

# Unannounced Care Inspection Report 09 November 2017



## Hawthorns Adult Centre

**Type of Service: Day Care Setting**  
**Address: Ellis Street, Carrickfergus, BT38 8AZ**  
**Tel No: 028 9331 5110**  
**Inspectors: Kylie Connor and Alice McTavish**

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

This is a day care setting with 50 places that provides care and day time activities for people with a learning disability and people with a physical disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual:</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mr Marc Carey
<b>Person in charge at the time of inspection:</b> Thomas Haighton, senior day care worker	<b>Date manager registered:</b> 21 May 2014
<b>Number of registered places:</b> 50 - DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 09 November 2017 from 10:15 to 17:10.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and 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 staff supervision and appraisal, the environment, communication between service users and staff and maintaining good working relationships.

One area requiring improvement was identified in regard to staff training in the areas of first aid, manual handling and fire safety.

Service users said that the staff were approachable, kind and caring, that they enjoyed coming to the centre, that they had choices and that their views and opinions were sought. One service user commented:

- “He (the registered manager) is great, he looks out for me.”

A relative said:

- “I fell in love with the place....(my relative’s) behaviour indicates that he is happy. The staff do their absolute best.”

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Thomas Haighton, senior day care worker and Natalie Jackson, day care lead 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 13 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 February 2017.

## 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 centre.
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report 13 February 2017 and the returned QIP

During the inspection the inspectors met with:

- the senior day care worker
- the day care lead manager
- one ancillary staff, one care assistant, one day care worker and one tutor
- eight service users on an individual basis
- service users attending the self-advocacy group
- one service user's relative

Questionnaires were given to the staff on duty to distribute between service users and relatives. Two questionnaires were returned from relatives within the timescale for reporting. 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. Two questionnaires were completed by staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily room rota records
- three completed staff competency and capability assessments
- the complaints and compliments records

- incidents and accidents records
- the minutes of service user self-advocacy group held during held in August, September, October and November 2017
- a sample of records of weekly team brief meetings
- record of supervision and annual appraisal dates for three staff
- a sample of monthly monitoring reports completed during 2017
- a staff training matrix
- a care review planner
- a sample of completed quality questionnaires completed by service users
- the annual fire safety risk assessment dated 07 November 2016
- records of fire drills undertaken during 2016 and 2017
- the Statement of Purpose, Service User Guide and easy read Service User Guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge and the day care lead manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 16 February 2017

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 16 February 2017

Areas for improvement from the last care inspection		
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 17(1)  <b>Stated:</b> First time	The registered provider must ensure an annual report is completed on Hawthorns Adult Centre incorporating 'Focus' which contains information on all of the relevant matters stated in Schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of an annual report dated August 2017 confirmed this was addressed.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 3.1 <b>Stated:</b> First time	The registered provider should ensure an individual written agreement detailing the services to be provided is retained in each service user's care file.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The senior manager stated that an individual written agreement had been developed for completion with all new service users as agreed with RQIA.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5 <b>Stated:</b> First time	The registered provider should ensure: (a) Service user's care plans are reviewed at least yearly if there are no changes (Minimum Standard 5.5). (b) The two identified service user's care plan are reviewed and should fully and accurately reflect their respective needs (Minimum Standard 5.6). (c) Information is provided to care staff on the importance of ensuring care plans contain SMART objectives (specific, measurable, achievable, relevant and time limited).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records reviewed and discussion with the person in charge confirmed that the three areas had been addressed.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.5 <b>Stated:</b> First time	The registered provider should ensure the evaluation report completed as a result of the Hawthorn Adult Centre's annual service users' survey also includes an evaluation of the meal and transport provision.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the updated evaluation report confirmed that this had been addressed.	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 15</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> <li>(a) The five outstanding service user’s annual reviews of their day care placement occur as soon as possible (Minimum Standard 15.3)</li> <li>(b) Service user’s annual review reports include the details of important events (including incidents or accidents) occurring since the previous annual review of their day care placement and how they were addressed. If there were no important events, the report should state this (Minimum Standard 15.5).</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b>                  Discussion with the person in charge and inspection of care review records confirmed that this had been addressed.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure:</p> <ul style="list-style-type: none"> <li>(a) there is written evidence of the audits of service user’s care documentation against minimum standards (for example audits of service user’s assessments, care plans; progress care notes; their annual reviews and the quality of information recorded in their review reports etc).</li> <li>(b) The monthly monitoring reports should comment on the progress made regarding (a) above.</li> </ul>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b>                  Discussion with the person in charge, lead manager and review of care records and monthly monitoring reports confirmed that this had been addressed.</p>		

<b>Recommendation 6</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time	The registered provider should ensure agency care staff receive recorded individual, formal supervision according to the day care setting's procedures and no less than every three months.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with staff and following the inspection, with the registered manager, confirmed that this had been addressed.	

### 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.**

Discussion with the person in charge, the day care lead manager, staff, service users, inspection of daily room rota and returned questionnaires evidenced that sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users. However, the rota was not accurate as it did not include all staff working or due to be working each day, the capacity in which they worked and who was in charge of the centre, especially in the absence of the registered manager. Following the inspection, the person in charge advised that this had been addressed.

The person in charge advised that the duty rota referred to each room according to the name of the staff member leading the activity in that room. In discussion with the person in charge, it was agreed that the service users should be involved in choosing a name for their room and that the rota should reflect this. Following the inspection, the person in charge advised that this had been completed.

Competency and capability assessments for staff who acted up in the absence of the registered manager had been completed for the three day care workers. Staff said they felt they were well supported and could seek advice from the registered manager at any time.

Discussion with one care staff confirmed that she was a had been recently recruited member of staff and had had an induction. Discussion also evidenced that the recruitment process was consistent with the day care setting regulations and standards.

Training records evidenced that not all staff had completed a number of mandatory training relevant to their roles and responsibilities, including fire safety, manual handling and first aid. An area for improvement was identified and action is required to comply with the standards. It was good to note that some staff had completed bespoke training to meet the needs service users including, for example, manual handling and management of peg tubes. Records of these bespoke training sessions were not held centrally in the day centre and the inspector advised that staff training records should be maintained accurately. Following the inspection,

the registered manager advised that this had been actioned. Discussion with staff confirmed that staff viewed training as important to the delivery of safe, effective and compassionate care.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibilities and were a team who sought to deliver safe, person centred care. Discussion with and observation of staff working together demonstrated that there was good communication to ensure that the team worked well together, communicated with each other regarding changes in service users' needs, the activity programme and to promote improved outcomes for service users.

Discussion with staff and a review of accident and incident records inspected indicated the relevant incidents/notifiable events were reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

The person in charge advised that there was a range of restrictive practices employed within the setting, notably wheelchair lap belts, medication, one to one and two to one staffing arrangements for service users. Discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required. The inspectors advised the person in charge that the range of restrictive practices and reduction in registered numbers are described in the Statement of Purpose. The amended Statement of Purpose was submitted following the inspection.

Discussion with the person in charge, staff and inspection of records confirmed that whilst there had been no actual or potential safeguarding concerns, staff were knowledgeable in regard to the need to respond promptly and refer to the relevant persons/agencies in accordance with procedures and legislation.

An inspection of the environment evidenced that it was clean, well maintained and that furniture, aids and appliances presented as fit for purpose. The setting had recently won the best kept award for their garden which had been a project service users and staff had undertaken together. This is to be commended.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed; a fire drill had been carried out in July and August 2017 but records evidenced that not all staff had participated in an annual fire evacuation drill. Following the inspection, the registered manager stated that he had made arrangements for fire drills to be undertaken several times during the year and would monitor compliance in this area by improving the records. The fire risk assessment was dated 7 November 2016 and following the inspection, the person in charge advised that this had been updated on 13 November 2017.

Staff spoken to commented:

- "There is plenty of staff.....Marc's door is always open."

A total of four questionnaires were completed by two staff and two relatives. Respondents indicated that they were satisfied or very satisfied that the care was safe.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff supervision and the environment.

## Areas for improvement

One area for improvement was identified in regard to staff training in the areas of fire safety, manual handling and first aid.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

The inspection of three care records found that they were maintained in line with the legislation; the assessments of need, risk assessments, care plans and records of health and well-being of the service users were up to date. Improvement was needed in regard to care plans and action was required to comply with the standards. Improvements needed included the level of detail describing service users' needs, behaviours and preferences and how staff should respond and provide care and support in these circumstances to aid consistency of approach, safety and effectiveness. It was good to note that an easy read Service User Guide was available.

Care plans had been reviewed in a timely manner with the involvement of the multi-professional team as required to achieve the best outcome by delivering safe and effective care. Records were stored safely and securely in line with data protection. Service user/representative involvement had been documented for each review meeting. Systems were in place to review each service user's placement within the centre and ensure that it was appropriate to meet their health and social care needs.

Service users spoke about the range of activities they enjoyed taking part in, including bus runs, the garden, music activities, arts and craft and baking. Staff said that service users enjoyed trips to a local ice cream parlour and to the local library. Service users stated that staff were approachable and supportive. During the inspection service users were observed walking around the setting, with or without staff support, to take part in a number of activities or find quiet space. Staff were observed being attentive to each individual's needs, responding knowledgeably regarding their needs or preferences and working together.

A tutor spoke in positive terms of how service users with behaviours that challenge are supported to participate in arts and craft activities and commented that, 'staff wanted variety.' The tutor described how service users with a range of abilities were effectively supported to participate in Christmas art activities and identified the positive outcomes of achievement and promoting their independence.

Discussion with staff confirmed that they were knowledgeable regarding their role and responsibility to safeguard service users in their care. They confirmed if they had concerns they would report them to the registered manager or senior day care worker in charge and record their concerns without delay. Staff detailed the communication methods that support their work and professional development such as the daily meeting, staff meetings, supervision, training and informal discussions. Overall, the discussions confirmed that staff could confidently express their views and knowledge regarding safe and effective care and staff at all levels were being encouraged, supported and guided to do this by the registered manager and senior day care worker.

Staff spoken to commented:

- “If we didn’t have the training we couldn’t do our job, everything changes, it’s good to be kept up to date.”
- “The communication is brilliant.”

A total of four questionnaires were returned by two staff and two relatives within the timeframe for reporting to RQIA post inspection. They responded that they were very satisfied in regard to is care effective.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to communication between service users and staff.

**Areas for improvement**

No areas for improvement were identified on inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

Discussion with service users, staff, a relative and observation of practice evidenced that service users were treated with dignity and respect while staff promoted and maintained their independence. Service users stated that they were asked their opinion regarding what they like to do in day care and that staff were approachable and listened to them.

Staff discussed activities they had facilitated for service users which was informed by service user choice. Staff described having a person centred approach and they recognised the importance of individuality. It was good to note that the senior day care worker had been awarded the trust’s Chairman’s Award for his involvement in the organisation of a Learning Disability Pride celebration earlier in the year.

There were robust systems in place to promote effective communication between service users, staff and other professionals. Service users had been provided with information, in a format that they understood which had enabled them where possible, to make informed decisions regarding their life, care and treatment. A pictorial display, for example, of each staff member allocated to each room was on display at the entrance of the day centre and an easy read Service User Guide was in place.

Staff spoken to commented:

- “Everyone is really nice and caring.”
- “I’ve good rapport with the families too.”
- “That’s (the board with pictures of the lead staff who are allocated to each room that day) the first thing they go to when they get off the bus.”
- “It’s a very happy place, it’s a joy to come here.”

A total of four questionnaires were completed by two staff and two relatives within the timeframe for reporting. They responded that they were very satisfied in regard to is care compassionate.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in the setting. Discussion with the person in charge and observation confirmed that policies and procedures were available for staff.

Supervision records detailed that staff had received recorded individual, formal supervision at least every three months. Inspection of staff meeting minutes evidenced that they were held every three months with minutes and attendance recorded.

The complaint record inspected showed that there had been no complaints recorded during the period 01 April 2016 to 31 March 2017. Staff were knowledgeable in regard to responding to a complaint.

The person in charge provided audit records undertaken for care records and fire safety records. Audits are not needed at present in regard to complaints and accident and incidents due to the low levels recorded. Further evidence of audit was available in the monthly monitoring reports regarding staff supervision and annual appraisal.

The Regulation 28 monthly quality monitoring visits had also been undertaken monthly. The reports showed the visits were unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Staff spoken to commented:

- “They (the service users) love outside in the garden, songs and music. The theme days are great, on Fridays, they (the service users) suggest it. Pink day is coming up, they have it all organised. They are asked about changes, they have choices.”

A relative spoken to commented:

- “Marc is always very approachable.”

A total of four questionnaires were completed by two staff and two relatives within the timeframe for reporting. They responded that they were very satisfied regarding is the service well-led.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Thomas Haighton, senior day care worker and Natalie Jackson, day care lead 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 Setting Regulations (Northern Ireland) 2007 and 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 January 2018</p>	<p>The registered person shall ensure that all staff have completed training in first aid, fire safety and moving and handling.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The identified staff members who had not completed their First Aid training have now done so. this took place on 24/11/17. We will ensure all staff take part in a minimum of one fire evacuation within the required timeframes. Moving and Handling training has been scheduled for 17/01/18 for all staff.</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

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**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)