

# Inspection Report

30 May 2024



## Hawthorns Adult Centre

Type of service: Day Care Setting  
Address: Ellis Street, Carrickfergus, BT38 8AZ  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Northern HSC Trust	<b>Registered Manager:</b> Mr. Thomas Haighton
<b>Responsible Individual:</b> Mrs. Jennifer Welsh	<b>Date registered:</b> 26 February 2021
<b>Person in charge at the time of inspection:</b> Registered Manager	
<b>Brief description of the accommodation/how the service operates:</b> Hawthorns Adult Centre is a day care setting based in Carrickfergus that provides therapeutic activities and care and support for up to 50 adults with a learning disability. The Centre is open Monday to Friday and is managed by the NHSCT.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 30 May 2024 between 10.05 a.m. and 3.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

Areas for improvement identified related to fire safety and record keeping.

The inspector would like to thank the manager, service users, relatives and staff for their support and assistance in the completion of the inspection.

### 3.0 How we inspect.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

#### **Service users' comments:**

- "I like coming here."
- "The staff are great."
- "I love all the activities I do."

**Service users' relatives' comments:**

- “Hawthorns is brilliant. The staff are so accommodating and are keen to learn about my relative.”
- “The care is excellent. Staff consider my relative’s physical needs as well as his learning disability. Staff are so approachable and communicate very well with me. I suggest more care is taken to looking after the outside of the building.”

**Staff comments:**

- “We’ve got the right level of staff at the minute.”
- “I’ve worked here for a long time – this place is like my extended family.”
- “I feel well supported.”

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

Returned questionnaires show that those supported thought care and support was excellent. We have noted some of the comments received:

- “I’m very happy at Hawthorns. The staff are very good and always help me when I need it.”
- “Staff are very supportive and keep me safe when I am here.”
- “I tell staff what I think about the Centre when I’m having my review.”
- “My room is very good.”
- “I love it here. I can’t wait every day to come back.”
- “I try to be as independent as I can.”
- “My sisters come to my review meeting.”
- “The dinners are lovely.”
- “I feel I can speak to the manager. They are very helpful which makes me not feel so worried.”
- “I feel supported at Hawthorns even when I’m feeling sad.”
- “Staff respect me.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “The staff team are dedicated and give 100% care. We have an exceptional manager. The service users are number one and the manager constantly advocates for them. There is always an open door policy; if you have a problem or have a suggestion it is always listened too. The manager is always there encouraging new ideas to benefit the Centre and to ensure our service users get a full backed service.”
- “I have worked in Hawthorns for quite a while. In that time, I have developed my knowledge and the experience I have received has given me the tools to ensure that our service users get the best care. I feel very supported by management and they are very approachable and understanding. There is an open door policy and I feel at ease going with any issues or concerns I might have and these are acted on promptly.”
- “Hawthorns is run extremely professionally but still retains a healthy/family atmosphere. Staff and service users are encouraged to be compassionate and positive towards each other. This breeds an environment where everyone can thrive.”

## 5.0 The inspection

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

The last care inspection of the day care setting was undertaken on 25 April 2023 by a care inspector. No areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager/person in charge reported that none of the service users were subject to DoLS. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Details were also available of DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last evacuation drill was undertaken in November 2023; not all staff had been present. An area for improvement has been identified.

Fire risk assessments for the day care setting were available for the inspection and had been completed on 25 March 2024. There was evidence that identified actions had been followed up by the manager. All staff had completed fire training. During the inspection, fire exits were observed to be clear of clutter and obstruction.

## **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that 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. Some matters discussed included:

- Kitchen refurbishments
- Theme days

We observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure services users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

The day care setting was in the process of recruiting a volunteer for a specific role. A policy and procedure was in place for this. The manager confirmed that this volunteer will not undertake any personal care duties and that an AccessNI check will be completed.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was evidence that all newly appointed staff had completed 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 day care setting's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The manager was in the process of compiling the Annual Quality Report. This will be sent to the inspector when complete.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

There was a system in place for checking the vehicle at the end of each journey to ensure that no service users remained on the transport.

It was noted that correction fluid had been used to make changes to some records. An area for improvement was made.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the QIP were discussed Mr. Thomas Haighton, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure all staff attend a fire evacuation drill at least once a year.</p> <p>Ref: 5.2.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A fire drill was carried out on 10/06/24 and a total of 24 staff members participated in the drill. A further drill to capture the remainder staff memebtrs was carried out on 24/06/24.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 19.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the use of correction fluid to make changes to any documentation is ceased.</p> <p>Ref: 5.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All correction fluid throughout building removed and blanket ban put in place. This was discussed in team meeting on 31/05/2024.</p>

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