



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Grove Wellbeing Day Centre**

**04 March 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 04 March 2016 from 09.30 to 15.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the 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.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Belfast Health and Social Trust/Mr Martin Joseph Dillon	<b>Registered Manager:</b> Mrs Roberta Milligan
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Roberta Milligan	<b>Date Manager Registered:</b> 06 February 2012
<b>Number of Service Users Accommodated on Day of Inspection:</b> 26	<b>Number of Registered Places:</b> 30

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

#### **4. Methods/Process**

Prior to the inspection, the following records were examined:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The report from the care inspection undertaken in the previous inspection year.

The following records were examined during the inspection:

- Five complaints and five compliments
- four accidents/untoward incidents
- Statement of Purpose
- Minutes of three service user's meetings
- Three service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

#### **5. The Inspection**

##### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the day service was an unannounced care inspection dated 17 November 2014. There were no requirements or recommendations made as a result of the previous care inspection.

##### **5.2 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support**

The day service has corporate Trust policies and procedures pertaining to assessment, care planning and review. There are also associated guidance and information available for staff.

On the day of this inspection, staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care. Staff received information on continence promotion; training on catheter and stoma care and infection control in May 2015. Discussions concluded they found this very informative and areas of learning were shared with RQIA.

Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated 'care staff know them very well'. No issues were raised.

It can be concluded care was safe in Grove Wellbeing Day Centre.

### **Is Care Effective?**

Three service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. Care plans were reviewed by staff with service users on a systematic basis or when changes occur. The statement of purpose details an overview of the information that should be included in a service user's care plan.

Discussions with three care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about the use of hoists, slings, personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom; others need one staff member and some require the help of two staff. Several service users have a preference regarding the bathroom they use.

Review of three service user's care plans showed these to be person centred, comprehensive and reflective of the individual's needs. Where relevant, the care plans reflected:

- How the service user is approached
- The language/terminology used by staff
- If a preferred bathroom is used
- The name and size of continence product used and where this is stored
- The name and type of equipment used and the type and size of sling
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

It can be concluded there are good management and governance arrangements in Grove Wellbeing Day Centre and it was assessed care was effective.

### **Is Care Compassionate?**

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of 19 service users, two were private individual discussions and the other discussions occurred in the dining room in groups of mostly four or five around tables. Service users said staff helped them and were respectful if they needed support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Grove Wellbeing Day Centre.

### RQIA Questionnaires

As part of the inspection process seven RQIA staff and nine service user questionnaires were issued.

Questionnaire's issued to	Number issued	Number returned
Staff	5	2
Service Users	5	1

Review of the completed questionnaire evidenced the service users was either very satisfied or satisfied regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre. The following qualitative comment was recorded:

- "Staff are very alert to the needs of everyone."

Completed staff RQIA questionnaires stated they were either very satisfied or satisfied with:

- the training received by the Trust in core values;
- communication methods;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective.

### Areas for Improvement

There were no identified areas for improvement needed regarding RQIA's review of standard 5. This is commendable.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### 5.3 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

#### 5.4 Is Care Safe?

The day service has corporate Trust policies and procedures pertaining to service user involvement; communication and complaints. There are also associated guidance and information available for staff.

Discussions with 19 service users, three care staff and registered manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions.

An accompanied tour of the environment showed there were no health or safety hazards observed or infection prevention and control issues noted. The centre was clean and well maintained.

On this occasion it can be concluded safe care was delivered in Grove Wellbeing Day Centre.

### **Is Care Effective?**

Discussions with the registered manager, 19 service users; three care staff and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings and the annual review of their day care placement.

There is a service users committee in Grove Wellbeing Day Centre which usually meet on a monthly basis. The minutes of three service users meetings were reviewed (September 2015, January and February 2016). There was evidence that service users' views and opinions were sought and form the basis of all discussions. The minutes contained an agenda, the names of the service users who attended, a brief summary of discussions and if any action/s were needed. Service users are regularly informed about the centre's open door policy; the complaints process and there is a suggestion box in the entrance foyer area of the centre. Minutes of service users' meetings reflect this.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of three service user's annual review reports took place during this inspection. All three annual review reports contained the service user's views and opinions of the quality of day care they have received.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user survey was distributed to 60 service users and their representatives in January 2016, 39 surveys were completed and returned to the centre. The survey included questions about core values regarding how service users are treated; the complaints process; reliability of the day service and training. An evaluation report had been completed, this was qualitative and informative and had been shared with service users and was displayed on a notice board in the reception area. A discussion took place with the registered manager about annual surveys including all aspects of the day service provision, for example: quality of programmes/ activities/outings; environment, lunches and transport.

### **Complaints**

Five complaints were randomly reviewed in the centre's complaints record. It was noted by RQIA the centre's complaints recording template had been amended on 04 March 2015 and information is currently being recorded under the following headings: name, date, nature of complaint; action taken, outcomes and level of satisfaction.

The complaints records reviewed were compliant with minimum standard 14.10. However, there were several occasions where it was recorded the complainant was 'partially satisfied' with the outcome/s of the investigation. The records did not state if the complainant was

advised of the next steps in the complaints process (standard 14.6). This was discussed with the registered manager who gave assurances that this information would be retrospectively recorded.

Discussions with service users concluded they are aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

### **Compliments**

Five compliments were randomly sampled during this inspection. These were positive about the quality of the day service and staff and had been completed by service users and/or their family.

### **Monthly Monitoring Reports**

Three monthly monitoring reports (December 2015 to February 2016 inclusive) were reviewed during this inspection. The monthly monitoring reports were qualitative and informative. They reflected the views and opinions of two service users each month. The three reports stated the designated registered person observed care practices between staff and service users', however the reports did not include a summary of their interviews with individual staff members. This is an identified area for improvement.

It can be concluded the quality of care provision in Grove Wellbeing Day Centre was effective, however improvements are needed concerning the complaints record and monthly monitoring reports.

### **Is Care Compassionate?**

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

RQIA met and had discussions with a total of 19 service users, two were individual private discussions and other discussions took place in the dining room in groups of four or five service users.

Discussions with 19 service users concluded they were all very satisfied with the quality of day service. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users about the day service included:

- "It's marvellous, the staff are very kind and go out of their way to help us. I've no complaints."
- "It's the best place ever, I love it here."
- "The majority of people who come here live on their own and are often lonely. Coming here gets us out and meeting people."

- “Coming here gives me a good reason to get up in the morning and to get washed and dressed. I look forward to it.”
- “I love it, especially getting out shopping and on outings. I’ve been coming for years and wouldn’t be without it.”
- “I hit a really low spot and talked to staff about this, I was able to come more often after that. It’s really helped me and this place is a life saver.”
- “I never knew about this centre. I enjoy the chat and the sing songs we have.”
- “I wouldn’t be without this place, I really look forward to it, it’s great.”
- “I’ve made friends since coming here. I love the craic and the chat.”
- “I’ve been coming here for years and call this place my family. It’s given me a new lease of life.”

It can be concluded the quality of care provision in Grove Wellbeing Day Centre was safe, effective and compassionate.

### Areas for Improvement

Two areas for improvement were identified as a result of examination of this standard. These regarded:

1. Complaints record.
2. Monthly monitoring reports.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
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## 5.5 Additional Areas Examined

### 5.5.1. Accidents and Untoward Incidents

Four accident and untoward incident forms were randomly sampled during this inspection. The service’s accident and untoward incident records were being maintained in accordance with regulation 29. A discussion took place with the registered manager about RQIA’s revised guidance for providers on the notifications of accidents and untoward incidents.

Positive comments were shared with the registered manager about the current governance arrangements in place as there is an audit form completed following each accident or untoward incident. The audit form contained the following headings:

- If a copy of the accident/untoward incident is retained in the service user’s care file
- If RQIA needs to be notified
- If there is a need for either the service user or staff member to be interviewed
- If an investigation was needed e.g. safeguarding vulnerable adults; disciplinary, complaint

- The outcome and action taken if an investigation was carried out
- If there was any learning from the accident/unto ward incident.

It is noted there was learning from one identified incident involving a service user and appropriate follow up action was taken by the registered manager. This will hopefully prevent a similar type incident from occurring. Positive comments were made to the registered manager regarding the action taken to safeguard the service user and sharing the learning from this with relevant others.

### 5.5.2. Environment

The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work; pictures and information about the centre on walls and notice boards. The centre was observed to be clean, tidy and well maintained.

#### Areas for Improvement

There were no areas for improvement identified as a result of the examination of additional areas.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this 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 person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

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

### 6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office (non-paperlite) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

#### Recommendation 1

**Ref:** Standard 14.10

**Stated:** First time

**To be Completed from:** 4 March 2016

The registered manager should ensure that when a complainant is either not satisfied or partially satisfied with the outcome/s of the investigation into their area/s of concern or complaint they are advised of the next steps in the day service's complaints process and that records reflect this.

**Response by Registered Person(s) Detailing the Actions Taken:**

It was noted by the inspector on the day of the inspection that five complaints reviewed were compliant with minimum standard 14.10. However some complainants were "partially satisfied" with the outcomes. The manager had offered the complainants the official complaints procedure verbally at the time of the complaint but had not recorded this. It was advised by the inspector that this should have been recorded at the time of the complaint.

The manager has updated the complaints record to reflect this.

#### Recommendation 2

**Ref:** Standard 17.10

**Stated:** First time

**To be Completed from:** 4 March 2016

The designated registered person undertaking monitoring visits of the Grove Wellbeing Day Centre must ensure their monthly monitoring report includes a summary of interviews with staff.

**Response by Registered Person(s) Detailing the Actions Taken:**

Three monthly monitoring reports were inspected on the day of the inspection, the inspector found these qualitative and informative. They reflected the views and opinions of two service users each month and stated that the designated registered person observed care practices between staff and service users however did not include a summary of their interviews with staff members.

The manager has ensured that the following monthly monitoring visit carried out at Grove Wellbeing Day Centre on 10.03.16 included a summary of the designated registered persons interview with staff member(s). This this recommendation will be highlighted at the next Managers Meeting on 19.04.16 with the Management team to ensure future compliance.

<b>Registered Manager Completing QIP</b>	Roberta Milligan	<b>Date Completed</b>	12.04.16
<b>Registered Person Approving QIP</b>	Martin Dillon	<b>Date Approved</b>	11/05/16
<b>RQIA Inspector Assessing Response</b>	Louise McCabe	<b>Date Approved</b>	11.05.16

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