

Unannounced Care Inspection Report 05 June 2017



Gloucester Park Day Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting, registered to provide services to a maximum of 65 people at a time. The range of needs being addressed is diverse and includes those of people with dementia, mental ill health, physical disabilities, learning disabilities and people who are elderly and have infirmities or assessed social needs.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Ms Catherine Kerr
Person in charge at the time of inspection: Ms Catherine Kerr	Date manager registered: 22 September 2016
Number of registered places: 65 - DCS-I, DCS-PH, DCS-PH(E), DCS-DE, DCS-MP, DCS-MP(E), DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 05 June 2017 from 09.45 to 16.45.

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

Evidence of good practice was found in relation to

- the diversity and creativity of activities provided
- staff's experience, qualifications and enthusiasm
- daily briefings for the staff team
- staff's interactions and relationships with service users
- systematic consultation with service users
- records of individual service user's involvement and progress
- communication with relatives/carers
- management initiatives and commitment to developing the service
- monthly monitoring visits (as reported by staff and service users)
- training opportunities for staff
- internal maintenance of the premises.

Areas requiring improvement were identified with regard to:

- the format and content of care plans and review records
- the degree of detail in monthly monitoring reports
- auditing of service user's records.

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:

“All of the staff here are excellent, and that includes drivers, kitchen staff, everybody.”

“This place has been a lifeline for me. I never thought I’d be out two days a week and talking to other people and doing crafts.”

“We get on really well in our wee group. We do Tai Chi and art and chat away to each other. The staff are all very helpful.”

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Ms. 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 05 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 August 2016.

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 05 August 2016
- The RQIA duty log of contacts with, or regarding Gloucester Park Day Centre.

During the inspection the inspector met with:

- Ten service users in group settings
- Two service users individually
- One relative/carer of a service user
- Three 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. Seven completed questionnaires were returned to the inspector by 15 June 2017, five from service users and two from staff members.

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, April and May 2017
- Records of staff meetings held in January, February and March 2017
- The manager's report for April 2017
- Selected training records for staff, including staffs' qualifications
- The Quality Survey report for 2015/16
- Service User Committee meeting minutes for January and April 2017
- The Statement of Purpose
- The Service User Guide.

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 22 September 2016

The most recent inspection of the establishment was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector on 10 January 2017.

6.2 Review of areas for improvement from the last care inspection dated 05 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 25.3 Stated: Third time	<p>The registered persons must ensure the works request (Job number 379590) is actioned so that the stained flooring in the identified WCs is replaced. The completed returned QIP must state the date the flooring will be replaced.</p> <p>Following the inspection the manager provided written confirmation to RQIA that this work would be completed by 31 August 2016. The action taken by this date should be confirmed in the returned QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: The remedial work was seen to have been completed.</p>	
Area for improvement 2 Ref: Standard 19 Stated: First time	<p>The manager should ensure that staff does not leave gaps between dated recordings within care record notes.</p>	Met
	<p>Action taken as confirmed during the inspection: The manager confirmed that recording practice had been changed, in line with this recommendation and the records examined at this inspection were satisfactory.</p>	
Area for improvement 3 Ref: Standard 17.9 Stated: First time	<p>The manager should ensure audits of individual care record files are undertaken which includes documents required and standard of recording within each file.</p> <p>(Further reference: DNSSPS guidelines for record management are available at: http://www.dhsspsni.gov.uk/index/gmgr.htm).</p>	Partially met
	<p>Action taken as confirmed during the inspection: Audits of care records had been introduced</p>	

	<p>and the detailed application and effectiveness of these was being developed.</p> <p>A recommendation is included in this inspection report with regard to the content and organisation of care records.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 3</p> <p>Stated: First time</p>	<p>The manager should ensure that written service user individual agreements setting out the terms and conditions of service are available for each service user.</p> <p>Action taken as confirmed during the inspection: Written agreements were present in two of the three files examined. The third file was in the early stages of development and content such as the agreement and the individual's photograph were being prepared. The manager was aware of the schedule for completing them.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Standard 14.10</p> <p>Stated: First time</p>	<p>The manager should develop a template for the recording of complaints received to ensure consistency and that staff record full details and consistency of information is included by staff.</p> <p>Action taken as confirmed during the inspection: The manager confirmed that a template was now in place for recording complaints. The centre's staff had not yet had reason to use this.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p>	<p>The manager should ensure that a summary report on the outcome of the service user satisfaction survey is developed which includes for example any action taken to address improvements. A copy of this report should be forwarded to RQIA.</p> <p>Action taken as confirmed during the inspection: The summary report had been completed and forwarded to RQIA in August 2016. Twenty five questionnaires had been completed by service users or their carers in the survey dated December 2015. The manager confirmed that a similar survey had been completed in April 2017 and that the summary</p>	Met

	report was being prepared by the Trust's Governance Department at the time of this inspection.	
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6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

There was evidence in staffing records, from observations of practice and from discussions with staff, service users and the manager, to verify that Gloucester Park Day Centre is staffed satisfactorily by suitably qualified, competent and experienced persons. Records were kept of the staff members who were working each day, the capacity in which they worked and who was in charge of the centre. A planned induction programme had been used with a recently appointed staff member. 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 always adhered to when any staff member or volunteer was recruited.

The annual training schedule ensures that staffs' knowledge and skills are kept up to date. Staff participate in mandatory training and other appropriate training relevant to their roles and responsibilities. Three staff, who were interviewed individually, confirmed that training opportunities were good and were sometimes shared with staff from other facilities, where this was thought to be efficient and effective.

Records of notifications of accidents and incidents, forwarded to RQIA, contained just one accident, in which a service user in transit on the centre's bus had sustained bruising due to the wheelchair not being properly secured. Following a review of this event, the responsible staff member was provided with further training. The safety issues and risks had been discussed with the staff team in order to ensure better safety for service users..

Staff members, who met with the inspector, were alert to the Trust's restrictive practice policy and procedures and addressed the relevant matters for each service user when drawing up the individual care plan with that person, or with his or her carers. 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 that service users are kept safe. These matters are routinely reviewed with the involvement of the multi-professional team and senior management as required.

The manager and three 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.

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. 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.

Areas of good practice

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

- staffing
- staff induction and training
- adult safeguarding
- support for service users' mobility
- infection prevention and control
- risk management and the 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 provided most of the information required by the regulations and the minimum standards, but some additional information is required. In addition to the written Service User's Guide, the centre provides prospective service users and their carers with a short information leaflet to make the basic information more accessible. The leaflet includes pictorial support for the written information. The manager expressed interest in developing a DVD version of the service user guide.

Three service users' files were examined and each was found to contain satisfactory referral and assessment information on the individual and on his or her functioning, along with a signed service user agreement on the terms of the individual's attendance. Detailed information was contained in assessments and some aspects of a care plan were set out in the document, 'Risk Care Plan', for each person. Staff kept good progress notes for service users, making a minimum of one entry for every five attendances at the centre. Records of reviews referred to

the intended outcomes for service users, although the links between assessed need, objective, action required and outcome were not set out together in a comprehensive care plan document. The manager acknowledged the need to improve the presentation of this information in order to state goals or objectives in a way that would facilitate the measurement and recording of achievements and outcomes. A recommendation is made in this regard.

Each of the files examined contained clear risk assessments appropriate to the individual service user and, in conjunction with the 'Risk Care Plan', these provided clarity for staff on the risks to be considered in working with each individual. Dates and signatures were missing in a few of the documents examined and focussed auditing of care files should help to ensure that this aspect of record keeping is improved. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed, although this would be clearer when used in combination with a comprehensive care plan. Review records and decisions, informed by progress notes, included references to the service user's views.

The premises are spacious internally, with a layout that facilitates a wide range of activities appropriate to the support and development needs of service users. There is limited outdoor space, but this has been equipped with garden furniture and a greenhouse. Several service users spoke of their enjoyment of using this area and of their positive experiences of taking part in art or craft groups in the centre. The craft group was working to create a new wall-hanging, mainly using felt shapes to build the pictures. The centre has a number of mosaic murals on display, one of which is on the front exterior wall of the building. One service user spoke proudly of having contributed to one of the murals.

Areas of good practice

- records of individual service user's involvement and progress
- the diversity and value of activities provided
- staffs' commitment to promoting fulfilment for service users
- communication between service users, their carers and staff members
- risk assessment and risk management planning.

Areas for improvement

The provider should carry out more detailed auditing of care files to ensure that staff consistently follow good record keeping practice, including the dating and signing of care records.

The provider should revise and clarify the presentation of care plans, so that goals or objectives are stated in a way that facilitates the measurement and recording of achievements and outcomes.

The centre's statement of purpose requires some additional content in order to fully comply with Regulation 4 (Schedule 1).

	Regulations	Standards
Total number of areas for improvement	1	2

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 calm, encouraging and good humoured. Service users with a wide diversity of assessed needs gave very positive feedback on the caring support and encouragement that staff provided to them. The spacious premises allows for several different sized groups of service users to be engaged in activities without any disturbance from others. In one group, staff were leading a shape/object recognition activity with nine people who have dementia and most people were well engaged in this activity. Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. In all of the activities and interactions observed, service users were engaged by staff with respect and encouragement. A relative of one person in this group praised the professionalism of the day care service and the good communication between the staff and her family.

In a larger group of approximately fifteen people, a group art and craft task had engaged everyone in contributing the skills and efforts that they felt they could manage. The encouragement from staff members was clearly helping people gain confidence to try new activities as part of the group project. In a one to one meeting, away from the group, one person spoke of the day centre as a “lifeline” that s/he was grateful to have found.

Service users confirmed that staff listen to them and encourage them to take part in their activity plans for day care. Activity programmes are worked out with each individual’s agreement and there was evidence of changes being introduced in order to maintain peoples’ interest and involvement. Service users commented on their enjoyment of attending the centre and on its value to them socially and emotionally. Comments included, “All of the staff are excellent”; and “Very kind staff”. The minutes of three staff meetings, held in January, February and March 2017, provided evidence of good consultation with service users and a focus on ensuring compassionate care was provided consistently.

Staff demonstrated a good knowledge of each service user’s assessed needs as identified in the individual’s records, which included, ‘Contact Screening’ and ‘Pen Pictures’ and it was evident that staff’s knowledge of each person’s family members, their likes and dislikes and their transport arrangements, facilitated reassurance of any service user who might otherwise become distressed. The views and opinions of service users were sought and taken into account through monthly committee meetings, usually led by the manager. The monitoring officer met each month with two or three service users to elicit their views on the service. The centre carries out an annual quality survey of service users and their carers, sending questionnaires to all those who attend and their families. The survey findings are presented in a summary report, the most recent of which, dated August 2016, reported levels of satisfaction regarding Programmes of Activities as, 76% Very Satisfied and 24% Satisfied. These levels of satisfaction were mirrored in many areas of the survey; for example, 96% of respondents said that staff always make them feel safe and secure. The manager stated that a more recent survey was completed in April 2017, but that the findings had not yet been compiled in a report.

Five RQIA questionnaires were completed by service users, and two by staff members. Three of the five said they were ‘very satisfied’ with all areas of the service provided. One person indicated that s/he was ‘Satisfied’ with all areas of the service, while the fifth person partially

completed the questionnaire, with almost all positive responses. None of the respondents added any written comments.

Staff who met with the inspector emphasised the importance of promoting the dignity of each service user. The caring nature of practices that were observed was reflected in good quality progress records, noting matters of significance and written at least weekly for each service user. The evidence presented at this inspection indicates that good quality, compassionate care is provided consistently by the staff team in Gloucester Park Day Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to:

- the understanding by staff members of each service user's needs and preferences
- listening to and valuing service users
- promoting the engagement and the confidence of service users
- systematic consultation with service users
- communication with relatives/carers.

Areas for improvement

No areas for improvement were identified during the inspection.

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

Discussions with the manager and three staff members, and an examination of a range of records, including minutes of staff meetings, monthly monitoring reports and review reports, provided evidence that effective leadership and management arrangements are in place in Gloucester Park Day Centre. There was evidence in the centre's quality survey report for 2016 to show that almost all service users and their relatives viewed the service as very satisfactory.

The registration certificate was up to date and displayed appropriately. Manuals of policies and procedures were available to guide and inform staff. These were all created by the Northern Health and Social Care Trust and the manager confirmed that there was a continuous process of review and revision of policies and procedures, in order to ensure they remain accurate and up to date. Written policies and procedures were not examined at this inspection, but staff who were interviewed confirmed their understanding of key topics contained in the policies, 'Safeguarding Vulnerable Adults' and 'Whistleblowing'.

Staff training records confirmed that staff had received mandatory training and training specific to the needs of the service users in this setting. The promotion of staffs' knowledge and skills in working with people with dementia was evident. For example, one day care worker had recently completed training as a 'Dementia Champion' and was developing work in the centre, using the 'Best Practice Manual, Creative Reminiscence and Life Story Work', published by Reminiscence Network N.I. On 31 May 2017, thirteen staff participated in training titled, "Understanding Dementia".

Discussion with staff and examination of minutes confirmed that staff meetings had been held monthly in 2017, that the manager had provided detailed information to staff and had consulted them on a range of aspects of the service. Staff members confirmed that they were encouraged to contribute ideas for the centre's continuing development. There was evidence from these minutes and from discussions with staff to confirm that working relationships within the staff team were developing positively.

Staff commented that the manager's leadership style was supportive and that all staff members were expected to take appropriate responsibility for the effectiveness of the centre and the quality of the service. Staff members said that they welcomed supervision as part of their individual accountability and development. In the formal supervision structure, care assistants are supervised by day care workers, who are supervised by the manager. The nature of the team's structure and operations means that matters arising on a day to day basis can be brought for discussion to a more senior staff member, if necessary, and staff confirmed that there was a good level of management availability and support in this regard. The manager holds a briefing meeting each morning to ensure that all staff are informed of planned events or significant changes for the day.

Five monthly monitoring reports, for the months of January to May 2017, were examined and were found to briefly address each of the matters required by regulation. In some of these reports the information presented is very brief, giving the impression of monitoring having been carried out hurriedly, although the manager said that was not the case and that monitoring visits were unhurried and thorough. Monthly monitoring reports should be a valuable record of many aspects of the centre's performance, helping the service provider to build a culture of continuous improvement. A recommendation is made in this regard.

With that exception, the evidence available at this inspection confirmed that Gloucester Park Day Care Service is well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to:

- promotion of staffs' knowledge and skills in working with people with dementia
- the range of training opportunities for staff
- daily briefings
- monthly staff meetings and the records of these
- regular, individual supervision
- resources for activities
- the internal maintenance of the premises.

Areas for improvement

It is recommended that each monitoring report should include a greater level of detail of the monitoring officer's findings during the visit.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with 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 Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 4(Sch1) Stated: First time To be completed by: 31 July 2017	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 Statement of Purpose has been amended to fully comply.
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 5.2 Stated: First time To be completed by: 31 August 2017	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. Ref: 6.5 Response by registered person detailing the actions taken: The lay out of current care plans will be reviewed and revised on an on-going basis to meet this area of improvement.
Area for improvement 2 Ref: Standard 7.7 Stated: First time To be completed by: 31 July 2017	The registered person shall carry out more detailed auditing of care files to ensure that staff consistently follow good record keeping practices, including the dating and signing of care records. Ref:6.5 Response by registered person detailing the actions taken: Auditing of care records will continue to be carried out to ensure good record keeping practices are followed.
Area for improvement 3 Ref: Standard Stated: First time To be completed by: 31 August 2017	The registered person shall ensure that each monthly monitoring report includes a greater level of detail of the monitoring officer's findings during the visit. Ref:6.7 Response by registered person detailing the actions taken: This recommendation has been shared with the area manager.



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