

# Inspection Report

2 September 2021



## Hawthorns Adult Centre

Type of service: Day Care Setting  
Address: Ellis Street, Carrickfergus, BT38 8AZ  
Telephone number: 028 9331 5110

[www.rqia.org.uk](http://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

<b>Organisation/Registered Provider:</b> Northern Health and Social Care Trust (NHSCT)	<b>Registered Manager:</b> Mr Thomas Haighton
<b>Responsible Individual:</b> Mrs Jennifer Welsh; acting, no application required	<b>Date registered:</b> 6 February 2021
<b>Person in charge at the time of inspection:</b> Mr Thomas Haighton	
<b>Brief description of the accommodation/how the service operates:</b> Hawthorns Adult Centre is a day care setting that provides therapeutic activities and care and support for up to 50 adults with a learning disability and for people living with a physical disability. The centre is open Monday to Friday and is managed by the NHSCT.	

## 2.0 Inspection summary

An announced remote care inspection took place on 2 September 2021 from 10.00 a.m. to 2.40 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) and/or the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC and/or the NMC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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.

## 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 in relation to the day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how care staffs' registrations with the NISCC and/or the NMC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Three service users, 10 relatives and eight staff returned questionnaires. Examples of the respondents' comments are included in the main body of the report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

#### **4.0 What people told us about the service**

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with four service users and four staff including the manager.

#### **Comments received during inspection process included:**

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

- "I like it here, everyone is nice."
- "We do drama and exercises."
- "Staff wear their masks at all times."
- "I like watching the fish in the fish tank. It is relaxing."
- "Good place to come."
- "The centre is always warm and clean."

**Staff comments:**

- “We are a committed team and the service users are our priority.”
- “The ladies and gentlemen are offered choice in all decisions affecting them and we respect their views.”
- “The Trust provides very good training and it is relevant to the service we deliver.”
- “We have implemented lots of measures to keep the service users safe during Covid such as social distancing, additional cleaning and wearing PPE.”
- “The service users are our priority. We are always looking at different ways and activities that will make their day better.”
- “We adhere to the PPE guidelines at all times and there is lots of PPE available in the centre.”
- “Very good communication and a strong well lead team here.”
- “We are all aware of the service users who have dysphagia needs and the speech and language therapist’s recommendations. This is a very important part of their care.”

Three service users, 10 relatives and eight staff returned questionnaires. All respondents indicated that they were either satisfied or very satisfied that care was safe, effective, compassionate and well led.

**Comments received included:**

- “I love Hawthorns Adult Centre. I have many friends here. The staff are so helpful to me.”
- “Very caring, welcoming and homely. My son and daughter look forward to every day they spend at Hawthorns. We feel confident that they are well cared for and their needs are met, just wish they could get back to five days again.”
- “All members of the staff are always supported. Our team are founded on well experienced and many professionally trained staff. We all work towards the same aims using a person centred approach to ultimately give our service users the best service we possibly can. We respect the individuality of our service users and embrace the person centred approach.”
- “The current manager has made positive changes throughout the last year and is constantly reassuring and supporting us on a regular basis. This is something that is appreciated by all the staff team which in turn benefits our service users; this is evident by the smile on their faces each day.”

**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 of the service was undertaken on 5 November 2019 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 5 November 2019		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13.7  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate	The registered person shall ensure written records are kept of all safeguarding concerns and include details of the investigation, the outcome and action taken by the day centre and that records reflect when the referral has been closed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of safeguarding records evidenced that this area for improvement had been satisfactorily addressed.	

## 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 demonstrated 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 confirmed that care staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter. However, it was identified from discussions with the manager that ancillary staff, including a bus driver and domestic staff, had not completed safeguarding training. It was noted that training is planned for October 2021; this will be reviewed at the next inspection.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents 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 relevant Health and Social Care Trust in relation to adult safeguarding matters.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service.

All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the NHSC governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. This included DoLS training. Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

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, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

The environment was observed during a virtual tour of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

### **5.2.2 Are their robust systems in place for staff recruitment?**

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were registered with NISCC or the NMC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC or the NMC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

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

Discussions with staff and review of service user 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 day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff, including catering staff, had undertaken dysphagia awareness training.

### **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. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

Quality monitoring reports were of a good standard and details included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments: staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person-centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

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 Alerts (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

There were no areas for improvement identified during this inspection.

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

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

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



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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care