

# Inspection Report

17 September 2024



## Larne Adult Centre

Type of service: Day Care Setting  
Address: 72 Ballymena Road, Larne BT40 2SG  
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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 Health and Social Services Trust (NHSCT)	<b>Registered Manager:</b> Ms Kellie Ritchie
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> Acting since 31 July 2023
<b>Person in charge at the time of inspection:</b> Acting Manager	
<b>Brief description of the accommodation/how the service operates:</b>  Larne Adult Centre is a day care setting with 84 places. It provides care and day time activities for people with learning disabilities. Some service users have additional needs such as sensory impairment, mental health needs, challenging behaviours or complex physical health needs. The day care setting is open Monday to Friday and is managed by NHSCT.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 17 September 2024 between 10.00 a.m. and 4.30 p.m. The inspection was conducted by two care inspectors.

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.

One area for improvement was identified in relation to the recording of staff inductions.

The inspectors would like to thank the service users, manager, relatives and staff for their help and support 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 love coming here."
- "The staff are good."
- "Everybody does a great job."

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

- "My relative has attended the Centre for a number of years. They are very happy. Staff are skilled. It is the only place where I can leave XXXX and know they are safe."

Communication is good. I'm aware how to make a complaint but I've never had to. Staff go above and beyond. I want to thank everyone in Larne Adult Centre for being so amazing."

- "XXXX loves the Adult Centre. They always return home as clean and tidy as they are sent at the start of day. The level of care is extremely high. Communication is very good. I can call the Centre at any time. Each service user has a commutation book. All staff are well trained. I have no concerns. They do a great job."

### Staff comments:

- "I enjoy working here. I feel very well supported. It is a fantastic place to work."
- "I had a good induction. The standard of my training is high."

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 either excellent or good. We have noted some of the comments received:

- "I feel very safe in the Centre."
- "I keep everything in my bag which I keep on my wheelchair. I have my own drawers."
- "We discuss what activities we want to during our weekly discussion groups."
- "I would talk to the staff or the manager if I wanted to complain about anything."
- "Sometimes I think my room is too bright."
- "I am very happy here."
- "I enjoy my time at the Centre."
- "I like my room."
- "I'd like new iPads."
- "There are good choices in the lunch menu. I enjoy the food."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. No written comments were included.

## 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 7 July 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.

Discussion took place with the manager regarding concerns that had been raised under the Whistleblowing Procedures. RQIA is satisfied with the findings of the follow up investigation report.

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 manager was aware of the type of incidents which are required to be notified to RQIA.

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 Trust's requirements.

All relevant staff had been provided with training in relation to medicines management. The manager charge advised that no service users required liquid medication to be administered orally with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (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 had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. 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.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. All staff had taken part in a recent fire evacuation drill. The Fire Risk Assessment for the setting was available for the inspection and had been completed on 3 November 2023. There was evidence of recommendations being followed up. Staff fire training was up to date. During the inspection fire exits were observed to be clear of clutter and obstructions.

### **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. 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 facilitated service user meetings on a regular basis. This supported service users to discuss their care and support. Some matters discussed included:

- Transport
- Catering
- New building
- Electric doors

### **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. 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.

The inspectors witnessed staff implementing a safety pause at meal time. An annual Dysphagia Competency Assessment was in place to regularly measure staff's skills and knowledge in this area.

#### **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). There was a system in place for professional registrations to be monitored by the manager.

The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed. Monthly supervision was carried with the volunteers.

#### **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 lack of consistency in the recording of individual staff inductions and no evidence that shadowing of a more experienced staff member was recorded. Induction records were not maintained in one central place. This has been identified as an area for improvement.

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; this included staff that were supplied by agencies.

### 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 Annual Quality Report was reviewed. Going forward, it was agreed with the manager that service user views will be added to this report.

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

The day care setting's registration certificate was up to date and 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. It was positive to note the day care setting had received a range of compliments from various sources. We noted one:

- "The Centre enhances my daughter's quality of life."

It was discussed with the manager the need for transport staff or an identified person to record a check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and agreed to implement a system to record these checks.

We discussed the acting management arrangements which have been ongoing since 31 July 2023; RQIA will keep this matter under review.

It was positive to note there had been a recent review of transport arrangements. This included an analysis of the length of services users' journeys to and from the day care setting and input from service users and their representatives. This will be reviewed the next inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has 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	1

The area for improvement and details of the QIP were discussed with Ms. Kellie Ritchie, 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 21.8</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 a full record is kept in the day care setting of each staff member's induction. The recording procedure and storage arrangements should be uniform across the staff team.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered manager will ensure that each newly recruited staff member completes a robust induction. Induction of staff is discussed and reflected upon at each of their monthly/six weekly supervision sessions. Staff will also be supported through 6 months probationary period. A full record of each staff members induction and supervision will be filed in their personal file and stored in a locked cabinet within the Adult Centre. The registered manager will discuss management and storage arrangements at the next team meeting, to be held on 21<sup>st</sup> November 2024, to ensure consistency.</p>

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