

# Unannounced Care Inspection Report 16 April 2018



## Grove Wellbeing Day Centre

**Type of Service: Day Care Setting**  
**Address: 120 York Road, Belfast, BT15 3HF**  
**Tel No: 02895045866**  
**Inspector: Dermott Knox**

[www.rgia.org.uk](http://www.rgia.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 day time activities for people who are over 65 year 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

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual(s):</b> Mr Martin Joseph Dillon	<b>Registered Manager:</b> Mrs Roberta Milligan
<b>Person in charge at the time of inspection:</b> Mrs Roberta Milligan	<b>Date manager registered:</b> 06 February 2012
<b>Number of registered places:</b> 30	

### 4.0 Inspection summary

An unannounced inspection took place on 16 April 2018 from 10.00 to 17.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to planning, organising, staffing, leadership, service user involvement, care provision, staff training and governance.

One area requiring improvement was identified regarding the detail of service users' records, specifically, ensuring that key documents are always signed and dated.

Service users said:

- "I don't like the weekends, because I can't be in here."
- "I don't know what I'd do without this place."
- "All the staff here are great. I can't think of anything that could be done any better."
- "Well, we get picked up by the bus and we get tea and toast when we arrive. We do knitting or crafts and then we have a hot dinner. Maybe we go out a wee run somewhere in the afternoon, or we play bingo. Everybody loves the bingo. Where would you get better than that."
- "There used to be a group of us played dominoes a lot. I wouldn't mind starting that again."

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

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs. 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 15 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 May 2017.

## 5.0 How we inspect

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

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 15 May 2017
- The RQIA log of contacts with, or regarding Grove Wellbeing Day Centre

During the inspection the inspector met with:

- nine service users in group settings
- three care staff in individual discussions
- catering staff
- the registered manager throughout the inspection.

Questionnaires were distributed to service users and staff members were invited to complete an online survey. Two completed survey questionnaires were returned within fourteen days of the inspection, both from staff members. No service user questionnaires were returned within this period.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports
- Progress records for three service users
- Activity programmes and timetables
- Monitoring reports for the months of January, February, March and April 2018
- The Annual Quality Review report dated 24/04/17
- Records of two service users' meetings, dated 03/11/17 and 05/03/18
- Selected training records for staff, including staffs' qualifications

- Records of staff supervision dates in two staff files
- The Statement of Purpose
- The Service User Guide
- Records of complaints, including outcomes
- Records of incidents and accidents
- A Service Area Report on Safeguarding in the Physical and Sensory Disability service
- The most recent (2017) Equality Newsletter for Belfast Trust staff.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 15 May 2017

The most recent inspection of the day care service was an unannounced care 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 15 May 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26(4)(d)(iii)  <b>Stated:</b> First time	The registered provider must ensure that the faulty fire exit from the day centre premises is repaired and in proper working order. Given that there are still two working fire exits, a period of six weeks is stipulated to facilitate compliance with this requirement.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the fire exit was fixed within two weeks of the identification of this matter at the May 2017 inspection.	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time	The registered provider should ensure that individual staff supervision is provided no less than every three months.	<b>Met</b>	
	<b>Action taken as confirmed during the inspection:</b> The identified lapse in staff supervision took place while the registered manager was absent from the centre. A supervision timetable has since been drawn up and provision made to cover supervision duties should there be any further absence periods.		
<b>Area for improvement 2</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> First time	The registered provider should review the current format for care plans and ensure that the purpose, objectives and required actions, related to each person's placement in the centre, are more clearly set out.		<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A new format for support plans has been introduced and care plans, which set out the objectives and required actions for the person's care, have been developed. The registered manager confirmed that progress with this initiative is well underway and this was confirmed in the records examined.		

### 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.**

Grove Wellbeing Day Care premises were found to be clean, well-ventilated and in good decorative order, with no obvious hazards for service users or staff. Observations of the environment and inspection of records provided evidence that the centre was well maintained. The main dining and activity room had recently been repainted. The premises are part of a complex, housing a range of public services including community health, podiatry, pharmacy, physiotherapy, leisure and library.

Staffing arrangements in Grove Wellbeing Day Centre were found to be satisfactory for the twenty-four service users attending the centre on the day of the inspection, with three day care workers and two care assistants on duty, in addition to the registered manager. The statement of purpose for the service details the staffing complement and their individual qualifications.

Daily records were kept of the staff on duty and these arrangements were confirmed by staff members as being satisfactory. The registered manager spoke of the development of cooperative arrangements with other day centres in the area to provide staff support in certain circumstances. There was evidence to confirm that, when the registered manager was absent, a competent day care worker was in charge of the centre. Staff records showed that newly appointed staff followed an induction programme that incorporated elements from both NISCC Induction guidance and from day care minimum standards. Records indicated that the induction requirements were met at appropriate intervals and were signed off by both the staff member and the registered manager. Discussion with the most recently appointed care staff member confirmed that he had received relevant training during and following the induction programme. There is a system in place to monitor the NISCC registration and renewal dates of care staff along with the currency of training updates.

The registered manager reported that no suspected, alleged or actual incidents of abuse had been identified since the previous inspection. One reportable health related incident had been managed appropriately in relation to ensuring the safety and wellbeing of the service user and it had been reported to RQIA, in compliance with Regulation 29(1)(d).

The Adult Safeguarding policy and procedures are in keeping with 'Adult Safeguarding, Prevention to Protection in Partnership Policy and Operational Procedures', DHSSPS July 2015. There was evidence on file to show that reviewing and updating policies is an ongoing process. The registered manager and staff demonstrated an understanding of their respective roles in safeguarding vulnerable adults, with staff confirming their commitment to report concerns.

Staff confirmed that they felt care was safe in the centre and that they had confidence in the practice of their colleagues in the team. One of the three day care workers, who takes charge in the absence of the registered manager, expressed confidence that all staff understand the appropriate measures to ensure the safety and wellbeing of service users. The most recently appointed staff member, who works part-time in the centre, is a qualified social worker with experience across a range of work settings. Each of the staff demonstrated an understanding of the need to continually assess risks regarding individual service user's mobility and safety awareness, both within the centre and on outings in the day centre's vehicles.

Two staff members responded to the online survey, one indicating that the respondent was 'Very Satisfied' that care is safe, effective and compassionate and that the service is well led. The second respondent indicated 'Satisfied' regarding safe and well led care service, and 'Very Satisfied' that the care is effective and compassionate.

A small number of service users in the setting require their food to be prepared in specific ways in response to their assessed needs. Swallowing assessments and choke prevention recommendations, where necessary, had been made by a Speech and Language Therapist and were identified in care plans. Infection prevention and control measures were in place and a good standard of hygiene was evident throughout. This included the provision of liquid soap dispensers and the availability of hand sanitisers. Staff confirmed that training has been undertaken with respect to Infection Prevention and Control.

Fire Safety Records showed a weekly alarm test was carried out along with monthly checks of other fire safety equipment. A fire evacuation was undertaken on 25 January 2018, when there were 20 service users, 7 staff and 1 visitor in the premises. The registered manager reported that this had been completed smoothly and without undue stress for service users.

**Areas of good practice**

Examples of good practice were found throughout the inspection in relation to maintaining the centre’s environment, fire safety, infection prevention and control, staff induction, supervision, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

The centre’s Statement of Purpose and the Service User’s Guide provide all the information required by the regulations and the minimum standards. Both documents were reviewed annually and revised as necessary.

Three service users’ files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual’s participation. Care/support planning information identified the support and assistance required by the individual to achieve his or her objectives. Each care plan was dated and signed by either the service user or a representative and the key worker in the day care service. The content of each care plan related accurately to the identified needs of the individual, as set out in written assessments.

Risk assessments, appropriate to the individual service user, were present in each file and provided clear information to guide a staff member working with that person. Risk assessments, where relevant, included those specific to mobility, diabetes, transport and a personal emergency evacuation plan, relating principally to fire safety. Records were kept of each service user’s involvement and progress and the frequency of entries was in proportion to the person’s attendance at the centre. Dates and signatures were present in most of the files examined, but a number of key documents were either undated or unsigned. While the centre has a system for peer audits of service users’ files, the evidence indicates that it is not sufficiently robust at present in identifying such issues. This is presented in the Quality Improvement Plan as an area for improvement.

Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Review preparation reports showed that service users were fully involved in the review process. Review records, informed by progress notes and including the service user’s views, were available in all files examined. Each person’s progress at the centre had been reviewed within the past year. The manager confirmed that there are good working relationships with personnel in community support services and that they work cooperatively to seek additional supports for service users and carers, when necessary.

The premises accommodate a range of service users’ groups and activities to support each person’s care plan, including a craft room, used predominately for art and seated craft activities,

such as knitting, which is popular with many people. Service users spoke about their experiences of participating in the centre's activities and all were positive about the benefits they gained from these. Activities included music, art and crafts, bingo, quizzes, and some structured programmes, such as armchair exercises. Some service users said they get their hair washed and set fairly regularly. Several people said they enjoy reading the papers and discussing current events.

Overall, the evidence indicates that the centre provides effective care to its service users.

### Areas of good practice

Examples of good practice in effective care, found throughout the inspection, included assessment of strengths and needs, care planning, care reviews, involvement of service users, communication between service users and staff, links and relationships between the centre and a number of community-based services.

### Areas for improvement

Service users' records should be signed and dated by the person creating the record and the system in place to audit them should be improved.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 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.**

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Service users sat around tables on arrival at the centre and enjoyed tea or coffee. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each one in a personalised manner. There was evidence from service users discussions to show that the centre's staff successfully motivate people to participate in a range of programmes that have positive outcomes for health and wellbeing. In all of the practice observed, interactions between staff and service users were warm, respectful and encouraging. Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre.

There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. These included an annual survey and a report of the findings, most recently completed in April 2017 and in progress again at the time of this inspection. The registered manager stated that most of the service users' questionnaires had been completed and returned and it is expected that the quality review report will be completed by the end of April 2018. Four complaints had been received by the centre in the past year, regarding the food provided for lunch or the decisions made about outings in the centre's bus. These matters were all quickly resolved to the relevant service user's satisfaction.

Service users confirmed that staff listen to them and always involve them in deciding what they want to do during their time in the day centre. Service users were seen to be encouraged by staff and reminded or re-focused in constructive activities. Staff demonstrated a good knowledge of each service user’s assessed needs and worked to engage each person in activities of their choice. Staff members were observed interacting sensitively with service users and being attentive to each person’s needs.

Comments by service users, in discussion during the inspection, included;

- “I don’t like the weekends because I can’t be here.”
- “I’m very grateful to the manager and the staff for arranging this service. I don’t know what I’d do without it.”
- “Staff are very attentive and kind and they always listen to any suggestions we have.”

The monitoring officer identified by initials those service users who were interviewed at each visit, ensuring that a wide range of views would be sought over the period of each year. In each of the monitoring reports examined, service users’ comments were entirely positive about the quality of care provided for them and about the staff who worked with them. Staff confirmed that there are frequent and regular opportunities for service users to have their views listened to.

The evidence indicates that Grove Wellbeing Day Centre consistently provides compassionate care to its service users.

**Areas of good practice**

Examples of good practice were found throughout the inspection in relation to: the culture and ethos of the day care setting, listening to and valuing service users’ views, encouraging service users’ involvement in activities, building positive relationships with carers, recording each service user’s involvement and wishes.

**Areas for improvement**

No areas for improvement were identified during the inspection with regard to compassionate care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 registered manager is experienced and suitably qualified, having gained NVQ Level 3 and a Diploma in Leadership for Health and Social Care. Discussions with the registered manager, nine service users and four staff members, and an examination of a range of records, including staff training schedules, supervision records, monitoring reports, an annual quality review report and service users’ files, provided evidence that effective leadership and management arrangements are in place in Grove Wellbeing Day Centre. There was evidence in the centre’s

most recent annual quality review report, dated 24 April 2017, to show that service users and their relatives rated the service very positively. This report addressed all of the matters required by Regulation 17 of The Day Care Setting Regulations (NI) 2007. Grove Wellbeing Day Centre and the Belfast Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice.

Monitoring visits took place regularly and a report was completed each month. Monitoring reports showed that all of the required aspects of the centre's operations were examined and that action plans were completed to ensure that identified, necessary improvements would be addressed within a specified timescale. Four monthly monitoring reports were examined and each was found to address all of the matters required by regulation. At each monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all reports examined. Service users were identified by initials in each report, allowing for audit to ensure that a broad range of people had been approached for their views. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected standard or area of performance. This approach to monthly monitoring aligns well with the centre's commitment to the provision of a good quality service.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to connect the training with their day to day practice. Staff were required to take responsibility for signing up to and completing the various parts of mandatory training each year. Staff members viewed supervision positively and records showed that formal supervision was taking place more frequently than the minimum standard requirement. Staff commented that the registered manager's leadership style was supportive and open and helped team members to maintain the overall effectiveness of the centre.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. Additional training topics during the past year included, Institute of Leadership and Management (ILM) L4 and British Sign Language L1, each of these a year-long course being undertaken by one staff member. A third staff member had recently completed The Open University K101 Certificate. This commitment to personal and professional development is commendable. Discussions with staff and examination of records confirmed that staff meetings were held at least bi-monthly and that the staff team was well involved in discussing issues related to the operations of the centre. Staff reported that the registered manager updated information regularly and that they were consulted on a range of decision making aspects of the service. In addition to staff meetings, the frequent informal meetings with the manager and colleagues were regarded by staff as a key part of the effective communications in the team and helped to maintain good team morale.

Staff were well informed on all aspects of the centre's operations and proved very able in contributing to RQIA's requirements for this inspection. All care staff held relevant qualifications and staff were being supported to further these where possible. Staff felt they were well supported in all aspects of their work. Commitment and enthusiasm for the work of the centre were displayed by all staff who contributed to this inspection.

The evidence available at this inspection confirmed that Grove Wellbeing Day Centre is well led.

## Areas of good practice

Examples of good practice found throughout the inspection included, planning, organising, leadership, staff training, supervision, information sharing, governance arrangements including monthly monitoring, management of complaints and management of incidents and accidents.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mrs 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 7.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 May 2018</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All service users' records are currently being audited using a Day Care Services Peer audit document.</p> <p>Any records missing a signature or date have been amended.</p> <p>Service users' files will be subsequently audited during annual review process.</p>

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



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