

Unannounced Care Inspection Report 16 May 2018



Antrim Adult Centre

Type of Service: Residential Care Home
Address: 32c Station Road, Antrim, BT41 4AB
Tel No: 028 9441 6530
Inspector: Suzanne Cunningham

www.rqia.org.uk

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 that currently provides care service and day time activities for adults with a learning disability aged 19 years and over. The service operates Monday to Friday and is registered for 65 service users. One group that is predominantly older is using a room in the adjacent NHSCT Day Centre.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Judith McPeake
Person in charge at the time of inspection: Judith McPeake	Date manager registered: 19 April 2018
Number of registered places: 65	

4.0 Inspection summary

An unannounced inspection took place on 16 May 2018 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge in regard to safe care; risk management; the adult day centre environment; providing care, in the right place, at the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to induction arrangements to confirm staffs competency; the environment in the day centre; accessible care plans; reviewing two individual care plans; frequency of individual staff supervision.

Service users said “like it here”; “we can say what we want to do”; “I can meet up with everyone here” and “staff know what to do”.

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
Total number of areas for improvement	1	4

Details of the Quality Improvement Plan (QIP) were discussed with Judith McPeake, registered manager and the senior day care worker in charge, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 27 September 2017

No further actions were required to be taken following the most recent inspection on 27 September 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 registration details of the day centre
- information and correspondence received from the registered manager and Northern Health and Social Care Trust (NHSCT)
- incident notifications which revealed five incidents had been notified to RQIA since the last care inspection in September 2017
- unannounced care inspection report 27 September 2017

During the inspection the inspector met with:

- the registered manager
- ten service users
- six care staff

Questionnaires were given to the staff on duty to distribute between service users and representatives. A poster was provided for staff to be displayed in an accessible location which informed them how to access the RQIA online questionnaire for this inspection. No questionnaires were returned by staff; service users or relatives.

The following records were examined during the inspection:

- one individual staff induction record
- one staff members individual record
- five service users' individual care files
- a sample of service users' daily records
- the complaints/issue of dissatisfaction record from April 2017 to May 2018
- a sample of incidents and accidents records from September 2017 to May 2018
- a sample of the staff rota arrangements during march, April and May 2018
- staff supervision dates for 2017 and 2018
- monthly monitoring reports for February, March and April 2018
- the staff training information for 2017 and 2018
- the settings statement of purpose and service user guide

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 27 September 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 27 September 2017

There were no areas for improvement made as a result of the last care 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.

The inspection of the staffing arrangements in this day care setting confirmed there were sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users, fire safety requirements and the setting statement of purpose.

Records were kept of staff working each day, the capacity in which they worked and who was in charge of the centre. At the start of the inspection the staff were observed meeting to allocate the duties of the day, clarify who was in charge and arrangements to meet individual service users plans such as one to one care. The arrangements in place presented as a safe way to ensure all staff were fully appraised of their role and responsibilities on a daily basis.

An induction programme was in place for new staff, one record was examined and it was noted there was no reflection or evidence of competency recorded. The induction and recording of the same should be improved to ensure staffs reflection on their role, responsibilities and skills is recorded and there is evidence that the staff member can competently work in their role in the day care setting.

One staff file was inspected to establish if recruitment practices were safe. The records were kept by the recruitment office however there was correspondence kept by the day centre that confirmed the recruitment process was consistent with Regulation 21, and Schedule 2.

The staff training records showed staff had received mandatory training and other appropriate training relevant to their roles and responsibilities. Training such as Epilepsy, Dysphagia,

respect (behaviour management training) fire, medication training and COSHH had been delivered to all staff. The records did not include the latest RQIA guidance in relation to day care setting staff training and advice was given to keep this with the training records to ensure training delivered met the minimum required.

The settings incident and accident record was reviewed and compared to the RQIA printout of notifications forwarded to RQIA by the setting; since the last inspection. This revealed incidents and notifiable events were effectively documented and investigated in line with legislation and minimum standards and the relevant incidents were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Restrictive practices were discussed with staff during the inspection and observations of service users with limited mobility and those who required intensive support were undertaken. This revealed staff were acting to minimise practices that may be regarded as restrictive by encouraging independence, moving service users out of their wheel chairs into a swing or onto the floor for exercise time. Where behaviour management guidance was in place service users were provided with calm space that they could relax in.

During the inspection staff did raise a concern regarding one service user's behaviour. This had impacted on the confidence of others in the setting and staff felt careful planning was needed to manage such behaviours. This was raised with the manager during the inspection and confirmed reviews of the service users plan was happening. The manager was aware of the need to ensure all service users felt relaxed and free to move around safely in the setting and the need to keep all placements under review to ensure they were providing the right care in the right place.

Examination of records showed referral systems to multi- disciplinary teams were in place, for example the behaviour support team, Speech and Language Therapists and the physio. There was no environmental restrictions being used in the setting such as locked doors or keypad entry systems and service users were observed walking around freely.

Observations of the environment revealed staff were using infection prevention and control measures when necessary such as personal protection equipment, gels and encouraging handwashing. The environment of the main centre presented as clean and tidy and furniture appliances and aids presented as fit for purpose. Nevertheless a visit to the group in the day centre found the room they used to be in had suffered significant water damage which meant they had moved to a smaller room. The smaller room was described as leaking from the roof on rainy days which presented as a slip risk and could interfere with electric fittings. A RQIA premises inspector met the trust estates officer and visited the setting on 18 May 2018, this visit established a repair was being undertaken to the roof and the group would remain in the smaller room for the time being. The manager was asked to monitor the success of the repairs and ensure if the leak returned the service users were safe. The manager was also asked to update the statement of purpose and registration in regard to the use of this room for this specific group of service users. An improvement is made in QIP in this regard.

Fire safety precautions were sampled and the settings last fire drill was held in October 2017 and the fire risk assessment was reviewed in February 2018. No concerns were noted in these examples.

The service users were asked if they felt safe in the setting and they said they felt safe in this day care setting. They said: "there is a lot of staff", "staff help us when we need it", "the

furniture is safe”, “if the fire bell goes off we go out”, “we can talk to staff about health” and finally a service user summarised “you can walk around, have lunch, staff keep an eye out for us”.

Staff were asked is care safe in this setting, they said safe staffing numbers and processes were in place to ensure the setting had enough staff to provide safe and effective care. Staffing on the day of the inspection was made up of day care workers, support workers and agency staff, when walking around the setting every staff member had a role in each room and were engaging with one or groups of service users regarding activities and their preferences. Staff described the benefits of the planning meetings in the morning, knowing a service user really well ensures they do what is best for each individual. Training was also identified as ensuring staff knew the safest way to care for service users,

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge in regard to safe care, risk management and the adult day centre environment.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to Induction arrangements to confirm staffs competency and the environment in the day centre.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Five service user’s care files were inspected. Individual assessments and care plans were in place for each service user and whilst they reflected their physical, social, emotional, and psychological needs the care plans were not easy read for service users’ accessibility, they did not include service users’ goals and personal outcomes and some documentation was not signed. This should be improved and this is stated in the QIP for this inspection.

Discussion with the person in charge revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they were using the individual records to guide their practice and they understood the importance of keeping records current and relevant.

The inspection of two care plans found the needs of the service users may not be consistent with the settings admission criteria and services available as described in the settings statement of purpose. The manager was asked to review the service user’s assessments and care plans to ensure they are being provided with care in the right place, and the service users’ needs were consistent with what was described in the settings statement of purpose. An improvement is made in this regard.

Service users spoken to during the inspection felt they were in the right place receiving support and care. They said “staff know what we need and what we want”, one service user described if they were unwell staff noticed and got other professionals involved to ensure they got the right care. Finally service users confirmed they were familiar with their care plan and attended their review annually.

Discussion with staff revealed ways they felt they had responded effectively to service users’ needs. They discussed they knew service users individual care plans, would update plans regularly and communicate changes to staff to ensure care was consistent and met assessed needs. Staff consistently said communication was key to providing the right care at the right time as was ensuring care was consistently delivered by all staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, at the right time.

Areas for improvement

Two areas for improvement were identified in relation to accessible care plans and reviewing two individual care plans.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

Discussion 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 events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users’ preferences. Service users were observed undertaking craft activities, discussions and physical activities; they were observed being fully assisted by staff that provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff were seeking opportunities to involve service users in their care and support.

An annual service users’ audit of the service was undertaken in October 2017, this has resulted in an action plan that showed the staff had taken notice of what service users preferences were and were acting to meet them; thus showing there was robust systems in place to promote effective communication between service users and staff.

Service users were asked if care in the setting was compassionate and encouraged them to be involved. They had “choice”, their timetable and guide can be changed at their request, and “I can speak for myself”. Overall the observations of staff responses and their communication with service users showed they knew how to put service users at ease; support them to have fun; and ascertain their choices.

Staff were asked to describe their delivery of compassionate care, they said every staff member takes time to get to know each individual service user’s needs, plan and what service users want to do as a group and individual.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 registration certificate was up to date and displayed appropriately.

The Statement of Purpose for the day care service had been reviewed and updated by the provider in May 2018. The document clearly described the nature and range of services provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. In summary evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

A sample of the staff supervision records was inspected and this showed staff were only meeting with their supervisor for individual supervision sessions three times per year and once for their annual appraisal. Supervision meetings should happen at least quarterly, that is four times per year and should be focussed supervision meetings between the supervisor and supervisee. An improvement is made in this regard in the QIP.

Staff meetings were held at least every three months and the minutes confirmed they discussed issues regarding the operation of the day care setting and plan the day care provision for the week. Minutes and attendance were recorded and records were sampled for October 2017, January, March and May 2018. The minutes showed staff were discussing and acting on information that assured care was safe, effective, compassionate and well led, for example planning staffing; individual service user needs; and best practice examples and guidance.

Five complaints had been recorded and discussion with the staff confirmed they were aware of how they should respond to a complaint or area of dissatisfaction. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

The setting had audit arrangements in place to assure care was safe and effective. Audits sampled showed monitoring and audits of complaints and training were in place

A sample of Regulation 28 monthly quality monitoring visits (MMV) were inspected for February, March and April 2018. This found visits were monthly, they were a mix of announced and unannounced visits, they qualitatively reflected service users and staff views and commented on the conduct of the day care setting. In summary 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 and the actions identified for improvement were followed up.

The annual report for April 2017 to March 2018 was provided for this inspection, the report included matters listed in Schedule 3 however the next report should focus on how the setting can improve the care and support they were providing in relation to Schedule 3. Advice was given in this regard.

The staff were asked for their opinion regarding effective leadership in the setting, they described they work well together and plan each day for example how they will meet service users' needs and ensure the right number of skilled staff are distributed across the setting. They felt they got this right because they knew each other well including each other's skills and strengths which are used in daily care planning.

The service users were asked to describe the manager, they said Judith was the boss and they could talk to Judith.

Areas of good practice

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

Areas for improvement

One area of improvement was identified in relation to improving the frequency of individual staff supervision.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the day care worker in charge and Judith McPeake, Registered Manger, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 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.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 7 Stated: First time To be completed by: 11 July 2018	<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> <hr/> <p>Response by registered person detailing the actions taken: The statement of purpose was updated and uploaded on RQIA portal on 22.05.18 (ref no PF000857) status - validated Manager continues to monitor environment and liaise with day centre manager and Trust estates dept as required.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 21.1 Stated: First time To be completed by: 11 July 2018	<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> <hr/> <p>Response by registered person detailing the actions taken: Documents for induction include NHSCT departmental induction checklist; KSF outline for post and appraisal conversation form used to reflect on role and responsibilities, highlight progress and areas for development. Individual staff are responsible for completing a Learning and Development Log on an ongoing basis. Induction also include the standards of conduct and practice for social care workers and developmental needs captured in personal development plan.</p>
Area for improvement 2 Ref: Standard 5 Stated: First time To be completed by: 11 July 2018	<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> <hr/> <p>Response by registered person detailing the actions taken: Easy read documents are in place in form of 'My Care Plan' meeting, with section for service users to capture service users goals. These are summarized in the form, 'Ideas for my new plan' agreed and signed by all present at care plan meeting.</p>

	<p>Staff have also received training, via Speech and Language therapists re use of 'Talking Mats' to help service users make their wishes and preferences known e.g. prior to care plan meeting.</p>
<p>Area for improvement 3 Ref: Standard 15 Stated: First time To be completed by: 11 July 2018</p>	<p>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</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Manager has been in contact with referrers to clarify that service users are being cared for in the right place and that service uses needs are met in suitable environment.</p>
<p>Area for improvement 4 Ref: Standard 22.2 Stated: First time To be completed by: 11 July 2018</p>	<p>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.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Manager will ensure that planned and focused supervision is provided at least quarterly.</p>



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