/monthly fire check recordings. Alerts have been placed on email diaries to remind staff on the days of tests. This will ensure that these are done within the required timeframes.
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021	
Area for improvement 1 Ref: Standard 21 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. Ref: 5.2.1 & 5.2.5
	Response by registered person detailing the actions taken: The manager will ensure that all staff complete and continue to update relevant training re roles and responsibilities. This will be regularly be updated to an electronic matrix that will not only be monitored by the Registered Manager, but also by senior managers, by way of regular auditing. This should indicate "gaps" in training very easily and ensure all updates are complete in a timely fashion.
Area for improvement 2 Ref: Standard 18.1 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that the policies and procedures as identified in Appendix 2 are in place and in accordance with statutory requirements. This relates specifically to the medication policy including information for staff in relation to administering liquid medicines. Ref: 5.2.1
	Response by registered person detailing the actions taken: Currently medication guidance is available on site based on RQIA guidance however the development of specific medication policy is being initiated.

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



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