

Inspection Report

Name of Service: Antrim Adult Centre

Provider: Northern Health and Social Care Trust

Date of Inspection: 14 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Northern Health and Social Care Trust
Responsible Individual:	Ms Jennifer Welsh
Registered Manager:	Kelly Dougan (acting)
Service Profile: Antrim Adult Centre is a day care setting with a maximum of 65 places that provides care and day time activities for people aged over 18 years of age who have learning disabilities, physical disabilities and/or sensory impairments.	

2.0 Inspection summary

An unannounced inspection took place on 14 January 2025, from 9.15 a.m. to 3 p.m. by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 18 December 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a safe, effective and compassionate manner, improvements were required to ensure the oversight of certain aspects of the day care setting, including recruitment practices, the fire risk assessment, the Annual Quality Report and the care records of service users who have transitioned from Children's' services.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Service users said that they were happy in the care setting. Details can be found in the main body of the report and in section 3.2.

As a result of this inspection both areas for improvement previously identified were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, we reviewed information held by RQIA about this day care setting. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those attending, visiting or working in the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of attending and working within Antrim Adult Centre.

Staff spoke very positively in regard to the care delivery in the day care setting. Service users indicated that they enjoyed their experience of attending the day care setting; they looked relaxed and comfortable in their interactions with staff.

Service user questionnaires returned confirmed that they were satisfied with the care and support provided. The responses reflected that the service users 'loved' the day care setting and that it was 'brilliant'. The responses reflected the enjoyment the service users got from a variety of different activities. Comments also reflected that the service users enjoyed talking to the staff.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. A review of the day care setting's recruitment records identified that criminal records checks (AccessNI) had not been consistently undertaken on all staff.

It was explained that this was due to the Trusts' policy and procedure in relation to Trust staff moving to other posts within the Trust. It was also identified that staff from another Trust-led service worked in the day care setting for a short period in 2024. Whilst the staff had been supervised whilst in the day care setting; they did not have the required AccessNI checks completed for Antrim Adult Centre. The manager was advised that no staff should be in the day care setting, without having the required checks completed. An area for improvement has been identified.

The manager uses an electronic system to view the recruitment records/checks that have been undertaken by human resources/the Business Services Organisation, before the staff commence in post. It was discussed with the manager the need for all persons in charge to be able to access the archived sections of this system, to ensure that all recruitment records are available for inspection. Alternatively, management may consider printing the relevant documents for retention in the staff records.

There was a system in place for all newly appointed staff to complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures.

Staff compliance with training was monitored by the manager. There was a system in place to ensure that staff received supervision and appraisals in keeping with the Trusts' policy.

There was evidence of robust systems in place to manage staffing. Sufficient staff were on duty to help the service users. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

Daily meetings were held to ensure good communication within the day care setting. The staff allocated to each room also had access to a diary, to ensure that all staff were up to date on any pertinent changes.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

3.3.2 Care Delivery and Care Records

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed assisting service users in the activities they wanted to engage in, such as arts and crafts. It was good to note that service users enjoyed a variety of activities, including playing pool, bracelet making, bingo and Karaoke. Service users had enjoyed a meal at a restaurant and it was good to note that football nets were available for those who enjoyed playing football.

Service users had good access to food and fluids throughout the day. Nutritional care plans were in line with the recommendations of the speech and language therapists (SALT).

Review of records identified that service users' records were not consistently in keeping with the regulations and standards. This related to a service user who had transferred from Children's services. It was disappointing to note that whilst there were risk assessments and care plans etc. in place, these had been developed for their previous school placement, rather than for the adult centre. An area for improvement has been identified.

It was good to note that the day care setting no longer permitted new service users to come to the day care setting until any interim Positive Behaviour Support (PBS) plans had been received. It was established that the staff effectively managed any behaviours which may be seen as being challenging; records of behaviours were reviewed monthly; and staff consulted with described how their interventions had resulted in the reduction of any such behaviours.

Where service users may require medicine on an as needed basis, it was good to note that audits were undertaken on a regular basis; this ensured that medicines were given to service users appropriately.

The manager was advised to ensure that staff signatures on the PBS plans and SALT plans are updated.

The NHSCT had recently introduced a new Information System for electronically recording patients' information. Given that this system was relatively new and that the manager was aware of the issues, RQIA will afford the day care setting with time to familiarise itself with the uploading of supplementary charts, such as recording activities such as time spent on specialist beds (Acheeva beds) and in relation to when service users wear items such as weighted jackets/blankets; and other documents requiring signatures by service users/representatives. These matters will be followed up at a future inspection.

Review of records identified that service users consent was sought in relation to the information the day care setting held and the use of photographs. Consent was also sought from service users in relation to sharing information with other professionals on the service users' behalf. The day care setting had Advocacy (service user) meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

3.3.3 Quality of the Environment

The day care setting was clean and tidy, suitably furnished, warm and comfortable.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

A fire risk assessment had been completed on 4 September 2024; however, it was identified that priority recommendations within the fire risk assessment had not been consistently actioned. Fire safety checks were undertaken on a regular basis; however, it was identified that not all staff had taken part in a fire evacuation drill. An area for improvement has been identified to address both matters.

3.3.4 Quality of Management Systems

There had been a temporary change in the management of the day care setting since the last inspection. Mrs Kelly Dougan has been the acting manager since 13 May 2024. Staff commented positively about the manager and the support they received.

Review of a sample of records evidenced that there was a robust system in place for reviewing the quality of care and staff practices.

Review of the Annual Quality Report identified that it did not include stakeholder feedback. An area for improvement has been identified.

There was a system in place for staff to sign a record after they checked the bus on returning to the day care setting.

Staff told us that they would have no issue in raising any concerns regarding service users' safety, care practices or the environment and that they were confident that the manager or person in charge would address their concerns.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	4	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Kelly Dougan, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 (3)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that criminal records checks (AccessNI) are undertaken prior to employment and direct engagement with service users; this includes all staff regardless of whether or not they have transferred internally within the Trust; and any other NHSCT staff.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: AccessNI check completed for staff members who recently transferred internally within the Trust. HSC employers are currently in discussion with RQIA and the Department of Health regarding the requirement to undertake criminal records checks for those staff transferring internally as this may be is contrary to AccessNI legislation and Departmental direction to employers in 2018</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 15 (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that any service user transitioning from Children's services have all relevant risk assessments completed.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All future transitions will be discussed and approved at the NHSCT Learning Disability Day Services Screening Meeting. A key function of this meeting will be to ensure referrals to the service contain relevant and up to date risk assessments. The referral documentation to include risk assessments, will be shared with the relevant registered manager through Encompass System and actions progressed prior to transition service user commencing the service. Risk assessments will be reviewed by the relevant professional in line with changing needs. _____</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that any service user transitioning from Children's services have a care plan in place.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All future transitions will be discussed and approved at the NHSCT Learning Disability Day Services Screening Meeting. A key function of this meeting will be to ensure referrals to the</p>

	<p>service contain relevant and up to date care plans. The referral documentation to include care plan, will be shared with the relevant registered manager through Encompass System and actions progressed prior to transition service user commencing the service. Care Plans will be reviewed in line with changing needs or annually as required.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 26 (4)(a)(f)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that priority A actions on the Fire Risk Assessment are completed as a matter of urgency; the manager should also actively review this on a regular basis and note on the fire risk assessment the actions which have been completed; and all staff should attend a fire evacuation drill.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken:</p> <p>The priority 'A' on Fire Risk Assessment - Action Plan identified by the Inspector and noted on the report as action by Fire Safety Advisor has been followed up by the Manager and completed on 31.01.25. All Priority 'A' are reported through to the appropriate department for action and followed up regularly by the Manager. The Manager will include this as part of monthly governance audit and follow up on any outstanding actions within the specified priority timeframe. The Fire Drill has now been completed 20/01/2025 to include all of the staff team</p>
<p>Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that the annual quality report includes stakeholder feedback; this includes service users, relatives, staff and relevant health care professionals.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>The Registered Person acknowledges that this feedback was not included in the Annual Report. However, regular Stakeholder Feedback is sought throughout the year using a variety of forums including monthly monitoring visits, reviews, surveys, questionnaires, care opinion portal as well as staff supervision and annual appraisals. The registered person will ensure that this feedback is now collated and included within the annual report</p>

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