

Unannounced Care Inspection Report 5 November 2019



Hawthorns Adult Centre

Type of Service: Day Care Service
Address: Ellis Street, Carrickfergus, BT38 8AZ
Tel No: 028 9331 5110
Inspector: Heather Sleator

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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 Northern Health and Social Care Trust (NHSCT).

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Anthony Baxter Stevens	Registered Manager: Marc Carey
Person in charge at the time of inspection: Marc Carey	Date manager registered: 21 May 2014
Number of registered places: 50	

4.0 Inspection summary

An unannounced inspection took place on 5 November 2019 from 10.15 to 16.35 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

There was one area identified for improvement at the inspection regarding the recording of adult safeguarding concerns/referrals.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff. A service user commented:

“I like it here”.

The findings of this report will provide the day centre 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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Marc Carey, Registered Manager, 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 21 February 2019

No further actions were required to be taken following the most recent inspection on 21 February 2019

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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 21 February 2019
- information and correspondence received by RQIA since the last inspection.

During the inspection the inspector met with:

- the registered manager, Marc Carey
- six staff
- eight service users on an individual basis, the remaining service users in a group discussion

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were no questionnaires were returned from service users or their relatives.

The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. One questionnaire was completed and returned to RQIA by staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff rotas
- two completed staff competency and capability assessments
- recruitment and selection procedures
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three months of quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated November 2018
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019.

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 21 February 2019

The most recent inspection of the day centre was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 21 February 2019

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 review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The duty rotas reflected the staff on duty and the capacity in which they worked. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. The inspector met with service users during the inspection who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "I like the staff, they're okay." No issues were raised by staff during the inspection in respect of the staffing arrangements and there was one completed staff questionnaire returned to RQIA and the respondent indicated that they were satisfied with the current staffing arrangements.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff had also completed training in areas specific to service users' needs, for example, enteral feeding and the use of oxygen. Staff, who supervise others, had completed training in supervision and appraisal.

The manager explained that all staff recruitment records were retained at the Northern Health and Social Care Trust (NHSCT) human resource department. The manager confirmed that electronic confirmation of compliance with employment legislation as set out within The Day Care Setting Regulations and Minimum Care Standards (2012) were provided prior to new staff commencing duty. The manager retains information, on site, of the confirmation of two satisfactory references, Access NI clearance and registration details of staff with their professional body.

Arrangements were in place to monitor the registration status of care staff with their professional body, the Northern Ireland Health and Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). The registration status of staff is also monitored at supervision.

The inspector was advised that there were no potential restrictive practices in use at the day centre. Observations of the premises during the inspection evidenced that there were no obstructions or locked doors to prevent service users from leaving. The manager confirmed that staff had completed level 2 training regarding the Mental Capacity Act/Deprivation of Liberty standards.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been four safeguarding referrals made from the previous inspection in February 2019. Documentation was present to confirm that two of the referrals had been closed, however, there was no information regarding the status of the remaining two referrals. This was discussed with

the manager who stated the referrals had been closed and accepted that the supporting documentation should have been present. This has been identified as an area for improvement.

The premises of Hawthorns Adult Centre were well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There were notice boards throughout the centre providing service users and staff with information regarding activities and events and information leaflets. The service users' café/kitchen area had been refurbished during the year following a donation being received from the local community. The café was extremely attractive and a very popular spot for service users.

Service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. A staff member commented: "It's a great place to work, good relationship between staff and service users."

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction.

The most recent report from the fire risk assessor was viewed and dated November 2018. There were no recommendations made in the report. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in September 2019.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

"Good fun here."

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, fire safety records and service user and staff engagement.

Areas for improvement

An area for improvement was identified regarding ensuring all required documentation was in evidenced in respect of any referral made to the adult safeguarding team.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

A review of three service users' records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Individual agreements, setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

The inspector confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly quality monitoring visits, service users' meetings and staff meetings. The staff confirmed that management operated an "open door" policy in regard to communication within the day centre.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

A staff member commented about the day centre:

"Plenty of information available from the Trust and internally from staff meetings."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and service users' representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate. A service user commented, "I like it here."

Activities, such as art and crafts, music, board games, bus runs and gardening were part of the weekly programme. Service users' self-advocacy group, the 'Listen Hear Group' meet regularly to discuss what they would like to do and offer suggestions. The minutes of the meetings were viewed and confirmed that service users decide what activities they would like, for example; arrangements for the Christmas dinner, Halloween, sports activities, cinema trips and shopping. The agenda for the meetings was also presented in pictorial format to promote equity and inclusiveness for service users. Service users and relatives also fund raise to support a local charity and service users get regular updates regarding their contributions. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings and the approachability of staff. Therefore, recreational and rehabilitative programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Hawthorns Adult Centre.

There were numerous 'thank you' cards displayed on a notice board from relatives, service users and other professionals and students. Compliments received included:

- "Thank you to all the staff for your kindness, care, enjoyment, fun and attention shown to (service user), it has been much appreciated." Relative - May 2019.

- “It’s always really encouraging to hear of people making positive progress and I wanted to thank you for the hard work (for example, including lots of structure and visual information) and for your commitment to collaborative working.” Consultant Clinical Psychologist - October 2019.

There were no completed questionnaires returned to RQIA from service users or their relatives.

Service users spoken with during the inspection made the following comments:

- “I like the staff, they’re okay.”
- “Good fun here.”
- “I like it here.”

There was one completed questionnaire returned to RQIA from staff. The respondent indicated that they were very satisfied that care was safe, compassionate and effective and that the centre was well led. Additional comments included:

- “Being a long term member of staff I have seen many changes. These changes have been embraced by all who work in Hawthorns to ensure we provide a great service for our service users.”

Staff spoken with during the inspection made the following comments:

- “Training is very good here and supports me in my day to day work.”
- “We rotate around the various rooms/groups; it’s a good system as we know all the service users.”
- “Staffing is generally good, can be short staffed sometimes and that can be difficult.”
- “We all pull together.”
- “We all come together.”
- “Communication is very good, plenty of meetings.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

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 registered manager, Marc Carey, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available. We discussed the centres strengths and area/s for improvement.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users were made aware of how to make a complaint by way of meetings, service user's guide (pictorial format) and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction. The record evidenced that the last complaint received was in 2017.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28. Records of the past three months were reviewed; the reports provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions. The reports did not show that the visits were both announced and unannounced and timing of the visit. This was discussed with the manager who agreed to ensure this information was present in the future.

Hawthorns Adult Centre and the Northern Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One staff member commented:

"Marc (manager) is very approachable and I'd have no problem going to him if I needed to."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, on-going quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marc Carey, Registered Manager, 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 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 Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 13.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Action in relation to the above area for improvement 1, Ref:Standard13.7 will be immediate and ongoing as stated. Community Learning Disability Team have been asked to share all relevant closure information in a timely manner.</p>

Please ensure this document is completed in full and returned via Web Portal



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