

Inspection Report

24 October 2023



Antrim Day Centre

Type of service: Day Care Setting
Address: Station Road, Antrim, BT41 4AB
Telephone number: 028 9441 6515

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

Organisation/Registered Provider: Northern Health and Social Care Trust	Registered Manager: Mrs Heather McNeill
Responsible Individual: Mrs Jennifer Welsh	Date registered: 3 October 2017
Person in charge at the time of inspection: Mrs Heather McNeill	
Brief description of the accommodation/how the service operates: Antrim Day Centre is a day care setting with a maximum of 50 places that provides care and day time activities for people aged over 18 years of age with a range of needs including learning disability, mental health, dementia, physical and/or sensory disability and frailty associated with old age. The day care setting is open Monday to Friday and is operated by the Northern Health and Social Care Trust (NHSCT).	

2.0 Inspection summary

An unannounced inspection was undertaken on 24 October 2023 between 9.35 a.m. and 1.50 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, and Dysphagia management was also reviewed.

Areas for improvement identified related to the service users' care plans, fire evacuations and they system for ensuring service users receive the correct modified diets. An area for improvement was also identified relating to the need for service users to be offered a choice in a gluten-free diet.

Good practice was identified in relation to service user involvement. Service users told us they were very happy in the day care setting and the service users were observed laughing and enjoying banter with the service users.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting. Service users described how one of the care workers did a course to help them do exercises and that everyone attending was bursting out laughing, they enjoyed it so much. Another example was given of a care worker who brought in their accordion and all of the service users got involved in a singalong. Service users told us how much they loved coming to the day care setting and described how the care workers 'go above and beyond every day'. Relatives spoken with told us that 'the girls are very good' and that they couldn't find fault with them'. It was good to note positive comments within the monthly quality monitoring reports, one of which described the day care setting as 'The Best Day Centre and it is going for a Gold Star'.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "The care workers go the second mile, think sometimes they are overworked and could do with some more staff to help them."
- "I love the day centre."
- "I enjoy coming to the day centre and meeting up and chatting with my peers."
- "I am very happy with my care at the centre and I enjoy coming."

- “Very happy with my care at the day centre.”
- “The staff allow me to express myself. I think the staff are brilliant.”
- “I like coming to the Day Centre and I have been to other places. I like meeting friends. The place is lovely and tidy and clean. The staff make me so happy. If I have any questions, they are answered.”
- Everything is satisfactory and perfect. At (age) 92, I need all kinds of care and everything is one hundred percent.”

One service user described how an identified staff member helps them specifically with an activity and how the rest of the staff cover for her, to enable her to do this. The staff member who does the exercise programme with service users also was praised.

No responses were received to the electronic staff survey.

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 care inspection of the day care setting was undertaken on 3 February 2023 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 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).

Review of records established that they were clear processes in place for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The manager advised that there had been no concerns raised under the whistleblowing procedures.

The manager was aware of the incidents which require to be notified to RQIA in keeping with the regulations. Review of records identified that no such incidents had occurred.

Staff were provided with training appropriate to the requirements of their role.

Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments were up to date; however, the information contained within the risk assessment was not reflected within the care plans. An area for improvement has been identified.

All staff had been provided with training in relation to medicines management. The manager told us that no service users required their medicine to be administered with a syringe. Should this be required, this element of medicine administration would need to be included in the medicines competency assessment before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. We noted a number of DoLS Emergency Provision Letters included within individual care records. The manager was encouraged to ensure these are reviewed during the service users' next annual review. Further review of records identified that where service users were subject to DoLS, this was not clearly recorded within the service users' care plans. An area for improvement has been identified and has been incorporated into the area for improvement detailed above.

A Fire Risk Assessment had been undertaken on 4 August 2022.

During the inspection fire exits were observed to be clear of clutter and obstructions.

There were systems in place relating to safety checks. These included fire safety checks and fire evacuations. Review of records identified that the details of those service users and all staff members who participated in the fire evacuation had not been recorded. In addition, it was noted that a recent fire evacuation drill had not been undertaken successfully. This meant that we could not be assured that all the staff were competent in this regard. An area for improvement has been identified.

5.2.2 What are the arrangements for promoting service user involvement?

Observations on the day of the inspection, noted that activities were provided for service users appropriate to their needs and preferences. The manager told us that the service users often went for a spin on the bus and also on shopping trips. Cooking classes had also commenced within the day care setting. Other activities provided included gardening, woodwork and arts and crafts.

The manager had a range of literature displayed prominently for service users. This related to a 'Loneliness' support group. Information was also provided to services users on the benefits of the Trust Recovery Programmes, which they could attend outside of day care hours, should they choose.

It was good to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in. Review of the notes noted a comment made by a service user and how they appreciated 'how attentive (the staff) are and that they are always pleasant'.

The day care setting's annual quality report for the 2022/2023 year had been completed.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified. Review of records confirmed that the care plans did not consistently reference the SALT assessment. An area for improvement has been identified and has been incorporated into the area for improvement detailed in Section 5.2.1.

There was also a system in place within the kitchen area that summarised specific diet modifications for each service user. This system was used as a ready reckoner for staff, when serving the service users' meals. However, the information recorded on this system was not in keeping with the information recorded within the service users' SALT Assessments. An area for improvement has been identified.

A review of training records confirmed that the staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

We also noted documentation in place in the food preparation area and displayed in other areas throughout the day care setting.

5.2.4 What systems are in place for staff recruitment and are they robust?

The day care setting's staff recruitment records were reviewed. The records viewed identified that AccessNI checks had been undertaken for all staff before they commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was a system in place to ensure that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

A review of the records pertaining to Regulation 20 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been inducted and trained in line with the regulations.

The day care setting had maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately recorded. However, despite the manager's efforts, improvements had yet to be made in regards to having two choices of meals available for service users requiring a gluten free diet. An area for improvement has been identified.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend. Advice was given in relation to the need for the transport staff to check the bus at the end of each trip to ensure that there are no service users remaining on the bus.

6.0 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 Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	3	1

The areas for improvement and details of the QIP were discussed with Mrs Heather McNeill, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the care plans accurately reflect the moving and handling risk assessments; the SALT assessments; and where service users are subject to DoLS.</p> <p>Ref: 5.2.1 and 5.2.3</p> <p>Response by registered person detailing the actions taken: The manager has met with staff and discussed the importance of accurate care planning. The manager can also provide assurance that all assessments will be up to date and meaningful. The manager will follow up with community colleagues as required if more information is needed</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (f)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all staff participate in a fire evacuation drill; and a record of all staff and service users attending should be retained.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The manager will ensure that all staff and service users available will participate in a fire evacuation drill . This information will be recorded and easily retrievable as required.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1)(a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The system currently in place in the kitchen for staff to reference service users' dietary requirements should be reviewed to ensure that it is up to date; such a system must accurately reflect the SALT assessment and should include the level of supervision each service user requires when eating.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The system currently in place to assist with our daily safety pause is reviewed weekly. This will be reviewed sooner if required to ensure that it reflects current SALT assessments.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021

<p>Area for improvement 1</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that there are two gluten-free choices available to identified service users; this relates to mealtimes and also to the provision of snacks; records pertaining to when this is not provided should be retained for inspection purposes.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager has consulted with Trust catering and there will be two gluten free choices available. There is an information log in place to record when this does not occur and this also documents actioned followed.</p>

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
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

