

Unannounced Care Inspection Report 6 August 2019



Grove Wellbeing Day Centre

Type of Service: Day Care Service
Address: 120 York Road, Belfast, BT15 3HF
Tel No: 028 9504 5866
Inspector: Heather Sleator

www.rqia.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 Day Care Setting with 30 places registered to provide care and daytime activities for people who are over 65 years of age who have a physical or sensory impairment and those who are living with dementia or have mental ill health.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Roberta Milligan
Responsible Individual: Martin Dillon	
Person in charge at the time of inspection: Roberta Milligan	Date manager registered: 6 February 2012
Number of registered places: 30	

4.0 Inspection summary

An unannounced inspection took place on 6 August 2019 from 10.00 to 16.30 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards, 2012 and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA have 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 services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Areas for improvement were identified under the care standards regarding; the cessation of using door wedging on a designated fire door.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user's representative said:

- “The centre is a lifeline to my family.”

The findings of this report will provide the day centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Roberta Milligan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 16 April 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 April 2018.

5.0 How we inspect

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

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 16 April 2018

During the inspection the inspector met with:

- the registered manager, Roberta Milligan
- four staff
- nine service users on an individual basis
- three service users representatives

Questionnaires were given to the staff on duty to distribute between service users and relatives. There was one questionnaire completed and returned within the specified timescale from a service user and three from service users' representatives. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires completed and returned by staff within the specified timescale.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated July 2018
- records of fire drills undertaken during 2018/19
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 16 April 2018

The most recent inspection of the establishment was an unannounced care type 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 16 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 7.7 Stated: First time	The registered person shall ensure that service users' records are signed and dated by the person creating the record and that there is an effective system in place to audit the records. Ref: 6.5	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The review of three service users' records evidenced that any entry made by a staff member had been signed and dated.</p>	
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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.

The staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There was one completed satisfaction questionnaire from a service user returned to RQIA which was very positive regarding the care and support afforded by staff in the day centre. There were no issues regarding the staffing arrangements were raised during the inspection. We met with service users who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "It's great here, we've good carers and they're very thoughtful." No issues were raised by staff in respect of the staffing arrangements and there were no completed staff questionnaires returned to RQIA within the specified timescale. We met with the relatives of three service users who again were very complimentary about the staff team and commented, "There's continuity of staff yet they (staff) all offer something different."

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others, for example the registered manager, had completed training in supervision and appraisal.

The registered manager explained that all staff recruitment records were retained at the Belfast Health and Social Care Trust (BHSCT) human resource department. The registered manager confirmed that electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

We were advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision) and one to one staffing arrangements for service users where there is assessed need. However, the registered manager stated that currently there was no assessed need for the use of any form of a restrictive practice. A policy was available and discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness about concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding issues/referrals occurred in the centre from the previous inspection in April 2018. The manager was the safeguarding champion for the centre and had completed the required training.

The premises was well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

The manager, service users and staff, 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. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated July 2018. However, it was observed that the manager's office door and several other doors in the centre were propped open. The door was a designated fire door. This was discussed with the manager who stated that when her door was closed it created a barrier to service users if they wished to speak with her. The manager stated that it was important that she was readily available for service users and/or their relatives. The wedging or propping open of a designated fire door is prohibited. We acknowledged the need for service users to have ready access to the manager and maintain an 'open door' policy. Alternative arrangements need to be put in place regarding the identified doors by the Trust. This was identified as an area for improvement. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in June 2019.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

"This is a first class place, I don't know what other places are like but this is first class."

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

Areas for improvement

An area for improvement was identified under the care standards regarding installing mechanisms on the internal doors so as they are not wedged or propped open by equipment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

A review of three service users’ records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred. The review of the service users records evidenced that where no recordable events occurred there was an entry at least for every five attendances that an individual service user had made.

The records also reflected the multi-professional input into the service users’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

We confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users’ meetings and staff meetings. The staff and a service user’s representative confirmed that management operated an “open door” policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users’ meetings were viewed during the inspection and we were able to confirm that suggestions made at service users meetings were actioned by staff, for example; service users said they would like to go to McDonalds as they hear their grandchildren talking about it, the activity board in the main room showed that a trip to McDonalds was planned for the next day.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The senior day care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Staff and a service user's representative spoken to commented:

- "What gives me satisfaction? Seeing that you make a difference to the lives of the service users." (Staff)
- "It's unconditional care." (Service user's representative).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and service users' representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate.

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. It was commendable to note the variety and number of outings, including a day on the Stena Line, Old School Cruise, to local venues that occur as well as afternoon lunch trips. A number of service users went to HMS Caroline at the time of the inspection. The trip was a success and more service users will be asked if they would like to go in the future. We met with service users in the morning activities, service users spoke very positively in respect of the range of activities available and were appreciative of the many outings which were thoroughly enjoyed.

Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings, suggestion box and the approachability of staff. Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually.

The minutes of the service users meetings, as previously discussed, provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Grove Wellbeing Day Centre.

We reviewed the compliments record, comments included:

- "It is not an exaggeration to describe the day centre as a 'lifeboat' to my (relative). I cannot express how much he/she benefits from the centre and the behaviour on return is very different from the days when the centre is closed." (relative, June 2019)
- "Because of your kindness, we as a family knew that (service user) had a much improved quality of life." (relative, May 2019)

Service users spoken with during the inspection made the following comments:

- "There's always something going on."
- "It's like a home from home."
- "Staff are always asking us what we'd like to do."
- "Staff are fantastic and the company is good, it's a great place."
- "They're (staff) awful good to us."
- "It's like home from home."
- "There's never a cross word here."

There was one completed questionnaire returned to RQIA from a service user. The response indicated that the service user was very satisfied that the care and support afforded by staff in the day centre was safe, effective and compassionate and that the day centre was well led. An additional comment was made and was:

"Coming to the centre has given me a better outlook on life."

Service users' representatives spoken with during the inspection made the following comments:

- "Best thing ever happened, gave my (relative) a new lease of life."
- "Coming here enables (relative) to be care for, yet independent."
- "Staff are truly wonderful, very approachable and so friendly."
- "Continuity of staff yet all offer something different."
- "The centre is a lifeline to my family."

There were three completed questionnaire returned to RQIA from service users' representatives. . The response indicated that the service users' representatives were very satisfied that the care and support afforded by staff in the day centre was safe, effective and compassionate and that the day centre was well led. Additional comments included:

- “The team at Grove are very good to my (relative) and treat him/her with great care and respect. They keep us informed about how he/she is getting on, the standard of care has a very positive impact on my (relative’s) wellbeing.”
- “Just to say the care and attention received by my (relative) is excellent. Thank you Roberta and team.”

We spoke to staff during the inspection and comments included:

- “We all work as a team, good communication and good support.”
- “This is their centre and we’re here to support them and make it as enjoyable as possible.”

There were no completed questionnaires returned to RQIA from staff within the specified timescale.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views and a varied and full activities programme.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

The centre’s statement of purpose and service users guide fully and accurately reflected the regulations and care standards. The registered manager, Roberta Milligan, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users’ files, staffing information and written policies and procedures were made available. We discussed a range of the centre’s current strengths and the aspects that require further development, as identified in 6.4.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user’s guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant’s satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Grove Wellbeing Centre and the Belfast Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One service user commented:

“Roberta (manager), she’s a wee lady.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

Total number of areas for improvement	0	0
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7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Roberta Milligan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting.

The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 28.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<p>The registered person shall improve the fire safety precautions in the centre. The fire door wedged open, (registered managers office door) should have an automatic door closure or similar fitted as recommended by the fire safety officer who inspects the centre. This will enable the registered manager to maintain an 'open door' policy. The actions and timescale for completion should be reported on the returned QIP.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Maintenance request has been made to BHSCCT for an automatic door closure or similar device as recommended by Fire safety officer to comply with Standard 28.2. New device will meet with Day care Standards and maintain current "open door" policy.</p>

****Please ensure this document is completed in full and returned via Web Portal****



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