



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Antrim Day Centre
Provider: Northern Health and Social Care Trust
Date of Inspection: 21 November 2024

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:	Mrs Heather McNeill
Service Profile:	
Antrim Day Centre is a registered day care setting with a maximum of 50 places that provides care and day time activities for people aged over 18 years of age with a range of care needs.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2024 from 9.30 a.m. to 1.30 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 24 October 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and effective; and that compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the day care setting, including; recruitment practices and induction records.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. The service users spoke very highly of the staff and the manager. Refer to Section 3.2 for more details.

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 living, working and attending 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.

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 Day Centre.

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

Service users spoke positively about their experience of attending the day care setting; they said they loved attending the day centre and that the staff were 'great' and that they 'would get a gold star'. Review of the compliments records noted a compliment from a service user who had enjoyed the Carnival Day at the day care setting, it stated that 'it must be great to work in such a highly motivated staff team, that enables staff to express themselves and work so hard'.

Staff spoke very positively in regard to the care delivery in the day care setting. One told us that they 'loved' their job and that they were 'passionate' about it. The staff spoken with described their role in the day care setting with a sense of pride and it was evident that they enjoyed their work.

The information provided indicated that there were no concerns in relation to the day care setting.

We did not receive any responses from the questionnaires or online survey.

3.3 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 October 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 16 (1)	The registered person shall ensure that the care plans accurately reflect the moving and handling risk assessments; the SALT assessments; and where service users are subject to DoLS.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 26 (4) (f)	The registered person shall ensure that all staff participate in a fire evacuation drill; and a record of all staff and service users attending should be retained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Regulation 13 (1)(a)	The system currently in place in the kitchen for staff to reference service users' dietary requirements should be reviewed to ensure that it is up to date; such a system must accurately reflect the SALT assessment and should include the level of supervision each service user requires when eating.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 10.2	The registered person shall ensure that there are two gluten-free choices available to identified service users; this relates to mealtimes and also to the provision of snacks; records pertaining to when this is not provided should be retained for inspection purposes.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

3.4 Inspection findings

3.4.1 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 agency'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. An area for improvement has been identified.

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. However, the records were not completed in accordance with the organisation's policy and procedures; therefore, we were not assured that the induction had been provided. An area for improvement has been identified.

There was evidence of robust systems in place to manage staffing. Sufficient staff were on duty to help the service users. Staff said there was good teamwork and that they felt well supported in their role. 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.

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

3.4.2 Care Delivery

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 offering service users support in the activities they wanted to engage in.

Where a service user was at risk of falling, measures to reduce this risk were put in place. In addition, any incidents were reviewed monthly as part of the quality monitoring process.

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. Service users were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every service user received their meals in accordance with the service users' needs.

Service users were afforded privacy when being assisted to the bathroom.

The day care setting had 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. Activities included arts and crafts, puzzles, gardening and bus trips. There was a photo gallery displayed in the day care setting of service users enjoying activities.

3.4.3 Management of Care Records

Service users' needs were assessed when they first attended the day care setting. Following this initial assessment, they were assessed again after they had attended for ten days. Care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals. Service users care records were held securely

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs.

Staff recorded regular evaluations about the delivery of care. Service users, where possible, were involved in planning their own care and the details of care plans were shared with their relatives, if this was appropriate.

3.4.4 Quality and Management 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 18 July 2024 and there was evidence of regular fire safety checks.

3.4.5 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Heather McNeil has been the Registered Manager since 3 October 2017. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance. One staff member commented that the manager had 'made such a difference since she came here'. Service users praised the manager as being 'one of the best' and one service user said that they could go into the manager's office for a chat, when they wanted to.

Review of a sample of records evidenced that there was a robust system in place for reviewing the quality of care and staff practices. Advice was given in relation to the need for the service user records reviewed to note the service users' unique identifier numbers, to ensure there is traceability in terms of the records reviewed. It was also advised that the person responsible for undertaking the monthly quality monitoring visits to note whether or not any incidents or safeguarding investigations are ongoing or closed.

It was noted that a number of external healthcare professionals used the registered premises to undertake appointments with their (own) service users. It was also identified that the premises had meeting rooms which were at times used by senior Trust managers for meetings. Given that these meetings did not relate to or involve the service users or staff of the day care setting, RQIA views this as a breach of the day care setting's Statement of Purpose. RQIA are currently engaging with the service in regards to these arrangements.

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	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Heather McNeil, 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	
Area for improvement 1 Ref: Regulation 21 (1)(b) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that criminal records checks (AccessNI) are undertaken on all staff, regardless of whether or not they transferred from another Trust service. Ref: 3.4.1 Response by registered person detailing the actions taken: All new staff, regardless of whether or not they are transferred from another Trust service, will have an Access NI completed.
Action required to ensure compliance with The Day Care Settings Minimum Standards, August 2021	
Area for improvement 1 Ref: Standard 21.1 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that new staff are provided with a structured orientation and induction; this includes any staff that have transferred from another Trust service. Ref: 3.4.5 Response by registered person detailing the actions taken: The registered manager will ensure that a structured orientation and induction will be completed for all new staff and even those transferred from another Trust service.

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