

# Unannounced Care Inspection Report 20 June 2019



## Antrim Adult Centre

**Type of Service: Day Care Service**  
**Address: 32c Station Road, Antrim, BT41 4AB**  
**Tel No: 028 9141 6530**  
**Inspector: Ruth Greer**

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 65 places that provides care and day time activities for people with learning difficulties. The centre is one of a number of centres run by the NHSCT in the learning disability programme of care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager:</b> Judith McPeake
<b>Person in charge at the time of inspection:</b> Laura Austin, senior day care worker	<b>Date manager registered:</b> 19 April 2018
<b>Number of registered places:</b> 65  Registered to provide services on a routine basis to a maximum number of users with needs as specified in the statement of purpose.	

### 4.0 Inspection summary

An unannounced inspection took place on 20 June 2019 from 09.10 to 14.40.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA have 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 domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to service users' involvement, staff training and supervision and care records.

Service users said they were happy in the centre and that staff were supportive and kind.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Laura Austin, senior day care worker, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action taken following the most recent care inspection dated 16 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 May 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifications of accidents/incidents and any correspondence received at RQIA since the previous inspection.

During the inspection the inspector met with 20 service users and 12 staff.

The following records were examined during the inspection:

- The Statement of Purpose
- The Service Users' Guide
- Minutes of one service users' meeting in June 2019
- Minutes of staff meetings in May and June 2019
- Monitoring reports for the previous two months
- Activity programme
- Staff supervision programme
- Record of complaints
- Record of accident and incidents
- Service user care files ( 4 )
- Induction and training records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from the most recent inspection dated 16 May 2018**

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

**6.2 Review of areas for improvement from the last care inspection dated 16 May 2019**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall update the settings statement of purpose and registration in relation to the service users group who use the room in the day centre; which is a different building to the adult centre. The manager should monitor and continue to improve the environment in this building to ensure the provision of care is consistent with the settings registration and statement of purpose.</p> <p>Ref: 6.4</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The centre’s statement of purpose was updated on 22 May 2018 and further revised on 21 May 2019. The manager liaises regularly with the Trust estates department in regard to the physical environment of the building.</p>	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.1  <b>Stated:</b> First time	<p>The registered person shall improve the induction programme in place for new staff. The induction and recording of the same should ensure staff reflect on their role, responsibilities and skills and there is evidence that the staff member can competently work in their role in the day care setting.</p> <p>Ref: 6.4</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Examination of the induction file for the most recently recruited senior staff member showed that documents included the Trust departmental induction checklist, an outline for the post and a competency checklist, a learning and development log and a copy of the standards of conduct and practice for social care workers.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time	<p>The registered person shall improve service users care plans, they should be easy read for service users accessibility, include service users goals and personal outcomes and be signed by service users, their representatives if required, and staff.</p> <p>Ref: 6.5</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b>            Examination of care files( 4) showed that these contain easy read documents in the form of "My Care Plan" with a section for service users to state their own goals and wishes. These were signed by the service user and, where appropriate, their representative.</p>	

<b>Area for improvement 3</b> <b>Ref:</b> Standard 15 <b>Stated:</b> First time	The registered person shall review two service users' needs assessments and plans to ensure they are being provided with care in the right place, and the service users' needs are consistent with what is described in the settings statement of purpose  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b>  The manager has contacted the referrers and clarified that the two service users identified at the previous inspection are suitably placed and that their needs can be met in the centre.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time	The registered person shall improve staff supervision, the meetings should happen at least quarterly, that is four times per year and be focussed supervision meetings between the supervisor and supervisee.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A matrix for supervision has been devised and showed that planned and focussed staff supervision is provided at least quarterly.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Antrim Adult Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff noted on the day of the inspection.

The manager is supported by a senior day care worker, day care workers, care assistants and ancillary staff. On the day Laura Austin, senior day care worker, facilitated the inspection.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the senior day care worker, staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include structured induction, training, supervision and appraisals. The senior day care worker stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. She had recently taken up post and a review of her personnel file confirmed that all elements for induction and ongoing professional development were in place. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. Mandatory training is audited regularly by the Trust.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. The manager and senior day care worker are designated as safe guarding champions within the centre and have been provided with additional training for the role. Staff interviewed confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment dated 8 January 2018 was in place. Confirmation was provided that all recommendations made as a result of the fire assessment had been actioned. Fire training and a fire drill had taken place on 10 October 2018. Fire safety equipment is checked weekly and records maintained. The weekly check was undertaken on the day of the inspection. It was good to note that a service user has undertaken this weekly task and an easy read checklist had been devised for this purpose. The process is verified by a designated staff member.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS).

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff consulted were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. Examples provided referenced service users' rights to choice of activities, where they liked to spend the day and how they are empowered by staff towards more independence.



Discussion with service users and staff in regards to the provision of safe care included the following comments:

### Service users comments

- “There’s always staff around if you need to talk”
- “It’s a good place to come, I really enjoy it.”
- “I like it I meet my friends”.

### Staff comments

- “All the people who attend have exactly the same rights to enjoy everything on offer here”
- “Service users are well able to tell us what they like, even those with no speech. We know them well so we can quickly work out the non-verbal cues”
- “We like to support service users with getting involved in activities outside the centre. For example going to the shopping centre or the cinema”.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control and risk management.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The centre’s Statement of Purpose and Service User Guide were reviewed and revealed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. If the move is a transition from children’s services, staff from the centre initially meet the service user in their school setting and liaise with school staff. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user’s guide. The guide provides information of the service user’s right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

The accommodation provided in the centre was appropriate to meet the needs of the people attending.

Four care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. The files contained easy read and pictorial information documents. For example "All about me" and "Who reads my file". Each care plan was underpinned by the rights of service users and methods for improving outcomes. Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received. Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file.

Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and consulted about their care.

Discussion with staff and service users with regards to the provision of effective care included the following comments:

### **Service Users comments**

- "I'm happy with everything here."
- "I help with reception, I like that"
- "If you want to know what's going on ask in the office for a report. Sometimes I do that".

### **Staff Comments**

- "We work well as a team because everyone has the same goal".
- "This is a really good service and the people who come are genuinely cared about by us all".

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

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## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussions with service users and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social activities and interests.

On the day of the inspection service users were observed undertaking a variety of activities in designated group rooms. These included painting, crafts and puzzles. Observation of these activities showed that service users were encouraged to contribute, be comfortable and have fun. Staff were seen consulting with service users and seeking opportunities to involve service users and empower them to achieve their full potential. Restrictive practice was seen in place in respect of individual service users. This included a staff ratio of one to one for some service users, restricted access to some areas and individual work stations. Examination of care plans showed that individual risk assessments, regarding such restrictions, had been completed and contributed to and agreed by relevant professionals and service users' representatives. There had been no incidents of safeguarding in the past year in the centre.

Observation on the day of the inspection showed a variety of activities were facilitated by staff. Service users were seen approaching staff communicating their needs and making requests. Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and said that they were treated well by them.

Consultation with service users and, where appropriate, their representatives, was evidenced in the records relating to assessment, care planning and review process. Representatives were free to call informally during the day and/or contact the manager to arrange an appointment to discuss any aspect of care. In some cases a communication book between home and centre is used to share information. Annual questionnaires are circulated to service users and their representatives. A service user forum meeting takes place on a monthly basis. Minutes of the most recent meeting on 13 June 2019 showed that service users are regularly consulted about a range of issues. For example; activities, transport and staffing.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspection was facilitated by Laura Austin, senior day care worker. The registered manager was engaged in interviewing for new staff.

The Statement of Purpose for the day care service was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was correct and displayed appropriately.

Discussion with the person in charge and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. A matrix was maintained of individual staff supervision sessions.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision and staff meetings. Staff stated that the management style in the centre was an open door approach and were confident that they could approach management with any issue or concern. One staff member said "We are always coming up with new ideas for developing the centre and the manager is open to discussion and available to listen"

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by line management and the reports of March and April 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits.

The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The person in charge and staff advised there were a range of policies and procedures in place to guide The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The person in charge stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details is held in the centre.

Discussion with staff revealed they felt well supported by the Trust and by the team in the centre. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate.

Review of the 2018/2019 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

### **Areas of good practice:**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

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**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection and a QIP is not required nor included, as part of this inspection report.



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