



The Regulation and
Quality Improvement
Authority

Antrim Adult Centre
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BT41 4AB

Inspector: Lorraine Wilson
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**Unannounced Care Inspection
of
Antrim Adult Centre

12 November 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 12 November 2015 from 10.45 to 17.00. Generally on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

An urgent action letter was issued regarding the revision and updating of a care plan which had not been updated to accurately reflect one service user's care needs.

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

The details of the QIP within this report were discussed with the manager Ms Judith McPeake as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Health and Social Care Trust/Dr Anthony Baxter Stevens	Registered Manager: Ms Judith McPeake (Acting)
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Judith McPeake	Date Manager Registered: 21 July 2014
Number of Service Users Accommodated on Day of Inspection: 43 in attendance and a further 7 service users attending activities out of the centre	Number of Registered Places: 65

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- a review of notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection
- pre-inspection assessment audit.

At the commencement of the inspection, a poster was displayed in the centre informing service users and their representatives that an inspection was taking place and inviting them to speak to the inspector to provide their views of the service.

During the inspection the inspector met with groups of service users in each of the rooms, and spoke with two individually to seek their views and discuss their experience of the centre.

The manager and three staff were consulted individually, and two family members of service users also spoke individually with the inspector providing their views and discussing their experience of the centre. Several other staff were consulted informally during the inspection.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- complaints recorded from March to September 2015
- three monthly monitoring reports for August, September, October 2015
- selected policies and procedures relevant to standard 5 and 8
- minutes of two service user group meetings
- sampled care records for five service users
- sampled staff daily allocation records
- staff training records
- staff supervisory history.

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment was undertaken.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection undertaken on 28 October 2015. At the time of this inspection, the report had not been issued to the service.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 26 (2) (k)</p>	<p><u>Accommodation</u></p> <p>The registered persons must ensure that the accommodation allocated to one service user is suitable and in keeping with Regulation 26 (2) (k).</p> <p>The manager is requested to submit an action plan in this regard to RQIA on or before 14 November 2014.</p> <p>(Section 10.2)</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that since the previous care inspection, an action plan had been submitted as requested and a meeting had been held in RQIA to discuss the issues raised.</p> <p>The inspector was advised that accommodation for the service user was reviewed, and in January 2015, the service user was re-allocated new accommodation with greater space and an improved environmental ambience.</p> <p>The manager and staff confirmed that this accommodation was beneficial in meeting the service user's needs, as evidenced in the reduction of incidents.</p>	<p>Met</p>
<p>Requirement 2</p> <p>Ref: Regulation 29 (f)</p>	<p><u>Accident/Incidents</u></p> <p>The manager must ensure that any accident occurring in the centre is notified to RQIA in accordance with Regulation 29 (f).</p> <p>(Section 10.7)</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A sample of accidents and incidents submitted since the previous care inspection were reviewed and cross referenced against a sample submitted to RQIA. The inspector was assured that there were robust protocols for informing RQIA of accidents and incidents. There was also good evidence that when appropriate, safeguarding referrals were being made.</p>	
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Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard Day Setting Policies Appendix 2</p>	<p><u>Policy review/revision</u></p> <p>It is recommended that the policy / procedure on accident/incident report is reviewed and revised to reflect notification to RQIA.</p> <p>(Section 10 7)</p> <p>Action taken as confirmed during the inspection:</p> <p>The centre protocol had been revised to reflect when notifications should be submitted to RQIA.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 6.8</p>	<p><u>Behavioural recording plan of behaviour</u></p> <p>It is recommended that the record of behavioural episodes is recorded within the designated monitoring table held within in the care record of one service user.</p> <p>Action taken as confirmed during the inspection:</p> <p>This was discussed with the manager who confirmed that episodes were being recorded, though this was not examined on the day of inspection.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The Northern Health and Social Care Trust have a continence promotion policy and procedure in place which was available during the inspection.

Confirmation was provided that a number of service users who attend the centre have continence care needs, some require assistance and support of two staff. A few service users require support by way of prompting and reminding, whilst others require assistance of a staff member. Service users were observed to be supported by staff when this was needed.

Service users were encouraged to make their own decisions, and encouraged to be independent.

Management discuss service users' continence care needs as part of the core assessment which is completed on admission. Where there is an assessed need for continence care, arrangements to ensure service user's needs are addressed are implemented, and this was evidenced during the inspection.

Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users and staff also described sensitive communication strategies which ensured discretion and dignity were being maintained.

Care practice reflects current infection control guidance.

Confirmation was provided that service users brought their own individual products to the centre and the inspector noted that these were named and discreetly stored in large cupboards. The inspector expressed the view that the current arrangements had the potential for continence products to be used communally. This was identified as an area for improvement and a recommendation was made. The manager has been asked to review the arrangements for the storage of continence products to minimise risks for communal use.

Observation of the environment reflected the environment to be satisfactory, confirmation was provided by the manager that the need for replacement flooring in one bathroom had been identified by the estates inspector during the recent estates inspection.

Is Care Effective?

Three service users' care records were examined during this inspection with the main focus on the management of continence care.

Continence assessments and risk assessments were completed by staff, culminating in an individual goal based care plan which had been devised for service users.

Two care records for personal care included information on continence management which presented as specific and person centred. There was evidence to confirm that service users and or their representatives' work together with staff when planning care. Two service user

relatives confirmed that they were involved in planning care and one stated that their relative was always sent home from the centre “clean and tidy.”

There was one care record however, which was not up to date in respect of continence care and included no information regarding specific personal care needs of the service user.

A lengthy discussion was held with the manager regarding the need to ensure care records effectively reflect the service user’s continence needs. An urgent action letter was also issued on the day of inspection outlining the action required.

Staff training records reviewed confirmed that since May 2015, twenty three of the twenty five staff had received education and training in continence promotion provided by the Trust continence advisor.

The programme of training was reviewed and the topics covered during training included:

- Background
- What is incontinence
- The Prevalence of Incontinence
- The five steps to remaining continent
- The normal bladder functions
- Types of incontinence
- Treatments
- Causes and treatments for constipation
- Skin Care
- Product Use
- Catheter care
- Fluid intake
- The role of the continence advisor
- Referral arrangements.

Two service users returned RQIA completed questionnaires and responses indicated satisfaction with all aspects of care.

Is Care Compassionate?

Discussion with three staff individually demonstrated they have a clear knowledge regarding person centred care. Staff were also aware of the need to encourage service users to make choices and be as independent as possible.

Two service users’ representatives reported that generally they were satisfied that staff were aware of their relatives’ needs and they look after them in a safe and respectful way. Both confirmed that they were satisfied that there were management arrangements in place, with one representative indicating that since the appointment of a manager they had noted improvements.

One representative confirmed that there was a need for the current premises to be upgraded, advising that space in some of the rooms used by service users was limited in meeting needs and could potentially pose health and safety risks to service users, for example, those who were prone to seizures. The representative also identified the importance of having permanent staff who knew the needs of service users well as opposed to frequent use of agency staff.

Discussion with service users during the inspector's tour of the premises revealed they all feel very satisfied with the care and support they receive.

Two service users returned RQIA questionnaires post inspection and stated they felt satisfied regarding the care and support they received. One service user commented "they could do with more staff".

One staff member returned a RQIA questionnaire and this identified they were very satisfied that service users are afforded privacy, dignity and respect at all times.

This inspection confirmed that overall staff were using a compassionate approach in the provision of continence care.

Areas for Improvement

Two areas for improvement were identified resulting in one requirement and one recommendation.

One requirement was made pertaining to one service user's care record and one recommendation was made regarding the need to review the storage of continence products to minimise the risk of communal use.

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The Trust's corporate policies and procedures are in place regarding Standard 8.

The chairperson of the service users committee was a service user who had been nominated by the group and there was an individual discussion with this service user. The service user discussed how service users were involved in running the service, and four staff revealed how service users had been and are being involved in the running of the service. The minutes of meetings reflected involvement in exercising choice regarding the activity programmes service users wished to participate in.

Some staff were involved in supporting the service users' forum, and examples were given about how staff and management have responded to their suggestions, views and opinions.

There were no negative comments received from service users during this inspection.

Service users' representatives commented:

"I have no issues in relation to continence care and have been actively involved and frequently consulted in regard to planning care".

"The centre is an open environment, where we are always made welcome".

"The staff on site are helpful and friendly and in as far as they can be are responsive to our requests".

Written records examined generally showed good evidence of consultation in regard to planning care.

A range of activities have been provided within the centre which are informed by service user choice, suggestions and preferences. A drama tutor had recently been engaged by the centre, and there are plans to stage a musical or a play, these are still in the early stages.

The review of the minutes of service users meetings; annual evaluation report; and discreet observations of staff interactions with service users concluded safe care is delivered.

Is Care Effective

The Trust's corporate policies and procedures are in place regarding Standard 8.

The centre has systems in place which encourage service user involvement and these include informal discussions, formal service user meetings, participation in day care events, and service user and representative questionnaires.

Annual reviews evaluate the suitability of each service user's placement and staff presented as being knowledgeable about the needs of each person who attends the centre.

During the inspection, service users were observed in their individually allocated rooms taking part in planned structured activities. A number of service users were out of the centre taking part in physical education activity and four were attending a specifically organised pool tournament in Coleraine.

On return from the event a staff member provided feedback to the manager confirming the organised pool event had been thoroughly enjoyed by those attending.

A number of service users attending the centre are unable to communicate verbally with each having their own individual method of communication.

Those who were able to provide their views, made the following comments.

- "I enjoy coming here and like doing my writing".
- "Judith is great, she never stops, and knows us all".
- "I like it here".
- "I can decide what I can do each day and am not made do anything I don't want to".

Is Care Compassionate?

Discreet observations of care practices concluded that service users' are treated with respect, kindness and care.

Two service users who met with the inspector individually indicated their satisfaction with how their views and opinions are sought about the quality of the service, and advised how they enjoyed coming to the centre.

An observation of practice and discussions with staff, relatives and service users concludes the delivery of care is compassionate.

Areas for Improvement

There were no areas for improvement identified in respect of standard 8.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1. Complaints

The record of complaints received since the previous care inspection was reviewed.

A complaint made in May 2015, had not been fully resolved at the time of inspection. A discussion with the manager confirmed that this was still ongoing. The importance of resolving complaints in a timely way was discussed with the manager, and where local resolution cannot resolve the issue, the complainant should be formally advised of the next steps within the complaint process.

RQIA had received information prior to this inspection, which was referred to the Trust for investigation. Records reviewed indicated that an investigation had taken place, and confirmation was provided that this was completed by personnel independent of the service. A staff meeting had been held on 23 September 2015 to discuss the complaint and investigation outcome.

Whilst there were assurances that an investigation had taken place, the record had not been signed off by the relevant directors. A recommendation was made that this is addressed and confirmation is submitted to RQIA.

5.5.2. Safeguarding

There had been a number of incidents of service behaviours which were challenging that had impacted on other users of the service.

There was good evidence that these were being identified and recorded, and referrals were made to both the behaviour support team and to the trust safeguarding team. Discussions were held in respect of ongoing referrals.

5.5.3. Environment

Overall the environment was clean and satisfactorily maintained. However, management, staff and representatives discussed the challenges caused due to lack of space at the centre, for example there is limited space in the dining room/function room for dining and entertainment.

Work to resolve a maintenance issue and upgrade a porto cabin which is situated at the rear of the premises and used by service users was ongoing at the time of inspection.

A number of service users were also allocated a room in the nearby Antrim Day Centre, and whilst this was an interim measure, the manager indicated it may become more long term.

It was noted that all of the rooms with the exception of two had been named to assist orientate service users. These two rooms were also being used by individual service users, therefore it was discussed with the manager that these rooms should also be named. A recommendation was made.

5.5.4. Management and Staffing

The manager was appointed in July 2014, and at the time of this inspection was still an acting manager. The manager confirmed that she was in the process of completing the relevant accredited QCF management qualification.

Confirmation was provided that one vacant post had recently been recruited, and one temporary post was continuing therefore, a number of agency staff are used on a regular basis.

Confirmation was provided that several service users require individual support from staff during their stay in the centre. This also impacts on the centres resources.

Some staff consulted indicated that on occasions when they are providing one to one support, to a service user, they would benefit from a means to summon assistance in the event of an emergency arising. A recommendation was made that the manager considers this need and reviews the practice in relation to this.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Judith McPeake, manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 16 (2)(b)(c)(d)</p> <p>Stated: First time</p> <p>To be Completed by: 3 December 2015</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>Response by Registered Person(s) Detailing the Actions Taken: Care plan has been updated and signed by service user, with copy to carer and named worker. Copy of care plan has been forwarded to inspector, Lorraine Wilson. Care Plan meeting is being arranged by named worker as requested by day care worker</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015</p>	<p>The registered manager should review the arrangements for the storage of continence products to minimise risks of communal use.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Cupboard has been tidied and storage boxes in place to contain continence products</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.1 and 14.6</p> <p>Stated: First time</p> <p>To be Completed by: 12 December 2015</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>Response by Registered Person(s) Detailing the Actions Taken: Complaint has been closed by Director. Letter has been forwarded to Glen Houston, Chief Executive RQIA from Oscar Donnelly Director Mental Health and Disability Services on 09.09.15.</p>

Recommendation 3 Ref: Standard 17.2 Stated: First time To be Completed by: 31 December 2015	The registered persons should ensure that two rooms being used by individual service users are named to assist service users in the orientation process. Response by Registered Person(s) Detailing the Actions Taken: These rooms have now been named "River" and Dunlop"		
Recommendation 4 Ref: Standard 27.1 Stated: First time To be Completed by: 31 January 2015	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. RQIA must be informed of the review outcome. Response by Registered Person(s) Detailing the Actions Taken: Rotas are managed on a daily basis to ensure that adequate support is provided to service users who can display challenging type behavior e.g. 1:1 or 2:1 staff ratios as needs require. Call systems are in place in assisted toilets and bathrooms. Manager will discuss with team and make enquiries about alarm systems in individual rooms should these be required.		
Registered Manager Completing QIP	Judith McPeake	Date Completed	18.12.15
Registered Person Approving QIP	Tony Stevens	Date Approved	21/12/15
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	31.12.15

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