

Announced Care Inspection Report 02 March 2017



Antrim Adult Centre

Type of service: Day Care Service
Address: 32c Station Road, Antrim, BT41 4AB
Tel no: 02894416530
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Antrim Adult Centre took place on 02 March 2017 from 10.00 to 15.40 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

There were examples of good practice from various sources found throughout the inspection which included: positive feedback from service users and staff, staffing levels, staff training, competency and capability assessments, risk assessments, availability of associated policies/procedures and infection, prevention and control measures in place.

Satisfaction questionnaires completed and returned to RQIA following the inspection indicated satisfaction that the care provided was safe. No issues or concerns were indicated.

One recommendation made related to the provision of staff supervision for consistent agency staff.

Is care effective?

There were examples of good practice from various sources found throughout the inspection in relation to care records, risk assessments, care reviews and effective communication including multi-professional collaboration.

Completed questionnaires returned to RQIA following the inspection indicated that respondents were satisfied that the care provided was effective.

One recommendation was made regarding the review and revision of individual service user agreements to ensure additional information is included as cited within standard 3.1 of the Day Care Settings Minimum Standards.

Is care compassionate?

There were examples of good practice from various sources found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of the views of service users.

Completed questionnaires returned to RQIA following the inspection indicated that respondents were satisfied that the care provided was effective.

No requirements or recommendations were identified for improvement within this domain.

Is the service well led?

There were examples of good practice from various sources found throughout the inspection including evidence of good team working/relationships, management of incidents, complaints, audits, and quality improvements.

Staff confirmed that the manager was always responsive to suggestions/comments raised during staff meetings.

Completed questionnaires returned to RQIA from respondents indicated satisfaction that the service was well led.

Four recommendations were made for improvement within this domain.

- Undertake regular audit of accidents and incidents so that trends and patterns can be identified and where necessary action taken.
- The centre had a copy of the incident management policy dated 19 March 2009. One recommendation was made in regard to the review and revision and the inclusion of notification to RQIA within the flow chart.
- Recording of action taken to address issues arising from audits undertaken.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Fiona Patterson, day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 November 2015.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered manager: Judith McPeake (Acting Manager)
Person in charge of the service at the time of inspection: Fiona Patterson, day care worker	Date manager registered: 21 July 2014 (as acting manager)

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report and QIP
- Notifications of accidents and incidents
- Correspondence.

During the inspection the inspector met with the day care worker in charge, the locality day care service manager, ten individual service users and with others in small group format and five care staff.

The following records were examined during the inspection:

- RQIA registration certificate
- Statement of purpose
- Service user guide
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training
- Staff induction
- Staff meetings
- Staff supervision and appraisal
- Service user meetings
- Monthly monitoring visits
- Staff duty roster
- Care records x 3
- Complaints
- Accidents/incidents
- Fire risk assessment.

Fifteen satisfaction questionnaires were given to the manager for distribution. Three questionnaires were completed and returned to RQIA within the timescale. Respondents indicated they were satisfied that care was safe, effective, compassionate and well led.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 12 November 2015

The most recent inspection of the day care centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12 November 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 16 (2)(b)(c)(d)</p> <p>Stated: First time</p>	<p>The registered person must ensure that one identified service user's care/support plan is urgently reviewed, and is further revised after appropriate consultation with the service user representative.</p> <p>The representative is informed and consulted regarding any revisions that are made and RQIA are informed of the outcome.</p> <p>Action taken as confirmed during the inspection: The care plan referred to within this requirement had been discussed with the representative at an arranged review meeting. The care plan was reviewed and revised as required.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered manager should review the arrangements for the storage of continence products to minimise risks of communal use.</p> <p>Action taken as confirmed during the inspection: Continence garments were being stored within identified boxes within an identified cupboard.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 14.1 and 14.6</p> <p>Stated: First time</p>	<p>The registered persons should ensure that one complaint investigation is signed off by the relevant investigators and a copy of the completed investigation report is submitted to RQIA as agreed.</p> <p>The registered persons should ensure that complaints are resolved in a timely way, and where local resolution cannot resolve the complaint, the complainant must be formally advised of the next steps within the complaint process, for example who to contact if they remain dissatisfied or require support including independent advocacy.</p> <p>Action taken as confirmed during the inspection: Complaint records reviewed evidenced that the</p>	Met

	<p>complaint referred to had been resolved satisfactorily.</p> <p>Complaints recorded were being appropriately recorded and managed.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p>	<p>The registered persons should ensure that two rooms being used by individual service users are named to assist service users in the orientation process.</p> <p>Action taken as confirmed during the inspection: Both rooms had been named for ease of identification.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 27.1</p> <p>Stated: Second time</p>	<p>The registered person should review working practices with regard to the need for staff to have a means to summon assistance in the event of an emergency, and practice implications should also be considered during the review.</p> <p>RQIA must be informed of the review outcome.</p> <p>Action taken as confirmed during the inspection: The day care worker in charge explained that the purchasing of appropriate alarm call systems was work in progress. In the meantime staff rotas were reviewed on a daily basis to ensure that adequate support is provided and available when required.</p>	Met

4.3 Is care safe?

The day care worker in charge confirmed that staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance each day.

Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre.

Staff working in the centre each day was recorded within the duty roster.

Staff employment records were held within the Northern Health and Social Care Trust (NHSCT) human resource department. The manager confirmed that all appointments made were in keeping with the trust policy/procedures and that required documentation was checked and in place before a new employee would commence work. The recruitment aspect of procedures was confirmed by staff members who met with the inspector. A corporate electronic policy and procedure on selection and recruitment was available.

Competency and capability assessments of staff in charge when the manager is out of the centre were discussed and reviewed. These were noted to be dated and signed by the staff member and the manager.

The day care worker in charge explained that all care staff with the exception one was registered with the Northern Ireland Social Care Council (NISCC). The one unregistered staff member who has made application is awaiting confirmation. The manager retains a tracking record of registrations for monitoring purposes.

Induction records reviewed contained a comprehensive account of the standard/indicators to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each indicator.

Electronic corporate policies and procedures on staff recruitment, selection and induction were available.

Mandatory staff training was discussed with the day care worker in charge and staff. Training needs analysis was undertaken with a training schedule developed for 2017.

Mandatory training provided and staff attendance was recorded within a staff training matrix which included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was ongoing alongside other professional development opportunities including dysphasia, respect, behavioural management and records/recording. The staff training policy, dated 14 April 2016, was available to staff.

The day care worker in charge confirmed that no adult safeguarding issues were currently active and should any arise the correct procedure would be followed in accordance with the Northern Health and Social Care Trust (NHSCT) adopted policy on the Department of health (DOH) policy/procedure titled "Adult Safeguarding Prevention and Protection in Partnership". Staff training in the safeguarding was being provided on a two yearly basis. The day care worker in charge explained that staff update training in adult safeguarding and the new (DOH) regional policy titled "Prevention, Protection in Partnership" (April 2015) was planned to take place within the near future.

Policies and procedures on restrictive practice were in place and available to all staff. Staff training in this regard had been provided. Staff had received training in regard to management of challenging behaviours. Staff explained that when behavioural issues arose that the least restrictive practice was used. This form of practice was recommended by the behavioural support team, agreed at reviews and reflected within care records.

The centre had a policy on risk management. Service user risk assessments in place were based on service user assessed needs. Risk assessments contained within care records reviewed included general risk and specific risk assessments which included for example, moving and handling, dysphasia and falls.

Infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures in place included for example; "seven step" hand hygiene notices positioned at all wash hand basins, availability of disposable gloves and aprons; provision of staff training in infection, prevention and control, and availability of electronic trust policies/procedures on infection prevention and control.

All areas within the centre were observed to be clean, tidy, organised and appropriately heated. The Control of Substances Hazardous to Health (COSHH) was observed to be satisfactory. Work to upgrade the port cabin had been completed.

The centre’s fire risk assessment dated 15 January 2017 was reviewed. No recommendations for action were made by the fire safety officer. Weekly and monthly monitoring of fire safety equipment was undertaken and recorded. All fire doors were closed and exits unobstructed.

Care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional working in the planning and monitoring of service users’ care. One recommendation made related to the provision of supervision for consistent agency.

Service users who met with the inspector indicated that attending the centre was good and they enjoyed coming and meeting up with their friends and doing things which they enjoyed. They explained how the support provided by staff was also good and confirmed that they were always asked about what they enjoyed doing.

Completed questionnaires returned to RQIA indicated that respondents that the care provided satisfactory.

Areas for improvement

One recommendation made related to the provision of supervision for consistent agency staff.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Three service users’ care records were provided by the day care worker for review. These were found to be in keeping with legislation and minimum care standards including, comprehensive health and social care needs assessments which were complemented with risk assessments, person centred care plans and regular records of the health and wellbeing of the service user. Care review reports in place included participation of the service user and where appropriate their representative. There was recorded evidence of multi-professional collaboration in planned care.

The provision and signing of individual service user agreements had been developed in Makaton format. Those reviewed were signed accordingly. One recommendation was made regarding the undertaking of a review and revision of the agreement to ensure that all information as cited within standard 3.1 of the Day Care Settings Minimum Standards was included.

The day care worker explained the systems and processes in place to promote effective communication between service users, staff and other stakeholders which included; service users’ meetings, staff meetings, daily staff meeting each morning before service users arrive, information notices displayed on health and social care, provision of leaflets on how to complaint, monthly monitoring reports and multi-professional care reviews. Communication was described by staff as being effective and was enhanced through the “open door” arrangements operated by the manager and senior staff. A visitor information file was available at reception

which contained a wide range of information including day care standards, statement of purpose, service user guide, seasonal newsletter, annual report, monthly monitoring reports and RQIA reports. This is to be commended.

Service users who were able to articulate their views confirmed they were aware of who to speak with if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required. No issues or concerns were raised or indicated.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the care provided was effective.

Areas for improvement

One area identified for improvement within this domain related to review and revision of service user agreement to ensure that all information as cited within standard 3.1 of the Day Care Settings Minimum Standards is reflected.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. This was reflected within the statement of purpose, service user guide, care records and minutes of service user meetings reviewed.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users’ needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within care records, service user meetings and reviews of care.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff and service users were very positive in regard to the service provided. No issues or concerns were raised or indicated in this regard.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Judith McPeak has been acting manager of the centre since 2014. She has recently completed her QCF level 5 in leadership. The acting manager was out of the centre undertaking training on the day of inspection and Fiona Patterson, day care worker was in charge of the centre.

There was a defined organisational and NHSCT management structure that identifies the lines of responsibility and accountability within the centre. This was reflected within the centre's Statement of Purpose. One recommendation made related to amendment to the Statement of Purpose as reference was made to the named registered manager which was incorrect.

A wide range of policies and procedures were available to staff in electronic and hard copy format.

The centre's current RQIA registration certificate was displayed in a prominent position.

The day care worker in charge confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The day care worker explained that staffing levels were satisfactory in meeting the needs of service users in attendance. Agency staff was commissioned to provide additional cover as required.

Staff supervision was being provided on a regular three monthly basis with records retained. One recommendation was made in regard to the provision of supervision for consistent agency staff providing care. This recommendation is cited within section 4.1 of the report.

The day care worker in charge explained the range of ongoing quality assurance methods conducted during 2016 which included; standard of environmental cleanliness, accidents/incidents, care records, fire safety, and annual service user satisfaction survey. The acting manager confirmed that actions identified for improvement were implemented. One recommendation made related to the recording of action taken to address issues arising from audits undertaken.

The development of centre's annual quality report for 2016/17 was work in progress. This will be reviewed at the next inspection of the centre.

There was a range of electronic corporate policies and procedures to guide and inform staff. Several policies were also held in hard copy format. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding.

The centre had a copy of the incident management policy which was dated 19 March 2009. One recommendation was made in regard to review and revision and the inclusion of notification to RQIA within the flow chart.

Records of accidents/incidents were discussed with the day care worker who demonstrated awareness of the procedure in regard to submission of notifications to RQIA and the importance of monitoring accidents/incidents in order to identify trends and patterns and recording action taken where necessary. The day care worker explained that any issues arising from the investigation of accidents or incidents would be addressed and any lessons to be learned would

be identified and disseminated throughout the trust. Where necessary risk assessments are undertaken with measures to minimise the risk reflected within care plans.

Notifications of accidents and incidents submitted to RQIA since the previous inspection was discussed with the day care worker in charge. It was recommended 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.

The centre had a corporate trust policy and procedure on complaints. Information on how to complain was reflected within the statement of purpose and service user guide. Records on complaints received were reviewed and discussed with the day care worker who explained that all complaints received were recorded and when fully investigated resolution recorded.

Several thank you letters and cards from service users and relatives complementing the staff on the good care and service provided had been received and retained on file.

Monthly staff meetings were held with minutes recorded which included the names of staff in attendance and discussions held. Staff confirmed that there was very good working relationships within the team and that the acting manager was always responsive to suggestions/comments raised during staff meetings.

Monthly monitoring report visits made on behalf of the registered provider were available. These were observed to be in keeping with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The manager confirmed that these reports were available, when requested, to service users, their representatives, staff, trust representatives and RQIA. A copy of the monthly monitoring visits was held within the visitor information file held at reception.

Completed questionnaires returned to RQIA indicated that respondents were satisfied that the service was well led.

Areas for improvement

Four recommendations were made for improvement within this domain.

- Regular review of accidents and incidents is undertaken so that trends and patterns can be identified and where necessary action taken
- The centre had a copy of the incident management policy dated 19 March 2009. One recommendation was made in regard to review and revision and the inclusion of notification to RQIA within the flow chart
- Recording of action taken to address issues arising from audits undertaken.

Number of requirements	0	Number of recommendations	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Fiona Patterson, day care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of

the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that consistent agency staff is provided with supervision.</p> <p>Response by registered provider detailing the actions taken: Consistent agency staff have been allocated to a daycare worker, supervision contract agreed and signed and dates arranged for regular supervision</p>
<p>Recommendation 2</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: Individual service user agreements are being reviewed to ensure information within standard 3.1 is included</p>
<p>Recommendation 3</p> <p>Ref: Standard 27.2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017.</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: Accidents and incidents will be reviewed monthly on a capture form to help identify trends and patterns</p>
<p>Recommendation 4</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: The recommendation will be forwarded to the director of mental health, learning disability and well being for action by the author</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider should ensure that action taken to address issues arising from audits is recorded.</p> <p>Response by registered provider detailing the actions taken: The manager will ensure action that is taken is recorded to address issues arising from audits undertaken and stored in a central file</p>



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