

# Inspection Report

3 February 2023



## Antrim Day Centre

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Heather McNeill
<b>Responsible Individual:</b> Mrs Jennifer Welsh	<b>Date registered:</b> 3 October 2017
<b>Person in charge at the time of inspection:</b> Mrs Heather McNeill	
<b>Brief description of the accommodation/how the service operates:</b>  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 centre 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 3 February 2023 between 9.45 a.m. and 2.15 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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement.

All service users consulted with indicated that they felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led.

### 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 questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

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

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

#### **Service users' comments:**

- "It's great."
- "I like it. Sometimes they'd spot when you were having an off-day and always ask you how you are."
- "It's brilliant here."
- "They are good to us."
- "I love it, couldn't fault them."
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One service user described a day where the manager and staff went over and above the call of duty. This was relayed to the manager during the inspection.

Positive comments from relatives and visiting professionals were also noted in the monthly quality monitoring reports. These included:

- “Don’t know how I would cope (without them), it is just brilliant service and is invaluable.”
- “Heather and the staff create a nice atmosphere and the folks here are very relaxed and able to enjoy time here.”

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

- “I could not be any happier with the staff and compassion provided.”
- “It is all done with care and attention.”
- “I just panic sometimes when I’m not sure where I am.”
- “It means everything to me, meeting other people who have had strokes, making friends. I have learnt to paint with my left hand.”
- “It allows me to get out of the house, otherwise I would never get out.”
- “It helped me to recover from my stroke. I get to meet with friend and I learnt to paint.”
- “I think they do a first class job.”

No responses were received to the electronic survey.

## **5.0 The inspection**

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 OR 2021-2022 inspection years, due to the impact of the first surge of Covid-19.

The last care inspection of the day care setting was undertaken on 2 March 2020 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 2 March 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 26 (2) (b)  <b>Stated:</b> Third time	The registered person shall repair or replace the fascia boards around the centre.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 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 and managing adult safeguarding concerns.

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

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. Discussion with the manager confirmed that any potential safeguarding incidents had been referred appropriately.

The manager advised that no concerns had been raised under the whistleblowing policy since the last inspection

The manager was aware of the Notifiable incidents which are required to be reported to RQIA.

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

A number of service users required the use of specialised equipment to assist them in moving. Review of records confirmed that this was included in the care plans and that staff had been trained in the use of the specific piece of equipment.

It was good to note that care reviews had been undertaken in keeping with the day care setting's policies and procedures.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

It was good to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice.

Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

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. Where a service user was experiencing a deprivation of liberty, their care records contained the appropriate documentation.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Advice was given in relation to further developing the resource folder for staff to reference.

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. Where service users were experiencing a deprivation of liberty, the required documentation was in place.

Records examined identified that a number of safety checks and audits had been undertaken, including fire evacuation drills. Staff fire training was up to date. During the inspection fire exits were observed to be clear of clutter and obstructions.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing records, it was good to note that service users had an input into devising their own activities each day. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The service delivered had also been regularly reviewed through a range of audits.

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. Some matters discussed included:

- Their views on how the centre managed attendance
- Feedback on the Christmas dinner
- Service users' views on the meals
- Activity planning, such as Bingo, Brain Teasers and Word searches
- Art classes

- Pottery
- Woodwork

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

### **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 of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

We observed the serving of the midday meal. It was good to note that staff had implemented the Regionally agreed 'Safety Pause'. Information in relation to each service users' needs was retained in a folder. This is good practice and is commended.

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

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members 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. The monitoring arrangements in place were satisfactory.

There were no volunteers working in the day care setting. The agency currently use outside agency staff and records reviewed show that all required documents were in place.

### **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 evidence that all newly appointed staff had completed a structured orientation and induction programme. This included a three-day induction programme which also included shadowing of a more experienced staff member.

Advice was given to the manager in relation to further developing the induction records, to ensure that they better reflected the NISCC Induction Standards for new workers in social care. This advice was welcomed by the manager who agreed to progress this. This will be reviewed at future inspection.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, 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 quality 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 quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

There was a system in place to record any complaints. Review of the complaints records identified that they were managed appropriately.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Heather McNeill, Registered Manager, as part of the inspection process and can be found in the main body of the report.





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