

# Unannounced Care Inspection Report 27 September 2017



## Antrim Adult Centre

**Type of Service: Day Care Setting**  
**Address: 32c Station Road, Antrim, BT41 4AB**  
**Tel No: 028 9441 6530**  
**Inspector: Ruth Greer**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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**

Antrim Adult Centre is registered with RQIA to provide day care for 65 persons who are living with a learning difficulty.

**3.0 Service details**

<p><b>Organisation/Registered Provider:</b> Northern HSC Trust</p>	<p><b>Registered Manager:</b> Ms Judith McPeake - acting</p>
<p><b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens</p>	

<b>Person in charge at the time of inspection:</b> Judith Mc Peake	<b>Date manager registered:</b> An application for Ms Mc Peake's registration is in process and will be forwarded to RQIA
<b>Number of registered places:</b> 65 DCS –LD	

#### 4.0 Inspection summary

An unannounced inspection took place on 27 September 2017 from 10.00 to 15. 00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to empowering service users to be advocates for themselves and to encouraging and innovative practice. There was additional evidence of good quality assurance and auditing systems

Service users spoke positively about their experience of attending the centre.

"I look forward to coming four days every week means I get out of the house and meet people".

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

Questionnaires were left with the manager for distribution to services users, their relatives and staff. No questionnaires were returned within the requested time scale.

#### 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 Judith McPeake, manager 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/enforcement taken following the most recent care inspection dated 02 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 02 March 2017.

## 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 report and quality improvement plan of the last inspection and notifications of accidents/incidents since that date.

During the inspection the inspector met with 14 service users, five staff and one visiting professional. There were no service users' visitors/representatives available on the day.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training matrix
- Four service users care files
- Complaints
- Accident/incident register
- Selected policies and procedures
- Fire records
- Record of monthly monitoring visits
- Quality assurance audits.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met/partially 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 02 March 2017

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

## 6.2 Review of areas for improvement from the last care inspection dated 02 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time	The registered provider should ensure that consistent agency staff is provided with supervision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A system of supervision has been introduced for agency staff who are employed in the centre on a regular consistent basis.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time	The registered provider should undertake a review of individual service user agreements to ensure that information as cited within standard 3.1 of the Day Care Settings Minimum Standards is included.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Copies of service users' agreements were available and up to date at the time of inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 27.2 <b>Stated:</b> First time	The registered provider should ensure that regular review of accidents and incidents is undertaken so that trends and patterns can be identified and where necessary appropriate action taken including review where recurring patterns are identified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A record of audits of accidents and incidents was available and up to date at the time of inspection.	

<b>Area for improvement 4</b> <b>Ref:</b> Standard 18.5 <b>Stated:</b> First time	The registered provider should ensure that the incident management policy dated 19 March 2009 is reviewed and revised. Notification to RQIA should be included within the flow chart.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The incident management policy has been referred to the Trust for amendment. In the meantime staff in the centre have been instructed to refer incidents/accidents on referral to RQIA	
<b>Area for improvement 5</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time	The registered provider should ensure that action taken to address issues arising from audits is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A copy of action plans made to address issues arising from audits was available for inspection.	

### 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.**

#### Findings

The manager confirmed the staffing levels for the centre and that these were regularly reviewed to ensure that the assessed needs of the service users were met. Records were maintained of staff on duty, the capacity in which they worked and the name of the person in charge.

Competency and capability assessments have been completed for any person in charge of the centre in the absence of the manager and copies were available for inspection.

An induction programme is in place for all grades of staff within the centre appropriate to specific job roles. There is a corporate induction provided by the trust and an induction programme specific to the centre and relevant to the new staff member's role.

Recruitment of staff is undertaken by the Trust and records are held at the H.R. Department. Recruitment files were not examined at this inspection.

The annual training schedule ensures that staffs' knowledge and skills are kept up to date.

Staff receive additional training in relation to their roles and responsibilities and to the needs of the service users. For example training has been provided, since the last inspection, in epilepsy awareness. The centre has a cardiac defibrillator and all staff have been trained in its use and CPR.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements and documentation to be completed. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistle blowing. A review of staff training records showed that mandatory adult safeguarding training was provided for all staff. Discussion with the manager, a review of accident/incident records and a selection of care files confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

Inspection of care records confirmed there was a system of referral to the multi professional team when required. Behavioural management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

Good standards of hand hygiene were seen to be promoted within the centre among services users and staff. Notices promoting good hygiene practices were displayed in the centre both in written and pictorial form.

Review of training records showed that staff had completed fire training most recently in February 2017 and that this was planned for October 2017. A fire risk assessment of the premises was undertaken in January 2017 and no recommendations were made as a result. Each service user has an individual fire evacuation plan.

**Areas of good practice**

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

**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 users guide provided the information required by legislation.

Four service user's care files were examined and were found to contain satisfactory referral and assessment information in relation to each individual. A care plan was in place and risk assessments had been undertaken where any risk had been identified. Care reviews were up to date in the files examined. Records of reviews showed that these provided an evaluation of the overall suitability of the placement.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness of the care provided by the centre. Audits of care plans, risk assessments, accidents and complaints were available for inspection and evidenced that any actions identified for improvement was incorporated into practice. The manager confirmed that systems were in place to ensure effective communication with service users, their relatives and other stakeholders. Observation of practice evidenced that staff, using a range of methods, were able to communicate effectively with service users.

Each service user has an individual written agreement that sets out their terms of their day care placement. Service users signed the agreements where possible. In some instances where service users were unable to sign staff recorded how the service users were able to express their satisfaction with the agreement. For example, by facial expressions or by other non-verbal cues. This is good practice.

### Areas of good practice

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

### 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.**

Observation of care practice found that staff were enabling and supporting service users in meaningful activities of their own choice and interests. The service users were participating in various activities and several, accompanied by staff, had gone swimming. Other activities included crafts, puzzles and art.

Staff stated that they were satisfied that the care provided by them was compassionate and aimed at promoting service users skills and independence.

One group of service users is involved with an outside professional film maker. The inspector was shown one short film they have produced which was a good example of self-advocacy and clearly a celebration of their achievements. The service users were keen to speak of another film in the making and presented as motivated, excited and "in charge" of this project.



Service users confirmed that their views and opinions are taken into account in all matters affecting them.

An annual quality review report for 2016/2017 was available for inspection and showed that service users and their representative had views had been sought by way of satisfaction questionnaires and their opinions included in the report.

Discussion with service users, staff and observation of practice confirmed that service users' preferences, as well as needs, were recognised and responded to in a prompt and courteous manner by staff.

Comments from service users included –

- “I like it here”.
- “I love going out for a coffee and a bun the staff take me”.

### 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 manager outlined the management arrangements and governance systems within the centre. These were found to be in line with good practice. The needs of the service users were met in line with the centre's statement of purpose and the details included on the registration certificate. The registration certificate was up to date and displayed appropriately.

There was a range of policies and procedures in place to guide and inform staff. Policies were centrally indexed and retained in a manner easily accessible to staff. Examination of a random selection of policies found that these reflected governing Northern Ireland legislation, Day Care Regulations, Minimum Standards and current good practice guidance.

There was a matrix for staff supervision and appraisal. This showed that staff have recorded individual, formal supervision at least every three months and have a recorded annual appraisal. Staff meetings have taken place in June, July and August 2017 and minutes were available for inspection.

There were arrangements and evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Audits are undertaken at centre and at Trust level. Monthly monitoring visits are carried out by the line manager for the centre. The most recent was on 26 September 2017. A random sample were examined and found to reflect service users and staff views and included action taken to address any issues found. The manager undertakes three monthly audits of accidents/complaints/activities/environment and supervision.

The Trust recently organised a day training/support for all staff in the centre with a view to promoting staff health and wellbeing. Satisfaction questionnaires were returned from the day and examination of these showed that the staff were positive in their evaluation of the day. Staff stated that they felt valued and supported by their employer.

There was a clear organisational structure and all staff were aware of their roles, responsibilities and accountability. The manager confirmed that the registered provider was kept informed regarding the day to day running of the centre by phone calls, e mail and visits.

The centre had a whistle blowing policy and procedure in place and in discussion staff were knowledgeable of the elements of whistle blowing. The manager and staff confirmed that there was an open door policy in the centre and staff could also access line management if they wished to raise any concerns.

### **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.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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 or included, as part of this inspection report.



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