

# Inspection Report

27 February 2024



## Maybrook Adult Training Centre

Type of service: Day Care Setting

Address: Maybrook Adult Training Centre,  
Racecourse Road, Derry, BT48 8NG  
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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> Western HSC Trust (WHSCT)	<b>Registered Manager:</b> Miss Nicola Cooke
<b>Responsible Individual:</b> Mr. Neil Guckian	<b>Date registered:</b> 05/12/2019
<b>Person in charge at the time of inspection:</b> Miss Nicola Cooke	
<b>Brief description of the accommodation/how the service operates:</b> Maybrook Adult Training Centre is a day care setting with up to 75 places that provides care and day time activities Monday to Friday for adults with varying degrees of learning disability needs. Some service users also require support due to sensory needs, dementia and physical disability. The day care setting is managed by WHSCT.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 27 February 2024 between 10.10 a.m. and 3.50 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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 were also reviewed.

Good practice was identified in relation to service user involvement. The setting was well organised and had a range of systems in place to ensure its operation and to support good communication.

There was evidence of strong collaborative working with the multi-disciplinary team to the benefit of service users' care. Further areas of good practice were noted in quality monitoring, staff training and monitoring of staffs' professional registrations.

No areas of improvement were identified.

Maybrook uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

We would like to thank the manager, service users, HSC professional and staff for their support and co-operation throughout the inspection process.

### 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 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

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 survey.

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

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

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

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

- "The staff are good."
- "I know all the staff. They take good care of me. My day care worker is great. It's Tuesday today – I played football."
- "I love coming here."

**Staff comments:**

- “I’ve worked here a long time. I’m happy here. The care is safe.”
- “I like working here. Our training is a good standard.”
- “We have great links with community teams. I am well supported.”
- “My NISCC registration is up to date. I’d like more autism training.”
- “The manager has great oversight – she monitors everything.”

**HSC Trust representative’s comments:**

- “This is a great Centre. Staff are well trained and we have good communication with them. I know if I’m called into the Centre, there is a real problem.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received

- “I feel safe at Maybrook.”
- “I’m a member of the User Forum Group where we get together and talk about all the different things in and around Maybrook.”
- “I enjoy lots of different activities like music and keep fit.”
- “I know the staff very well. I talk to them about the things I like to do and not do.”
- “I know the name of our manager.”
- “I make speeches at birthday parties or if someone is leaving.”
- “The Centre is great. I enjoy football.”
- “I like the chips from the canteen.”
- “My bus drivers help me when I’m travelling to and from the Centre.”
- “I would like the Centre to take me on holidays.”
- “The staff are very good to me.”

No responses were received to the electronic questionnaire.

## 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 24 November 2022 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 and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said 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.

It was identified that no concerns were raised with the manager under the Whistleblowing Policy.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Records viewed indicated that these had been managed appropriately.

Staff were provided with Moving and Handling 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 and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All appropriate staff had been provided with training in relation to medicines management. 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.

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 who spoke with the inspector demonstrated their 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 (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (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. Where a service user was experiencing a deprivation of liberty, their care records contained details of DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

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

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Staffing
- Transport
- Activities

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.

### **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.

Staff implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

It was positive to note a safety pause at mealtimes had been implemented along with mealtime coordinators.

### **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 (AccessNI), 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) or the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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 evidence 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. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

### **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, service users' relatives, 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. Unique identifiers were used for service users. There was evidence these reports were shared with the manager and identified actions followed up on in a timely manner.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

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. No complaints had been received since the last inspection. A complaints log was in place that detailed the nature of any complaint, actions taken, outcomes and complainants satisfaction.

It was positive to note the day care setting had received a range of compliments from a number of sources since the last inspection.

Observation of the environment identified that some wheelchairs and a piece of moving and handling equipment were being stored in a corridor. The manager relocated these to appropriate areas during the course of the inspection.

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

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





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