

# Unannounced Care Inspection Report 21 February 2019



## Hawthorns Adult Centre

**Type of Service: Day Care Service**  
**Address: Ellis Street, Carrickfergus, BT38 8AZ**  
**Tel No: 02893315110**  
**Inspector: Heather Sleator**

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

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 approved places that provides care and day time activities for adults with a learning disability and for people living with 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> Elaine Calwell - Day Care Worker	<b>Date manager registered:</b> 21 May 2014
<b>Number of registered places:</b> 50	

### 4.0 Inspection summary

An unannounced inspection took place on 21 February 2019 from 09.30 to 15.00 hours.

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 centre 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

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 relative said:

“I’m very confident about the centre as is all the family; everyone is very friendly and always speak to you and make you feel welcome.”

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Elaine Calwell, Day Care Worker, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### **4.2 Action/enforcement taken following the most recent care inspection dated 9 November 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 November 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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report of 9 November 2017

During the inspection the inspectors met with:

- the day care worker (person in charge)
- five staff
- eight service users on an individual basis
- service users attending the morning activity in the main hall
- one service user's relative

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were no questionnaires completed and returned within the specified timescale from service users or their representatives. 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 by a staff member.

The following records were examined during the inspection:

- two service users' care records
- a sample of daily room rota records
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- a sample of records of weekly team brief meetings
- supervision and annual appraisal planner
- a sample of monthly monitoring reports
- a staff training matrix

- quality audits/governance arrangements for the centre
- a sample of completed quality questionnaires completed by service users
- the annual fire safety risk assessment dated 09 November 2018
- records of fire drills undertaken during 2018
- 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, Elaine Calwell at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 9 November 2017

The most recent inspection of the day care centre 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 9 November 2017

Areas for improvement from the last care inspection		
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 21.3 <b>Stated:</b> First time	The registered person shall ensure that all staff have completed training in first aid, fire safety and moving and handling.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of staff training records evidenced that the required training was up to date at the time of 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 day care worker explained that all staff working in the centre were sufficiently qualified, competent and experienced and can meet the assessed needs of the service users; taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

The staff duty roster which reflected the staff on duty, capacity and time worked was viewed and is retained in each of the designated rooms in the centre. Staff and service users are allocated to a specific room, the staffing arrangements are to promote continuity of care and support and to build on the relationship between the service users and staff. There were no completed satisfaction questionnaires from service users/representatives returned to RQIA. We met with a service users representative during the inspection who expressed their complete satisfaction with the staffing arrangements and stated there seemed to be 'plenty of staff' available.

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

An induction programme was in place for all new staff within the centre which was appropriate to specific job roles. We spoke with an agency staff member who confirmed that they had received induction training when they commenced in the centre and attended training with the other staff relevant to their job role and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection.

The day care worker explained that all staff recruitment records were retained at the Northern Health and Social Care Trust (NHSCT) human resource department. Electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided to the centre's registered manager prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained.

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.

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 awareness 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 two safeguarding referrals made, these had been investigated by the adult safeguarding team within the Trust and were closed.

An inspection of the environment evidenced that it was clean, well maintained and that furniture, aids and appliances presented as fit for purpose. A garden area was available for service users to enjoy and discussion with staff confirmed that service users participate in the planting of bulbs and flowers. The garden area is a great attraction for service users. There were numerous notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and policy guidance.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated 9 November 2018. A point of action had been identified and the trust had been given until March 2019 to address the issue. The fire safety records evidenced that there had been three fire drills from September 2018 and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

Staff spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A staff member commented:

- “Staff are so supportive of each other....from the manager down.”

There were no questionnaires completed and returned to RQIA within the specified timescale from service users, staff or service users’ representatives.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff arrangements, induction, training, supervision and appraisal, adult safeguarding, risk management and the day centre’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 Is care effective?**

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

A review of two service users’ records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, 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. Discussion with staff confirmed that a person centred approach underpinned practice. For example service users participated (as far as possible) in the development of their person centred care plans which were noted to be in pictorial format. Copies of reviews held were retained within service user records. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

The day care worker confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users' meetings and staff meetings. The staff and a service user's representative confirmed that management operated an "open door" policy in regard to communication within the day centre.

Service users spoken with and observation of practice evidenced that staff were able to communicate effectively with service users and other key stakeholders. Minutes of service users' meetings were viewed during the inspection.

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. The senior care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Staff spoken to commented:

- "Brilliant centre, I just love it."
- "I get up in the morning and I'm glad to be going to work."

### 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 other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

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



## 6.6 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.**

The person in charge confirmed that staff in the centre promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. 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.

Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity and was able to demonstrate how service users' confidentiality were protected. We observed the morning activity which had been requested by service users; X Factor auditions. There was an air of excitement in the centre from service users regarding the auditions and staff had ensured that the auditions were authentic including providing the X factor music and a panel of judges (fellow service users). Staff were observed gently offering encouragement and support to the auditionee's and the service users in the audience. A very enjoyable event and morning.

Discussion with staff and service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

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 local attractions and events. 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.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example: service users' meetings (self-advocacy meetings), annual reviews and monthly monitoring visits undertaken on behalf of the registered provider. The review of the most recent self-advocacy meeting evidenced that service users had requested the X factor, a valentine's day disco and the greatest dancer competition, these had either been arranged or were about to take place.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read. An action plan was developed and implemented to address areas of improvement.

There were many 'thank you' cards displayed in the centre. Comments included:

- "Thank you for teaching me so much during my placement; it's a rewarding and enjoyable place." (Student Nurse on placement)

- “You’re all really kind.” (Service User)
- “Many thanks to all staff for your kindness and support.” (Service User)

Staff spoken with during the inspection made the following comments:

- “We are all so lucky here; it’s a great place to work.”
- “I’ve learned so much from just watching the other staff.”
- “I would feel confident going to the manager or any of the staff if an issue arose.”

We spoke with a service user’s representative during the inspection who commented in very positive terms regarding the centre. The representative stated there was good communication from staff, staff were very friendly, always spoke to them and made you welcome. The representative also stated that their relative’s confidence had grown since starting in the centre and that the whole family were very happy with the support afforded by the centre’s staff.

One staff questionnaire was completed and returned to RQIA. The respondent indicated they were “very satisfied” that the care provided by staff was safe, effective, and compassionate and that the centre was well led. An additional written comment was provided:

“Hawthorns is a great place to work. Personally I feel our service users get good quality care and the staff work very well together ensuring our service users get the best from their time at Hawthorns. The manager is very supportive, and always on hand for guidance and advice.”

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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.**

On the day of inspection the registered manager was not available. Elaine Calwell, Day Care Worker was in charge and ably facilitated the inspection.

The day care worker demonstrated 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.

The day care worker described the management arrangements and governance systems and processes in place within the day centre. These were found to be in line with good practice. The person in charge confirmed that the management and control of operations within the day centre was in accordance with the regulatory framework. Inspection of the premises confirmed that the current RQIA certificate of registration was displayed within a prominent position

Review of governance arrangements within the day centre and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

There was a clear organisational structure and all staff demonstrated knowledge of their roles, responsibility and accountability. The person in charge confirmed that the registered provider was kept informed regarding the day to day running of the day centre through, for example, monthly monitoring visits made on behalf of the registered provider.

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 and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. Discussion with the person in charge and review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

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 29 of The Day Care Settings Regulations (Northern Ireland) 2007. 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.

Reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA. Records of the past three months were reviewed.

The provision of an annual quality report for 2017/18 was discussed with the registered manager, by telephone, who stated that the report will be available in April 2019. Satisfaction questionnaires had been sent to service users and/or their representatives. The returned questionnaires will be analysed and the outcomes stated in the annual quality report.

Discussion with staff and the person in charge confirmed that there were effective working relationships with internal and external stakeholders. The centre had a whistleblowing policy and procedure in place and discussion with one staff member established that they were knowledgeable regarding this. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing 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**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**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)