

# Unannounced Care Inspection Report

## 07 July 2017



## Larne Adult Centre

**Type of Service: Day Care Setting**  
**Address: 72 Ballymena Road, Larne, BT40 2SG**  
**Tel No: 02828270950**  
**Inspector: Dermott Knox**

[www.rgia.org.uk](http://www.rgia.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 large day care setting with 84 places that provides care and day time activities for adults who have a learning disability. A number of service users have very complex needs and some require one to one, or exceptionally, two to one staff support. The service operates in an adapted former hotel, on three levels, which presents access difficulties for some people.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mrs Linda Montgomery
<b>Person in charge at the time of inspection:</b> Ms Kellie Ritchie, Senior Day Care Worker.	<b>Date manager registered:</b> 14 March 2016 Mrs Linda Montgomery - registration pending evidence of qualification
<b>Number of registered places:</b> 84 - DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 07 August 2017 from 10.15 to 16.45.

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 service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to

- Care records
- Communication between service users and staff
- Assessment of service users' needs and abilities
- Assessment of the risks to be managed for each service user
- Creative communication in service users' records
- The variety of activities available for service users
- Engagement of service users in fulfilling activities
- Staff training
- Staff supervision
- Staffs' motivation and enthusiasm
- Staffs' resilience in working with people who have complex needs
- Leadership of the service.

No areas requiring improvement were identified at this inspection.

Service users said:

"I like everything about the centre; the staff are good and they always help you".

"I like having friends here and doing quizzes and exercises and going for walks".  
 "It's quite ridiculous that questions on this (questionnaire) are not service user friendly".

The findings of this report will provide the day care service 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 Kellie Ritchie, SDCW and Natalie Jackson, Locality Manager, 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 28 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 June 2016.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 28 June 2016
- The RQIA duty log of contacts with or regarding Larne Adult Centre.

During the inspection the inspector met with:

- Six service users
- Three care staff in a group discussion
- Two care staff in individual discussions
- The senior day care worker, at the beginning and at the conclusion of the inspection
- The locality manager at the conclusion of the inspection.
- 

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Ten completed questionnaires were returned to the inspector by 23 July 2017, four from service users, one from a relative of a service user and five from staff members.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports
- Progress records for three service users
- Monitoring reports for the months of May and June 2017
- Records of staff meetings held in January and March 2017
- Records of daily briefing meetings
- Records of quarterly staff supervision sessions for two staff members
- Minutes of Client Committee Meetings for October 2016 and February and May 2017
- Selected training records for staff
- The Statement of Purpose
- Two policy documents: Safeguarding Vulnerable Adults and The Use of Restraint.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 28 June 2016

The most recent inspection of the day 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 28 June 2016

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> Regulation 18.3  <b>Stated:</b> First time	The acting registered manager should include a central index within the policies and procedures file to enable ease of access.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An index of the policy documents had been added to the manual.	

<b>Area for improvement 2</b> <b>Ref:</b> Ref 13.1 <b>Stated:</b> First time	The acting registered manager should liaise with the adult safeguarding team in regard to identification of the named "champion".	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The NHSCT has named Ms Alyson Dunn, Director of Adult Services, as the safeguarding champion for the organisation.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23.6 <b>Stated:</b> First time	The acting registered manager should further develop the staff duty roster to reflect staff names, post held and actual daily hours worked by each staff member.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The senior day care worker confirmed that the recommended information had been added to the staff duty roster.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.9 <b>Stated:</b> First time	The acting registered manager should establish monthly audits of accidents/incidents so that trends and patterns can be readily identified and where necessary review undertaken and action plans developed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The provider's response to this recommendation was verified through examination of the relevant records and from discussion with the senior day care worker.	

### 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.**

Larne Adult Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. One service user has two staff providing care and support for him in a 'porta-cabin' building, adjacent to the main premises. This and other aspects of the care service have led the manager and staff to request that the Trust consider the provision of purpose-built premises for the centre but there has not yet been a response to this request.

Services are provided in the centre in six separate group rooms and in several other parts of the premises for individual work with service users, when necessary. The enclosed garden is paved to enable service users to access it safely, normally accompanied by staff members. The senior day care worker and five staff members, 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. All staff members expressed strong commitment to their work with service users, accepting that the work is frequently challenging, but also enjoyable and rewarding. One new staff member confirmed that she was undertaking a detailed induction programme, in keeping with the Trust's procedures and that she had been very well supported throughout her first month in the job.

Safeguarding procedures were understood by staff members who were interviewed, who all confirmed that practice throughout the centre was of excellent quality and that they were trained to respond professionally in all situations. Safeguarding training had been provided for thirty one staff on 04 May 2017 and Fire Safety training on 01 June 2017. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, including the Trust's Behaviour Support Team. Since the previous care inspection 18 Notifications of incidents or accidents had been received by RQIA from Larne Adult Centre. Of these, 14 related to challenging behaviours presented by service users. Two of the notifications were unnecessary. Records of a sample of the reported events showed these to have been managed appropriately. Staff were required to be very pro-active in their care and support of those service users who expressed their feelings through self-harming behaviours or physically harming behaviours toward others and several notifications related to incidents such as these. A number of staff members had incurred injuries. Incidents were well recorded and there was evidence to show that staff reflected on the triggers for and the management of such incidents, in an effort to continually develop their understanding and their practice. Staffs' commitment and determination to work in difficult circumstances, in the best interests of service users, is commendable.

One relative of a service user returned a completed questionnaire to RQIA and this was entirely positive in the ratings given, with regard to the provision of safe care and in all aspects of the service.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. One day care worker spoke of her recent refresher training for the role of 'fire warden'. Risk assessments with regard to transport, mobility and moving and handling, or other areas specific to the individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. The monitoring officer carries out regular audits of a range of the centre's operations and data is presented monthly in the monitoring report.

During the inspection visit, three service users spoke positively of the enjoyable activities at the centre and confirmed that they felt safe and well cared for. Staff presented as being well informed of the needs of each service user and of methods of helping to meet those needs safely. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. Two complaints were recorded within the period since the previous care inspection, each issue having been raised by a relative of a service user. In each case, the matter had been investigated in accordance with



procedures and resolved to the best expected outcome in the circumstances. One complainant was fully satisfied with the outcome, while the other was partly satisfied. One of the questionnaires, returned by a service user, included the comment, “I am deaf and rely on my 1:1 staff to keep me safe during fire drills and risks”.

The evidence presented supports the conclusion that the manager and staff make every effort to ensure that safe care is provided consistently in Larne Adult Centre.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision, adult safeguarding, behaviour support programmes, risk management, fire safety and the physical 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.**

The centre’s Statement of Purpose and the Service User’s Guide provide all of the information required by the regulations and the minimum standards. The Service User’s Guide includes pictorial support for the written information, helping to make it accessible to many of the service users. Throughout the centre pictures, photographs and other art work were displayed, exhibiting the work and involvement of service users in a positive and attractive way.

Three service users’ files were examined and each was found to contain well-detailed referral and assessment information for the individual and on his or her functioning. An 18 section assessment framework record was included in each file, addressing the person’s abilities, interests and needs in all the key areas of daily living tasks and leisure pursuits. Each item within a section was assessed in relation to the person’s ability; “Can complete independently”, “Can complete with help” or, “Not able to complete at present”. Care planning information was derived accurately from these detailed assessments and from the information provided by the individual service user in the document, “All about me”. This information is given primary status and is one of several sources of evidence of good person centred care being provided.

Each person’s activity schedule was set out in a degree of detail appropriate to his or her needs and the ability to benefit from that activity for a specific period of time. For one service user this could mean having four separate activity sessions per day, while, for another, whose file was examined, the activity programme was divided into more than 20 short sessions to suit that person’s care and coping needs throughout the day. Records of annual reviews focussed on achievements, measured against the desired outcomes of the planned care programme and demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review reports were informed by the regular progress notes.



Each service user's involvement in the decisions arising from a review were indicated in several recorded entries, for example, "(Name) agreed to work with physios".

The clear and comprehensive presentation of assessment, care planning and review information is commendable and it was evident that the centre's team members were enthusiastic in seeking to continually improve their methods and practices in identifying and working on a range of achievable and measureable goals with each service user. Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person.

The premises are spacious, over several levels, with a layout that facilitates a range of activities, appropriate to the support and development needs of service users. Staff expressed the view that purpose-built premises would facilitate the provision of more efficient and effective services, given the wide range of service users' abilities and needs that the centre caters for. Six service users spoke about their experiences of participating in the centre's activities and all were positive about the benefits they gained from these. Activities included a range of self-help and life skills, participative music sessions, including a choir and a Makaton choir, arts and crafts, literacy work, TEACCH programmes and various exercise routines.

Two service users completed questionnaires during the inspection and all responses were entirely positive about the care and the service provided in the centre.

The evidence indicates that the care provided in Larne Adult Centre is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

### Areas of good practice

Examples of good practice found throughout the inspection included, detailed assessments of ability and needs, care plans, progress records, reviews, communication between residents, staff and other key stakeholders, skill and confidence building activities.

### 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.**

Observations of activities throughout the centre provided evidence of service users and staff relating positively to each other. A number of service users have one to one staffing arrangements and no observations were carried out in these situations. There was also evidence of supportive relationships between service users, with examples throughout the day of concern and help being offered to one another. Staff members presented as being committed to providing service users with a welcoming, purposeful and enjoyable experience at the centre. In all of the interactions observed, service users were engaged by care staff with

warmth, and encouragement. Staff demonstrated an understanding of each service user's assessed needs and individual care plan.

Service users confirmed that staff involve them in deciding what they want to do during their time in the day centre. Several people stated that they enjoy everything about the centre and that it is important for them to have contact and friendships with others. Observation of events throughout the day confirmed that service users were afforded choice and were seen to be encouraged by staff in fulfilling and enjoyable activities. Six service users spoke with the inspector and all provided enthusiastic comments on the staff and the enjoyment they got from attending the centre. One person said, "Everyone here is very good and I like everything here". Two service users completed questionnaires for RQIA on the day of the inspection and unanimously indicated that they were "Very satisfied" with all four aspects of the service that formed the focus of this inspection: Is Care Safe?, Is Care Effective?, Is Care Compassionate?, Is the Service Well Led?

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey. The questionnaires for this were well designed, using a combination of text, pictures and symbols to ensure that as many service users as possible could participate fully in the survey. Similarly, records for service users were presented in appropriate formats that helped each person to understand the content. The service user committee meets quarterly and well-detailed minutes of the meetings were available. During each monthly monitoring visit, the views of a sample of service users were sought and their comments were included in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in Larne Adult Centre.

### Areas of good practice

Examples of good practice found throughout the inspection included, listening to and valuing service users, seeking the most appropriate communication methods for each individual, relating to each service user with warmth and respect and taking account of service users views in the decision making process.

### 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.**

Discussions with the Senior Day Care Worker in charge and four other staff members, and an examination of a range of records, including minutes of staff meetings, staff training schedules, supervision records, monitoring reports and review reports, provided evidence that effective

leadership and management arrangements are in place in Larne Adult Centre. There was evidence in the centre's quality survey report for 2016 to show that service users and their carers viewed the service as very satisfactory.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. Discussion with staff and examination of minutes confirmed that full staff meetings had been held approximately bi-monthly and that the staff team in each of the six main groups also held regular meetings to address the issues specific to their group. Staff reported that the manager provided detailed information to staff and that they were regularly consulted on a range of decision making aspects of the service. There was evidence from the minutes and from the analysis of staff questionnaires to confirm that working relationships within the staff team were supportive and positive. Staff commented that the manager's leadership style was constructive and reflective and motivated team members to accept responsibility for their work and for the overall effectiveness of the centre. The senior day care worker was well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection. It was good to see that she was being supported by the NHSCT in working toward QCF Level 5 in Leadership and Management.

Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development. In the formal supervision structure, care assistants are supervised by day care workers, who are supervised by either the manager or the senior day care worker. Staff reported that this system works well and confirmed that they meet with their supervisor at least quarterly. There was evidence from discussions with staff to confirm that the ethos of the team is positive and mutually supportive and that ideas for improvement are encouraged. It was notable that staff felt they were well supported following any incidents that they found particularly challenging in their work with a service user.

Two monthly monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained well-detailed feedback from discussions with service users and with one or two staff members. A sample of service user records was checked during each visit and an audit completed of the centre's compliance with a selected minimum standard. Any resulting necessary improvements were clearly set out in an action plan. This structured and detailed approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service.

Overall, the evidence available at this inspection confirmed that Larne Adult Care Service is well led.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, staff training, quality improvement, delegation, maintaining good working relationships and fostering good relationships with the local community.

### **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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

Tel 028 9051 7500  
Fax 028 9051 7501  
Email [info@rqia.org.uk](mailto:info@rqia.org.uk)  
Web [www.rqia.org.uk](http://www.rqia.org.uk)  
 @RQIANews