

Inspection Report

15 November 2021



Antrim Adult Centre

Type of service: Day Care Setting
Address: 32c Station Road, Antrim, BT41 4AB
Telephone number: 028 9441 6530

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Northern HSC Trust</p> <p>Responsible Individual: Mrs Jennifer Welsh (Acting)</p>	<p>Registered Manager: Mrs Ann McLernon Application submitted – registration pending</p> <p>Date registered: 10 December 2020</p>
<p>Person in charge at the time of inspection: Manager</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>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 NHSCCT in the learning disability programme of care.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 15 November 2021 between 09.56 a.m. and 14.30 p.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, HSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA

4.0 What people told us about the service

We spoke with 10 service users and two staff.

In addition we received questionnaires from service users/relatives which indicated that they were generally happy with the service provided by the agency. The comments received were discussed with the Manager on 7 December 2021 for action as appropriate.

Comments received during inspection process-

Service users' comments

- "I come two days a week."
- "My XXXX takes me here."
- "I love it here."
- "You couldn't get better people."
- "The staff are really good."

Staff comments:

- "There is a social aspect for service users attending."
- "I done my DoLS training."
- "We need a SALT recommendation to modify diets."
- "We get supervision and appraisal."
- "Management would listen to concerns."

- “We got enough information on Covid.”
- “Good flexibility in the team at the minute.”
- “Whistleblowing policy is available to all staff.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Antrim Adult Centre was undertaken on 20 June 2019 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the Manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two updates thereafter. However it was noted that day care setting transport staff had not completed adult safeguarding training. This was identified as an area for improvement.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day care setting’s policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the NHSCT in relation to adult safeguarding. Records reviewed and discussions with the Manager indicated that a number of adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the day care setting's policy and procedures.

It was noted that not all staff had completed appropriate DoLS training appropriate to their job roles. However, within an agreed timeframe, the Manager forwarded evidence of the completed DoLS training for all staff. The information was reviewed and found to be satisfactory.

Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate NHSCT representative.

The Manager told us that the day care setting did not manage service users' monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The day care setting's fire safety precaution records were reviewed. Review of the fire alarm test records identified a number of omissions in regards to the weekly fire alarm tests. This was identified as an area for improvement.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The Manager identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was established that staff had completed training in Dysphagia.

5.2.3 Are their robust systems in place for staff recruitment?

The Manager advised that there were no newly recruited staff to the day care setting since the last inspection. There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager told us that the day care setting does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and NHSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comment on the day care settings quality monitoring report from a service user's relative:

'XXXX daughter loved going to the centre and is very well treated and XXXX was happy because XXXX XXXX was happy.'

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that a number of complaints were received since the last inspection and they had been dealt with in accordance to policy and procedure.

It was established during discussions with the Manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alert's (EAs).

The acting management arrangements were discussed. RQIA are reviewing the application for registration in this regard.

6.0 Conclusion

Based on the inspection finding, two areas for improvement were identified; these related to ensuring safe care and a well led service. Service users were found to be receiving effective and compassionate care.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 26 (4) (d) Stated: First time To be completed by: Immediate and ongoing	The registered person shall make adequate arrangements regarding more robust recording of weekly fire tests. Ref: 5.2.1
	Response by registered person detailing the actions taken: weekly alarm system will be checked each Monday morning, by appointed staff. This will be recorded in appropriate documentation. In absence of manager a designated staff member will be appointed to ensure this process is completed.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 13.4 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding. This relates specifically to transport staff. Ref: 5.2.1
	Response by registered person detailing the actions taken: Transport manager has agreed to confirm when relevant training has been completed.

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



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care