

Unannounced Care Inspection Report

23 May 2018



Gloucester Park Day Centre

Type of Service: Day Care Setting
Address: Gloucester Park, Larne, BT40 1PD
Tel No: 02828274311
Inspector: Dermott Knox

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 65 places that provides care and day time activities for older people, people living with dementia, people with a physical disability and people who have mental ill health.

3.0 Service details

Organisation/Registered Provider: Northern Health Social Care Trust Responsible Individual(s): Dr. Anthony Stevens	Registered Manager: Catherine Kerr
Person in charge at the time of inspection: Catherine Kerr	Date manager registered: Catherine Kerr – 22 September 2016
Number of registered places: 65	

4.0 Inspection summary

An unannounced inspection took place on 23 May 2018 from 10.00 to 17.30.

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 setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

maintenance of the premises, staff's interactions and relationships with service users, the diversity and creativity of activities provided, staff's experience and qualifications, staff training, organisation and leadership, communication with relatives/carers, records of individual service user's involvement and progress.

Areas requiring improvement were identified with regard to:

- the format and content of care plans
- the completion of monthly monitoring visits and reports

Service users said that they enjoyed attending Gloucester Park Day Centre and found the activities, the staff and the company of other service users to be very good for them. Several people had been attending the centre for years and were convinced that it was a major contributor to their health and wellbeing.

Examples of the comments made by service users are:

- "Some of the girls here are really funny and we always have a laugh. I didn't know that these places would be so nice."
- "All of the staff here are brilliant. You just couldn't get a better bunch of people."

- “We get on really well in this place. We do art and crafts and exercises and bingo of course. The staff are really good.”
- “The staff understand my way of doing things and always help me to keep calm if things are difficult.”

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	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs. Catherine Kerr, 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 2 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 June 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 5 August 2016
- the RQIA duty log of contacts with, or regarding Gloucester Park Day Centre
- The Statement of Purpose

During the inspection the inspector met with:

- sixteen service users in group settings
- one service user individually
- four 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 and a number of relatives or carers of service users. No completed questionnaires were returned to RQIA by 10 June 2018. Staff members were invited, by poster, to complete a questionnaire online, but none had been received by this date.

The following records were examined during the inspection:

- staff rotas for a two month period to 9 July 2018
- file records for four service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of November 2017 and January and March 2018
- Minutes of Client Council Meetings for January, March and May 2018
- Selected training records for staff, including staffs' qualifications
- a sample of the centre's written policies
- The Service User Guide
- The Annual Quality Review Report for 2017

During the inspection we met for discussions with 16 service users and 4 staff members.

Areas for improvement identified at the last care/premises 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 2 June 2017

The most recent inspection of the day care setting 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 2 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 4(Sch1) Stated: First time	The registered person shall ensure that the centre's statement of purpose contains additional content in order to fully comply with Regulation 4 (Schedule 1). Ref:6.5	Met

	<p>Action taken as confirmed during the inspection: A revised statement of purpose was received by RQIA on 9 May 2018. It addressed all of the matters required by Regulation 4 (Sch 1)</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1 Ref: Standard 5.2 Stated: First time</p>	<p>The registered person shall review and revise all care records in order to ensure that each service user has a more comprehensive and accessible care plan. There should be a progression from assessment information to the care plan objectives, required actions and outcomes for the service user.</p> <p>Ref: 6.5</p>	Not met
	<p>Action taken as confirmed during the inspection: The manager explained that the Northern Trust's care services are currently consulting on a revised format for care plans and a draft of proposed documentation was available for viewing. Comments and advice were shared with the manager regarding this material and in particular, a concern regarding its accessibility by service users. This area for improvement is restated.</p>	

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.

Evidence of the provision of safe care was gathered from observations of practice, discussions with staff, service users and the manager, and examination of a number of relevant records. Gloucester Park Day Centre was staffed satisfactorily by suitably qualified, competent and experienced persons. The staff duty rota was completed until 09 July 2018, allowing for advance planning of staff's annual leave and temporary staff cover. Records were kept of the staff members who were working each day, the capacity in which they worked and the person who was in charge of the centre at that time. The manager stated that there was one vacancy for a care staff member and that duties were being covered by temporary staff at present. No induction programmes for permanent staff had been required within the year since the previous inspection. Records of staff recruitment and selection are held in the Trust's Human

Resources Department and the manager confirmed that the Trust's procedures were strictly adhered to when any new staff member was recruited.

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, carers/family members. Risk assessments with regard to falls, fire safety evacuation and moving and handling, were present where relevant in each service user's file and each one had been signed as agreed, either by the service user or a representative. Staff confirmed their understanding of the COSHH requirements and stated that there was strict adherence to safety procedures. Similarly, they confirmed that audits of infection control measures were carried out regularly.

The annual training needs analysis and the schedule of training courses provide sufficient opportunities for staffs' knowledge and skills to be kept up to date. Staff participate in mandatory training and other appropriate training relevant to their roles and responsibilities. Four staff, individually, confirmed that training opportunities were good and that the manager took account of individual interests for skill and knowledge development when the training needs were being identified.

Records of notifications of accidents and incidents, forwarded to RQIA, contained just one relatively minor accident and one situation where there was a suspicion of fire danger in the premises. This was fully investigated by the fire service personnel and was found to be a small equipment failure, but with no actual fire. The centre's fire safety records were examined and were found to be complete and up to date. A Fire Risk Assessment and report were completed on 1 June 2017.

Staff members, who met with the inspector, were aware of the policy on restrictive practice and addressed the relevant matters for each service user when drawing up the initial service agreement with that person, or with his or her carers. There had not been any instances of planned, restrictive practice in the centre since the previous inspection. The circumstances of one service user, who is a wheelchair user, were discussed with the manager who undertook to re-assess one aspect of his needs. The increase in numbers of people with dementia attending the centre has focussed the team's consideration of restrictive practices, such as the possible need for electronically secured doors to ensure the safety of service users. These matters are routinely reviewed with the involvement of the multi-professional team and senior management as required.

The manager and four 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 confident that all of their colleagues 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.

During the inspection visit, sixteen 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. 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.

Areas of good practice

Examples of good practice were found throughout the inspection, including in relation to:-

Fire safety, COSHH procedures, infection prevention and control, staffing, staff training, adult safeguarding, support for service users' mobility, risk management and the day centre environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Four 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 planning information was present in each person's file, but it was not presented in a consistent format, nor was it sufficiently explicit in all cases for a staff member to understand the objectives for that service user or the actions that were required to meet them. In one person's records, the care plan was predominantly focussed on risk management and was lacking in areas of fulfilment related objectives. Improvement is required to achieve care plans that are clear and accessible to service users. Each care plan was dated and signed by the service user or a representative, the key worker and the registered manager of the day care service.

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. Records were kept of each service user's involvement and progress at the centre and the frequency of entries was in proportion to the person's attendance. 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. Each person's progress at the centre had been reviewed within the past year. Well written review records, informed by progress notes and including the service user's views, were available in all files examined. A record of regular file audits was included in each file, providing evidence of detailed quality checking and notes on improvements required.

The premises are spacious, accommodating a range of groups and activities to interest and support each person. There is a small garden area with a greenhouse and some bench seating at the front of the premises providing a safe outdoor space for the enjoyment of service users in fine weather. 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, crafts, quizzes, and some structured programmes, 'Positive Living', which promotes

healthy and safe lifestyles. These programmes were provided on a repeating basis throughout the year, with different groups of service users participating in response to their assessed needs. Several service users pointed out art and craft works that they and others had completed and one person expressed surprise and pleasure at having been able to develop skills in these areas.

Overall, the evidence indicates that the centre provides an effective service.

Areas of good practice

Examples of good practice in effective care, found throughout the inspection, included, engaging service users in a variety of activities, communication between service users and their carers and the management and staff of the centre, meeting the needs of a diverse service user population, records of progress and involvement, care reviews. There was evidence of positive links and relationships between the centre and a number of community-based services.

Areas for improvement

The registered person shall review and revise all care records in order to ensure that each service user has a more comprehensive and accessible care plan. There should be a progression from assessment information to the care plan objectives, required actions and outcomes for the service user.

	Regulations	Standards
Total number of areas for improvement	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.

On the day of this inspection, the atmosphere throughout Gloucester Park Day Centre was welcoming, purposeful and good humoured. There is a wide diversity of abilities among those who attend the centre and several people gave positive feedback on the kind and caring support that staff provided for them. The spacious premises allows for several different sized groups of service users to be engaged in activities without any disturbance from others. Observation of events and practice throughout the day and discussions with service users and staff provided evidence that service users are treated with dignity, respect and encouragement. While a new, consistent care plan format has yet to be finalised, the general content of existing care plans provides a positive basis for compassionate work with each service user, while promoting their independence. Service users are provided with information, in a format that aids their understanding. An easy to read Service User Guide has been made available to service users and two staff members spoke of the importance of finding effective methods of communicating with every person who attends the centre. One example of this was the whiteboard on the wall of the dining room, clearly showing the lunch menu for that day. Well detailed pen pictures of service users were included in their files, providing a useful range of personal information about each individual. All four of the staff members, who met with the inspector, demonstrated a strong commitment to the provision of a caring, stimulating and respectful service.

Service users' engagement in activities throughout the day and in the various groups, provided evidence that they related positively to staff and to each other. 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 of the appropriate involvement of therapists from a range of disciplines, including speech and language, to promote specific areas of engagement for service users. Service users confirmed that staff listen to them and encourage them to take part in their activity programmes, which are worked out with each individual's agreement. Service users commented on their enjoyment of attending the centre and on its value to them socially and emotionally. Several service users confirmed that meals were always of a good standard and were suitable for each individual's needs.

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 quarterly council meetings, an annual survey and report of the findings and a formal review of the individual's needs and care plan, at least annually. On each attendance at the centre, service users participated in activities in groups of a size that facilitated individual contact with staff on each occasion. Three people sharing a table for their morning tea confirmed that they could always get attention of a staff member if they needed to do so. Client council meetings were usually attended by seven service users, representing the wider group. Good minutes of the meetings were kept and made available to all service users. In the meeting held earlier this month, May 2018, discussion topics included activities, meals, funds, parking and equipment that would enhance the service.

While no completed questionnaires were returned to RQIA within two weeks of this inspection, a large number of service users had given their views in discussions with the inspector and all of these views were positive with regard to the quality of care provided and the experiences of service users when attending the centre.

The evidence indicates that Gloucester Park Day Centre 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, compassionate interactions between staff and service users, record keeping, facilitating service users' involvement in a range of fulfilling activities, building positive relationships with service users and their carers.

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.

Discussions with the manager, seventeen service users and four day care staff members, and an examination of a range of records, provided evidence that effective leadership and management arrangements are in place in Gloucester Park Day Centre. Several service users stated that they rated the quality of the service provided by the centre very highly and all of the service users comments were positive regarding their experience of the service and their relationships with staff and the manager.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of service users in this setting. The training arrangements were well organised with a full training needs analysis completed each year to inform the Trust's Training Department in their development of a programme to meet the needs of the widest possible range of staff. The registered manager and four staff members confirmed that their training was up to date for the year to the end of March 2018 and that their key training needs were scheduled to be met in the 2018-19 year. Discussions with staff and examination of records confirmed that staff meetings were held quarterly and that the staff team was well involved in discussing issues related to the operations of the centre. Staff reported that the manager updated information on a daily basis at the morning staff briefing. There was evidence to confirm that working relationships within the team were positive and supportive and that team morale was good. Staff commented that the manager's leadership style supported and motivated the team to maintain and improve the effectiveness of the centre.

Staff who met with the inspector were well informed on all aspects of the centre's operations and proved very able in contributing to the evidence for this inspection. The NHSCT has a range of written policies and procedures available to staff for their information and guidance and two staff stated that they are regularly required to refresh their knowledge of some of these. All care staff held relevant qualifications and/or experience and were supported in maintaining up to date knowledge and skills for their job roles. Staff members viewed supervision positively and records showed that formal supervision was taking place quarterly, in keeping with the minimum requirement. There was evidence from discussions with staff to confirm that ideas for both service improvement and self-improvement are encouraged by the manager. Staff felt they were well supported, by colleagues and management in all aspects of their work.

Three monthly monitoring reports were examined and were found to require improvement in a number of areas. Each report contained little detail of the feedback from discussions with service users and with staff members and this is regrettable given the several verbal accounts of the monitoring officer's commitment to listening to the views of both service users and staff. Reports provided no means of identifying the range of service users, over a year, who had been interviewed. The heading of the monitoring reports cited Regulation 17 as the requirement being addressed, rather than Regulation 28 and the format of the reports appeared to differ from those accessed by RQIA in other day care settings within the Northern H&SC Trust. There were no reports of monitoring visits for the months of October or December 2017, nor for February 2018. Monitoring visits must be carried out at least monthly and must meet the requirements of Regulation 28 and the Minimum standard 17.10.

Areas of good practice

Examples of good practice found throughout the inspection included, leadership, planning, staff training, supervision, building good working relationships, delegation, information sharing, management of incidents and accidents, promoting fulfilment for service users.

Areas for improvement

Improvement is necessary to meet the requirements for monthly monitoring visits and the associated reports.

	Regulations	Standards
Total number of areas for improvement	1	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. Catherine Kerr, 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 Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28</p> <p>Stated: Second time</p> <p>To be completed by: 29 June 2018</p>	<p>The registered person shall ensure that monitoring visits are carried out at least monthly and that they meet the requirements of Regulation 28 and the Minimum standard 17.10.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The monthly reports are now recorded in an alternative format which meets the required regulations and standards</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 5.2</p> <p>Stated: Second time</p> <p>To be completed by: 28 September 2018</p>	<p>The registered person shall review and revise all care records in order to ensure that each service user has a more comprehensive and accessible care plan. There should be a progression from assessment information to the care plan objectives, required actions and outcomes for the service user.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Alternative documentation is now being introduced to improve the current format.</p>



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