

Unannounced Care Inspection Report 15 May 2017



Grove Wellbeing Day Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Grove Wellbeing Day Centre took place on 15 May 2017 from 10.30 to 16.00.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The Grove Wellbeing Day Centre premises were clean, fresh, and in good condition, with the exception of one obvious hazard for service users and staff. One of the three exit doors locks automatically when the fire alarm is set off, rather than opening to allow evacuation from the premises and a requirement is made in this regard. There is a variety of rooms available for group activities and for individual attention to a service user where necessary. Discussions with the manager, staff and service users confirmed that staffing levels are sufficient to meet service users' needs. Staff members who were interviewed demonstrated their understanding of safeguarding procedures and their commitment to ensuring that service users are safe and well cared for. Risk assessments were being carried out regularly in an effort to minimize risks and to manage them consistently. Observations of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

Is care effective?

Records for four service users were examined at this inspection and all contained well-detailed assessment information, a person centred support plan and report of an annual review. The positive value of the day care service was confirmed by all ten of the service users who met with the inspector. There was written evidence in the annual quality survey report for 2016 to indicate that all stakeholders were satisfied with the effectiveness of the service and these views were supported in the review reports sampled. Staff are appropriately qualified for their roles and were deployed in a manner that made good use of their skills and experience. Two staff members spoke of supportive and positive working relationships within the team. The evidence indicates that Grove Wellbeing Day Centre is providing a good level of effective care that the manager and staff continually seek to develop and improve. One recommendation is made regarding the format of care plans.

Is care compassionate?

Ten service users introduced themselves, or were introduced by staff to the inspector and contributed a range of positive comments on their enjoyment of attending the centre and on its value to them. There was a warm, relaxed atmosphere throughout the centre and interactions between staff members and service users were seen and heard to be, respectful and caring. Staff who met with the inspector emphasised the importance of respecting each service user and of promoting each person's independence and fulfilment. The sensitive and supportive practices that were observed were reflected in progress records, written at least weekly for each service user. Quarterly service user meetings provided opportunities for views to be shared and discussed. In the centre's annual quality survey for 2016, respondents praised the staff for the quality of care provided in the centre. The evidence presented at this inspection indicates that compassionate care is provided consistently by the staff team in Grove Wellbeing Day Centre.

Is the service well led?

The Grove Wellbeing Day Centre and Belfast Health and Social Care Trust have systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. Staff training is well embedded in the team's practice. Staff are supervised and well supported in their work, although the frequency of individual supervision should be improved. Team members confirmed that they have the confidence and support of the manager and of their colleagues. Service users in the centre stated that the service was well run by "friendly, kind and caring people". Required records were well kept and up to date. Monthly monitoring reports fulfilled the regulatory requirements and included good details of the feedback from service users and from staff. There was evidence to show that management and leadership of the service has been effective and that the staff were working constructively and creatively to provide a high quality service. One recommendation for improvement is made with regard to management of the service.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20 July 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Mrs Roberta Milligan
Person in charge of the service at the time of inspection: Mrs Roberta Milligan	Date manager registered: 06 February 2012

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 20 July 2016.

During the inspection the inspector met with:

- Ten service users in group settings
- Two care staff, in individual discussions
- The registered manager at the commencement and conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By Monday 22 May eleven completed questionnaires had been returned to RQIA, five from service users, five from staff members and one from a relative of a service user.

The following records were examined during the inspection:

- File records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of January, February, March and April 2017
- The centre's annual quality survey report for 2016
- Record of complaints
- Training records for staff
- The statement of purpose for the centre
- The Service User Guide
- Two records of staff's supervision.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 October 2016

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the specialist inspector. This QIP will be validated by the specialist inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 July 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.6 Stated: First time	The registered manager should update the vulnerability section of the identified service user's care plan so it accurately reflects the individual's current needs.	Met
	Action taken as confirmed during the inspection: Specific record and all others examined were accurate and up to date.	
Recommendation 2 Ref: Standard 11.5 Stated: First time	The registered manager should consult with service users and the Trust's Finance Department to ensure adequate records or receipts are maintained for all transactions (for example lunch monies) undertaken by staff on a service user's behalf. Where the service user is unable to or chooses not to sign, two members of staff sign and date the record.	Met
	Action taken as confirmed during the inspection: As per the QIP response, records were in place to show receipt of service users' monies for any financial transactions.	
Recommendation 3 Ref: Standard 13.7 Stated: First time	The registered manager should ensure written records are kept of the outcomes of safeguarding investigations regarding service users attending the Grove Wellbeing Day Centre. Where necessary, the identified service user's care plan should be updated so it accurately reflects his/her current needs. The written records should specify if any action is to be taken by the day care setting.	Met
	Action taken as confirmed during the inspection: The centre has a proforma in place for tracking the progress of all safeguarding investigations.	

4.3 Is care safe?

The Grove Wellbeing Day Centre premises, located within a large community complex, were clean, in good condition and safe, with the exception of one obvious hazard for service users and staff. One exit door locks automatically when the fire alarm is set off, when it should open to allow evacuation from the premises. This fault was first reported to the Trust's Estates Service by the manager on 15 December 2016 and this phone report was then followed up by e-mail. The Trust's Fire Safety Officer carried out a fire risk assessment in March 2017 and reported the need for this exit door to be repaired. By the date of this inspection, 15 May, the problem had not been resolved. Such delay in repairing a fire exit is unacceptable. A requirement is made in this regard. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed.

The manager and two staff members, 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 were sure that all staff members practiced in a safe and respectful manner. Safeguarding procedures were understood by staff members who were interviewed. All had significant experience in care settings and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. A recently appointed, part-time staff member had undertaken a detailed induction programme, but was not on duty on the day of the inspection to comment on this.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer. Risk assessments with regard to transport, fire safety evacuation mobility and moving and handling, were present in each service user's file and each one had been signed as agreed, either by the service user or a representative. The centre has a clear procedure for the management of service users' lunch monies, which includes balance checks being carried out by two staff, one of whom must be a day care worker or more senior. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

During the inspection visit, ten service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in the transport bus. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide.

The evidence presented supports the conclusion that safe care is provided consistently in Grove Wellbeing Day Centre.

Areas for improvement

The faulty fire exit automatic door from the day centre premises must be repaired and maintained in proper working order.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The centre's Statement of Purpose and the Service User's Guide provide detailed information required by the regulations and the minimum standards. The manager provided a more inviting and easily accessible version of the service user guide, which is favoured by potential service users as an overview of the day care provision.

Four service users' files were examined during this inspection 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 attendance. Care plans identified service users' needs with good attention to detail, but were lacking in the specifics of how the needs were to be met within the day care service. Discussion took place with the manager regarding the development of additional objective or goal statements with more clearly measurable outcomes.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in specific aspects of the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in response to the significance of events and exceeded the frequency stipulated by the minimum standards. 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. Well written review records were available in each of the files examined and, where possible, these included the service user's views and were informed by the written progress records. Dates and signatures were present in all of the care records examined and attention to detail generally was of a good standard.

The layout of the premises is conducive to meeting the needs of the service users who attend, several of whom were observed moving from one area to another without staff assistance. There are several rooms and open spaces available for group activities and for individual work with service users, when necessary. Where assistance was required, staff provided it discretely and skilfully. The centre has easy access to the public library, on the same floor and service users benefit from attending computer classes and readings there, in addition to book borrowing. The manager spoke of the excellent relationships they enjoy with the library manager and staff.

Service users confirmed that meals were almost always of a good standard and were suitable for each individual's needs. Several complaints were made by service users during 2016 with regard to vegetables being undercooked and too hard for their liking. However, this issue has been resolved to their satisfaction. Six service users spoke in detail about their experiences of participating in the centre's activities and all presented positive views of the enjoyment and support that they gained from taking part and from each other's company. Several people were engaged in activities such as embroidery, knitting and picture making and were keen to show a range of the items that had been produced and packaged very skilfully, for selling to raise funds for the centre's outings. On the afternoon of this inspection a group of service users were attending a 'Tea Dance' at another centre a couple of miles away.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a very supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available facilities.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and physical and mental wellbeing.

Areas for improvement

Service users' needs were identified in care plans with good attention to detail, but the plans were not sufficiently clear as to how the needs were to be met within the day care service. The care plan format should be reviewed and revised to include clearer objectives for each person's placement.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre provides a range of activities including, art and crafts, computer skills, games such as bingo, quizzes, gentle exercising, shopping and leisure outings. In all of the interactions observed, service users were engaged with respect and encouragement.

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. Service users were seen to be encouraged by staff and reminded or re-focussed 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.

There were measures in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. These included an annual survey and a report of the findings, service user meetings and day to day discussions, either individually or in groups. The results of the survey of service users' satisfaction, completed in March 2017, included the responses:

"I love the chippy day on a Friday or on special occasions";

"It's lovely here"; "The girls are great"; "Suits me very well indeed";

"Staff take an interest in old people"; "The driver is very good";

"I would like a canopy outside the dining room".

The views of a sample of service users were sought during each monthly monitoring visit and their views were reflected in all three of the monitoring reports that were reviewed at this inspection. Five service users returned completed questionnaires to RQIA indicating that they were very satisfied (4) or satisfied (1) with the quality of the service in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led?

The agenda for a service users' meeting, which was held on 07 March 2017, provided evidence of a wide range of topics to be discussed, including those that had been requested by service users.

Overall the evidence indicates that Grove Wellbeing Day Centre provides compassionate care to its service users.

Areas for improvement

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

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

At the beginning of the inspection the manager provided information on the operation of the centre and presented a range of documentary evidence to inform the inspection's findings. These included minutes of staff meetings, service users' meetings, monitoring reports, client files, staffing information, written policies and procedures and the annual quality survey report for 2016. 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.

At each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all four of the monitoring reports examined, which were for January, February, March and April 2017. 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.

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. One staff member explained clearly how this could be monitored by the manager and any shortfall identified. Formal, individual supervision, along with peer group supervision was welcomed by staff members who said that they felt well supported and encouraged in their work. The frequency of individual supervision has fallen below that required by the minimum standards and this is an identified area for improvement.

There was evidence from discussions and from the minutes of staff meetings to confirm that working relationships within the staff team were supportive and positive. In addition to quarterly staff meetings, the daily informal meetings with the manager and colleagues were regarded by staff as a key part of the effective communications in the team. Staff commented that the manager's leadership style was supportive, constructive and open and helped team members to accept responsibility for their work and for the overall effectiveness of the centre.

The evidence available at this inspection confirmed that the registered manager is effectively leading, supporting and motivating staff and that team morale is good. The service is well led.

Areas for improvement

Individual supervision for staff members should be provided no less than every three months.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 26(4)(d)(iii)

Stated: First time

To be completed by:
30 June 2017

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.

Response by registered provider detailing the actions taken:
Fire door has been reported to Belfast City Council the Landlord for Grove Wellbeing Day Centre, an onsite meeting has been scheduled between BHSCT Fire officer and BCC to assess the Fire door and repair as necessary.

Recommendations

Recommendation 1

Ref: Standard 22.2

Stated: First time

To be completed by:
31 July 2017

The registered provider should ensure that individual staff supervision is provided no less than every three months.

Response by registered provider detailing the actions taken:
Registered Manager has drawn up a supervision time table as per Standard 22.2. Discrepancy occurred during manager absence, this will be discussed at subsequent managers meeting to prevent reoccurrence during periods of absence at Grove Wellbeing Day Centre or at another BHSCT Day Centre within the team.

Recommendation 2

Ref: Standard 5.2

Stated: First time

To be completed by:
31 July 2017

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.

Response by registered provider detailing the actions taken:
Key workers are currently working with service users to produce care plans which reflect purpose, objectives and required actions related to individual attending the day centre. As a Service group all day care documents and forms are currently being standardised, registered manager will share inspectors recommendations at subsequent meetings to ensure any new documentation meets standard 5.2.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews