



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

**Name of Establishment:** Gloucester Park Day Centre  
**Establishment ID No:** 11194  
**Inspector's Name:** Louise McCabe  
**Inspection No:** 20538  
**Date of Inspection:** 18 December 2014

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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<b>Name of centre:</b>	Gloucester Park Day Centre
<b>Address:</b>	Gloucester Park Larne BT40 1PD
<b>Telephone number:</b>	(028) 2827 4311
<b>E mail address:</b>	ann.mcmurraytaylor@northerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Dr Anthony Stevens, Northern HSC Trust
<b>Registered manager:</b>	Ms Elizabeth McMurray Taylor
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Elizabeth McMurray Taylor
<b>Categories of care:</b>	DCS-PH, DCS-PH(E), DCS-DE, DCS-MP, DCS- MP(E), DCS-LD, DCS-LD(E), I
<b>Number of registered places:</b>	75
<b>Number of service users accommodated on day of inspection:</b>	41
<b>Date and type of previous inspection:</b>	19 July 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	18 December 2014 9.30am–5.00pm
<b>Name of inspector:</b>	Louise McCabe

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the acting manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	9
Staff	5
Relatives	1
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	10	5

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**  
**Records are kept on each service user’s situation, actions taken by staff and reports made to others.**
- **Theme 1 - The use of restrictive practice within the context of protecting service user’s human rights**
- **Theme 2 - Management and control of operations:**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Gloucester Park Day Centre is a Northern Health and Social Care Trust day centre based in Larne town centre and within walking distance of shops and community facilities. The Northern HSC Trust is the registered provider and Mr John Logan is the registered manager of Gloucester Park Day Centre. At present Mrs Ann McMurray-Taylor is the acting manager of the centre. This commenced in August 2012 and the arrangement is due to be made permanent in the next few months. RQIA is processing an application for Mrs McMurray-Taylor to be the registered manager of Gloucester Park Day Centre.

Gloucester Park Day Centre opened in March 1975 and was one of the first purpose built units in Northern Ireland. The ground floor day centre currently caters for a maximum of seventy five service users who may be old and infirm, have a mental disorder, physical disability, dementia or a mild learning disability. Most individuals are over sixty five years of age but there are several individuals below sixty five years.

The catchment area provides for the Larne Council area and includes the townlands of Carnlough, Glenarm, Carnalbana, Ballyboley, Ballycarry, Glenoe, Whitehead, Islandmagee and Carrickfergus. Transport is available from the Trust.

Under the Northern Health and Social Care Trust's (NHSCT) reform and modernisation of day care services; a revised person centred model of re-enablement and rehabilitation for all day care facilities in the Trust's catchment areas was created in 2011. The specific enablement programmes delivered in Gloucester Park Day Centre encompass: Health and Well Being; Positive Living; Steps Towards Enhanced Postural Stability (S.T.E.P.S) Programme; Early Dementia; Mindfulness and a Well Men's Group.

The Positive Living Programme provides participants the opportunity to explore and learn skills to enable them to identify and overcome stressors in their lives. It enables service users to participate in holistic therapies e.g. relaxation, aromatherapy, Indian head massage, qui gong, art, nutrition and healthy eating; walking for health; yoga, pilates and tai chi. Service users work towards achieving agreed goals and objectives to enable them to live independently within their own community.

The S.T.E.P.S Programme is delivered by a qualified Otago Instructor (Otago exercise is evidence based exercise that will decrease the risk of falling and help maintain independence). It is an exercise and education programme which includes talks on falls prevention and health improvement subjects; quizzes, poems and group discussions. There is an exercise session each week which specifically suit individual's abilities and needs.

The Health and Wellbeing Programme is person centred and developed with the overall aim of supporting service users to maintain and improve their health and promote independence. It raises awareness of a range of health and wellbeing issues and provides information to promote healthy living and make informed choices. There are practical workshops covering healthy eating, physical activity, keeping safe and preventing falls; smoking/alcohol; medication and emotional health and wellbeing.

Lunch is available for members within Gloucester Park at a subsidised cost, this is prepared and cooked by catering staff who work in Lisgarel, a statutory residential care home, the kitchen of which is adjoined to Gloucester Park Day Centre.

## Summary of Inspection

**9:30am–5:00pm= 7 hours 30 minutes**

A primary announced inspection was undertaken in Gloucester Park Day Centre on 18 December 2014.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. Post inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the acting manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

An inspector spoke with five staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights and have attended training on Human Rights. Staff stated they are aware of the process to follow should a service user or their representative request to see their care file. Communication between management and staff is effective and no concerns were raised. A staff duty rota is devised each week and the manager informs staff of her whereabouts for the week if she is to be absent from the centre and she would be contactable by mobile phone. Discussions with staff conclude there is a duty rota system which highlights who is to be approached if there are any concerns and states the different responsibilities of each day care worker. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in Gloucester Park Day Centre.

Five questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC registration; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "I believe the care at the day centre is excellent and the service provided is good quality," "excellent – staff are all very capable and caring towards others, first class!" "Quality of care is excellent. Staff strive to provide a caring and stimulating environment where everyone is valued and respected as individuals," "Within the unit's limited resources, I consider staff to use a client focused service, where health and safety is paramount and client's rights promoted," ""very good care provision."

The inspector spoke with a total of nine service users regarding the standard inspected; the two themes and their views on Gloucester Park Day Centre. The service users communicated positive feedback regarding attending the centre, the activities they participate in; and the care provided by the staff. They confirmed they were aware records are kept in the day care setting

about them and that they can access the information by asking staff. Service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process. The service users are aware of who the manager is and if they had a problem or wanted to discuss something about the day care setting they said they would talk to the staff or manager in the centre. Service users stated they enjoy coming to the centre and the following comments were made:

- *“the staff and management are fantastic, I can’t praise them high enough”,*
- *“I’d be lost without the centre and delighted I’ve got an extra day”,* “
- *“They listen to me and help me a lot. They are very observant.”*
- *“This place is great, I’ve made a lot of friends and I’m much happier.”*

Several service users’ discussed some personal issues of concern which the inspector advised they discuss with the manager or staff in Gloucester Park Day Centre. A summary of these (with the consent of each service user) were relayed to the manager who agreed to follow up on the matters.

The inspector met with the relative of one service user who expressed his gratitude to the manager and staff for the excellent quality of care his wife receives. No concerns were raised. The relative was advised to meet with the manager or his wife’s keyworker regarding several areas which were discussed with the inspector. He agreed. The inspector shared a summary of these with the manager at the conclusion of the inspection.

The previous announced inspection carried out on 19 July 2013 had resulted in one requirement and four recommendations in relation to incident notification; annual written training and development plan; monthly monitoring reports; service user’s reviews and the environment. Review of the returned quality improvement plan for this inspection verified full compliance with four of the five areas and substantial compliance with regards to the recommendation on the environment. A further recommendation has been made in the quality improvement plan for the Trust to replace the current fluorescent strip lighting following the outcome of the visual impairment audit.

RQIA has recently received a variation form from the acting manager of Gloucester Park Day Centre who is requesting a reduction of service user numbers. An application for Mrs McMurray-Taylor to be the registered manager of Gloucester Park Day Centre is currently also being processed.

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user’s situation, actions taken by staff and reports made to others.**

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant by the inspector, no requirements or recommendations were made.

Discussions with nine service users, five staff, one relative and review of two service users’ individual files provided evidence that the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most out of their day care experience. It was also clear this service was improving outcomes for the service users and their carers by providing respite and identifying changes in need and promoting any additional services that



can improve outcomes for service users. The inspector concluded the centre promotes service users social needs, stimulates intellectual activity and promotes independence.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard, no requirements or recommendations have been made.

### **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

Two criterion from regulation 14 were inspected which examined compliance regarding the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not used restraint and therefore no such incidents needed to have been reported to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. The Trust has in place a 'Restrictive Practices Registration' form which must be completed when a restrictive practice is used with service users. Staff have attended Human Rights training and informed the inspector they found this very interesting. Staff stated they know the service user's well and are familiar with their needs. Examples were relayed to the inspector of difficult and challenging situations that have occurred in the centre which required sensitive and diplomatic handling whilst ensuring service user's were respected and their rights adhered to. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour do not escalate and they meet individual and group needs.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

### **Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. The three criteria were assessed as compliant, no requirements or recommendations made.

Review of selected management records, monthly monitoring reports and discussions with the manager and five staff provided evidence that the centre has in place effective quality monitoring arrangements; good communication systems. The inspector commented positively on the roles and responsibilities duty system for day care workers currently in operation in Gloucester Park Day Centre, a designated person is the duty officer on a daily basis and each day care worker has a specific area of responsibility. This enhances and promotes the quality of day care experience for the service user, their relatives/representatives and the public and is indicative of the care provision in this centre.

## **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined two service user's individual files and validated the manager's pre-inspection questionnaire. Apart from one recommendation about the environment as a result of the outcome of the visually impaired audit, this did not reveal any areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users for support, stimulation and which meets their rehabilitation, social and other needs.

As a result of the inspection no requirements and two recommendations concerning the environment have been made in the quality improvement plan. This is commendable and indicative of the quality of service provided in this day care setting.

**Follow-Up on Previous Issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	29	<p><b><u>Notifications of Adverse Incidents to RQIA</u></b></p> <p>The registered manager must ensure RQIA is notified of accidents, incidents and safeguarding matters in accordance with Regulation 29. The untoward incident which occurred in mid July 2013 must be retrospectively completed and forwarded to RQIA's incidents team (additional information section refers).</p>	<p>The identified notification was received by RQIA.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	21.9	<p><b><u>Annual Written Training and Development Plan</u></b></p> <p>The registered manager must ensure Gloucester Park Day Centre's next written training and development plan specifies the Trust and centre's aims and objectives and a summary of how training is evaluated and the effect of this on practice and procedures as well as the training needs of individual staff (follow up on previous issues section refers).</p>	This has been completed.	Compliant
2	17.10	<p><b><u>Designated Persons Monthly Monitoring Reports</u></b></p> <p>The designated person must ensure Gloucester Park Day Centre's monthly monitoring reports state if the visit is announced or unannounced; consistently contain qualitative information of a review of the centre's accidents, incidents and complaints records; reflect a tour of the entire environment and an action plan (with timescales and who is responsible) for any areas identified of improvement. The subsequent monthly monitoring reports should reflect a progress report on these matters (follow up on previous issues section and 28(4) refers).</p>	Monthly monitoring visits are consistently completed. The most recent one occurred on last 10 December 2014. All monthly monitoring visits are now unannounced.	Compliant
3	15	<p><b><u>Service User's Review</u></b></p> <p>With regards to service user's review of their day care placement, the registered manager must ensure:</p> <p>(a) The centre's procedures, Statement of Purpose</p>	The service's Statement of Purpose and Service User's Guide were reviewed and update to reflect the information in (a) and (b)	Compliant

		<p>and Service Users' Guide is amended to reflect when the initial review takes place in accordance with standard 15.3. This may depend on the numbers of days per week the service user attends the centre.</p> <p>(b) The annual review preparation report must contain all relevant information as per standard 15.5 which includes, a summary of significant events since the previous review; if there were any accidents, incidents, complaints; any achievements and if there is any change in the transport arrangements. If there are none then this should be stated in the appropriate section (standard 15 refers).</p>	<p>An annual service user review system checklist has been devised.</p>	
4	25.1	<p><b><u>Environment</u></b></p> <p>With regard to the recent dementia and visually impaired audits of Gloucester Park Day Centre, the registered persons must ensure any remaining recommendations are incorporated into the centre's redecoration/ refurbishments plans with timescales (follow up on previous issues section and additional information sections refer).</p>	<p>The manager informed inspector the only outstanding item is the replacement of the strip fluorescent lighting so that it is situated lengthways along the ceiling and not widthways. This part of the recommendation will be restated.</p>	<p>Substantially Compliant</p>

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
All staff follow Records Management as per Trust's Policies and Procedures (see standard 7). Each service user has an individual file which is stored in a locked, keypadded room. Only staff have access to this room and individual files are kept in a locked filing cabinet within this room. All information pertaining to information of clients is held in a file which is personal to them and holds information as identified in schedule 4. Access to information and/or confidentiality is reiterated at each review and permission is sought to continue with a review. All email correspondence in relation to service user's information is encrypted with a password. When confidentiality cannot be maintained in respect of infringing on the rights of other people information is provided on a "need-to-know" basis as per the Confidentiality Policy.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
All of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Gloucester Park Day Centre. Discussions with staff conclude there are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available for example 'Accessing your personal information', 'Subject Access Request Form' etc. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation. The centre's current service user agreement is also compliant with this criterion. Discussions with staff also validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users personal information. This is commensurate with their role and responsibilities.	Compliant
The minutes of a Day care worker meeting held on 19 September 2014 were reviewed by the inspector during this inspection, this showed Standard 7 and confidentiality was discussed and a new procedure has been devised for	

recording in service user files. Positive comments were shared by the inspector regarding this.	
<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
All staff follow the procedures for access to records and should a request come either from the service user and/or carer the POPI Procedure is implemented. To do no formal requests have been made, however in relation to working in an open and honest way during each review all services users and their carers are provided with Your Views Matter and a copy of the signed minutes and care plan are provided to the service user and/or their family member.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>Policies and procedures are in place and accessible in the centre pertaining to: the access to records; consent; management of records and service user's agreement.</p> <p>Discussions with staff conclude the policies and procedures are put into practice for example with reference to records being completed and maintained in the centre. The inspector examined two service user's care files which validated they know they can request access to information completed about them. Discussions with nine service users and one representative conclude they are aware a service user record is kept and have been informed how they can access the records.</p> <p>There are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements.</p> <p>Discussions with staff validate their knowledge concerning this criterion which is commensurate with their role and responsibilities. It is evident from discussions with staff and the inspector's review of two service user's care files how they ensure a person centred approach to their recording. Staff explained what they would do if a service user or their representative requested access to care records.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>In relation to 7.4 all records relating to the service user are held and processed under the Records Management Policy and POPI along with the DHSSP Quality Standards. All information held on services users are as standard 7.1 and can be seen in the working processes of Gloucester Park Day Centre staff adhere to all the above policies and procedures. As part of the management role, file audits are completed regularly to ensure working practices are systematically being carried out.</p>	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>With regards to the management of records, the examination of a sample of two service user individual records evidenced the above records and notes are available and maintained according to relevant policies and procedures. There was evidence of working practices being systematically audited in this regard. The case records and notes were updated as required, they were current, person centred; incorporated service user views and recorded information that can be used to review individual service user's outcomes. Care reviews were taking place as described in standard 15.</p> <p>The minutes of a Day care worker meeting held on 19 September 2014 were reviewed by the inspector during this</p>	Compliant



inspection which showed Standard 7 and confidentiality was discussed and a new procedure has been devised for recording in service user files. New procedures and service user annual pre-review and review formats have also been devised. Positive comments were shared by the inspector regarding this.	
<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> When no recordable event occurs staff follow the recommended entry as per Standard 7.4, making an entry into a service users file ever 5 attendances.	Substantially compliant
<b>Inspection Findings:</b> The inspector examined two service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The quality of information recorded was viewed by the inspector as relevant to the plan and outcomes being worked in with individual service users.	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Criterion Assessed:</b></p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Within Gloucester Park Day Centre there are several working processes which ensure all relevant staff/other professionals/referral agents are kept updated and relevant referrals are made. The focuses on these processes are on good communication, record keeping and referral pathways including audits of the systems. Referrals follow a very stringent system which ensures login onto the SOS CARE system followed by the processing of the referral. Referrals to other services have a clear recording processes and all communications are recorded within this system along with the use of the communication book and records made in files which allow staff to relay relevant information to staff and other agencies. Bus records allow for the liaising of information from the initially contact and staff on bus duty relay concerns to the named worker, duty officer or manager. A telephone message pad is also used for telephone calls. Notice boards are also used throughout the Unit. Staff have access to all the above information and this is supported through supervisions and staff meetings.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The service user’s files detail referrals made to other services and described service user’s involvement in the decision if they want other professionals to be involved in their care plan.</p> <p>The inspector’s discussions with five staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding the referral process and responding to service user’s needs and behaviours. Staff felt communication between management and themselves is effective and no concerns were raised. When the manager is absent from the centre, day care workers take it in turns to be the responsible person in charge, however staff informed the inspector they very much work as a team. Each day care worker has a designated area they are responsible for. The manager or her line manager are contactable by mobile phone when she is absent from the centre.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

The inspector confirmed Trust policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.	
<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b>	
As per the policies in relation to standard 7, all staff complete records that are legible, accurate, up to date and signed and dated. They are periodically reviewed and audited by the registered manager.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of two service user individual records which met this criterion.  Consultation with five staff working in the centre confirmed their understanding of this criterion and their role and responsibilities to address this fully when recording in individual files and additional records.  RQIA received five completed staff questionnaires which confirmed policies and procedures are in place and available in the centre.	Compliant
<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Substantially compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>All staff are subject on the Human Rights Act 1998 and follow the guidance on restraint and seclusion (HPSS 2005) and work to the Deprivation of Liberty Safeguards (DOLS). This is complimented by risk management strategies. Staff are trained in "respect" and this is updated annually all staff are also trained in risk management and are also in the process of being trained in Deprivation of Liberty and Care Planning. These practices are also supported by the Lone Worker Policy and Zero Tolerance Policy with care practices. At present we are working with two service users whereby deprivation of liberty and risk management is/will be part of their overall care plan.</p>	Moving towards complian
<b>Inspection Findings:</b>	
<p>The inspector examined a selection of records including a sample of two individual service user records which revealed staff have comprehensive plans in place that clearly describe the day care service user’s receive, their likes and dislikes. In the last year it is acknowledged the service has experienced several difficult and challenging situations which involved significant risk; these were dealt with in accordance with the Trust’s specific policies and procedures whilst also ensuring the service user’s human rights and liberties were respected. This involved amending the service user’s respective care plans and which incorporated risk management plans. The inspector did not find any examples of restrictive practice or restraint being used with service users in this setting. Discussions with management and five staff confirmed restrictive practices are not used in this setting for the current service user group. Care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user’s methods of communicating, their views,</p>	Compliant

<p>choices and needs.</p> <p>Positive comments were shared with the manager and staff regarding a new recently devised proforma entitled a ‘Checklist to consider practices which may result in Deprivation of Liberty or be viewed as restrictive practices.’ The minutes of joint day care and residential managers’ meetings were randomly examined by the inspector and examples were reviewed of what could be perceived as restrictive practices.</p> <p>Staff attend Respect refresher training once a year as part of the mandatory training programme, this had taken place in September 2014. Consultation with staff revealed their knowledge, skill and competence concerning this which is commensurate with their role and responsibilities.</p> <p>Staff access policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which provide guidance for staff.</p> <p>Discussions with staff validate management and staff member’s knowledge about when and why restraint is used including their understanding of exceptional circumstances. Staff working in the centre are aware of the exceptional circumstances when restraint or seclusion should be used, including how service users human rights are protected if restraint or seclusion is planned for or when it is used reactively. Staff are also aware of the Deprivation of Liberty Safeguards (DOLS) – Interim Guidance. The minutes of a Day care worker meeting held on 19 September 2014 were reviewed by the inspector during this inspection which showed Deprivation of Liberty issues were discussed and training had been identified and received by staff.</p>	
<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>As per Regulation 14.4 all staff are subject to the legislation, policy and procedures identified and trained in respect. To date staff have had no cause to implement respect.</p>	<p>Moving towards complian</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>No service users had been subject to restraint and use of restraint is not planned for in this service with the current group of service users.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available.</p> <p>A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as described in schedule 5 were reviewed by the inspector during this inspection. These are being maintained in accordance with legislation and minimum standards.</p>	<p>Not Applicable</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Moving towards compliance</p>

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	<p>Compliant</p>

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>Management of the Day Care Setting, the systems and arrangements are laid out as per the policies and procedures as per standard 17 - 32. I as the registered manager manage and delivery the service through the implementation of legislation policy and procedures relevant to the setting. I am also subject to upholding and manintain my professional registration along with the relevant qualifications and experience to manage the service. There is a duty officer identified for each day who also manages the enviroment and services in my absences. There job role, experience and qualifications are being sactioned by SMT- August 2014 from this a relevant training plan has been identified and set up. This wil compliment there already wide and varied qualifications and experience. Reporting systems are clearly laid down and staff are clear on the line management roles and responsibilities. All staff are suitably qualified for the roles and responsibilities there are employed in. The day to day management of the staff team is carried out through regular meetings, handovers, supervisions, training and reviews thus ensuring they are kept up to date and competent to deliver the service. They also work competently within the robust communication systems thus ensuring that the service is delivered with minimal risk. The resgistered provider oversees the operation of the service, she</p>	<p align="center">Substantially compliant</p>

<p>also visits the unit and carries out her inspections as per regulation 20. Any issues and or concerns are highlighted on the monthly returns and if necessary discussed with the registered manager.</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Gloucester Park Day Centre’s Statement of Purpose &amp; Service User Guide were recently updated in December 2014. The centre’s Prospectus for Day Services had been updated in August 2014.</p> <p>Mrs McMurray-Taylor has been the acting manager of Gloucester Park Day Centre since 2012 when she was transferred from another day centre in the Northern Trust where she was the registered manager. The centre’s Certificate of Registration is in the process of being amended to reflect Mrs McMurray-Taylor as being the registered manager of Gloucester Park Day Centre.</p> <p>The following staff are employed in the centre: six day care workers; six full time care assistants (all full time); part time administration officer; 2 part time domestic staff and four full time bus drivers. The staffing structure of the day care setting is clearly detailed in the centre’s statement of purpose and arrangements as described were observed on the day of the inspection. In the manager’s absence delegation of tasks to one of the day care workers was evidenced and clearly recorded in staff supervision records. The staffing compliment for the setting is appropriate in meeting the needs of the current service user group. There were no staffing concerns identified during this inspection.</p> <p>The manager has provided evidence of her NISCC registration and provided evidence of how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user’s rights in the day care setting.</p> <p>The inspector sampled the staff training, supervision and appraisal records and this did not reveal any concerns.</p> <p>Discussions with five staff during this inspection validate their knowledge is commensurate with their roles and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same. There are daily staff rotas indicating who is in charge of the day care setting in the manager’s absence. Staff are fully aware of their role and responsibilities to ensure management and control of operations tasks in the day care setting are competently completed, they also have contact mobile phone numbers of the manager and her line manager should the need arise.</p>	<p>Compliant</p>



Regulation 28/monthly monitoring reports evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements; and compliance with regulations and standards regarding same. All monthly monitoring visits are now unannounced in Gloucester Park Day Centre.

Gloucester Park Day Centre's Annual Quality Review report of April 2013–2014 was in place and reviewed by the inspector during this inspection. This included a review of the centre's accidents and incidents in the year; service user feedback and the outcomes of completed internal audits.

The Trust's Corporate Plan 2011-2014 was also made available to the inspector along with the Day Care Service Plan 2013-2014.

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>As per 20.1 along with the implementation of the supervision policy, staff are appropriately supervised for example the registered person supervises the registered manager on a monthly basis, the registered manager supervises the day care workers on 3 monthly basis, day care workers in turn supervise care assistants on a 6 monthly basis. This is accompanied by appraisals and KSF's and regular team meetings along with daily handovers.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A sample of two staff files were reviewed and confirmed supervision is in place in this day care setting. Discussions with three care staff members concluded they receive regular formal and recorded supervision in line with NISCC Codes of Practice and minimum standards.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p> <p>Discussions with three care staff in Gloucester Park Day Centre concluded they systematically and regularly participate in formal supervision and annual appraisal in accordance with NISCC Codes of Practice and minimum day care setting standards.</p> <p>A Supervision Audit Tool for Social Work &amp; Social Care Staff is in place in the supervision files of care staff and encompasses: formal &amp; regular supervision, permitting proper reflection &amp; discussion, written agreement, planned and purposeful activity, recording and storage, training, management / professional development and support functions; engagement, adherence to codes of practice.</p>	<p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Policies and procedures relevant to the managing of the service and the persons fit to work in the service are identified in standards 17 - 32. All staff go through a stringent shortlisting process followed by interviews, seeking of references, checking qualifications, ACCESS NI clearance and if successful they will complete a 6 monthly induction and if necessary are registered with NISCC. In relation to the duty officer role within day care following the reform and modernisation in 2010 specific managerial roles are being identified and additional training is being put in place - as per 20.2.</p>	<p>Moving towards compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>As stated in first criterion there are no concerns regarding compliance with this criterion.</p>	<p><b>COMPLIANCE LEVEL</b></p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection and did not reveal any concerns.

### **Service User Records**

Two service user files were inspected as part of this inspection. The inspector observed abbreviations had been used in one identified care plan; this was shared with the manager who agreed to discuss this with staff and amend the record. No other areas for improvement were noted. Staff are to be commended on the quality and content of the information recorded.

### **Registered Manager Questionnaire**

The manager submitted a questionnaire to RQIA prior to this inspection. The returned information confirmed satisfactory arrangements are in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents.

### **Statement of Purpose & Service Users Guide**

These documents were made available for this inspection and the inspector made reference to them. Examination of these documents did not reveal any concerns.

### **Monthly Monitoring Reports**

The inspector reviewed five regulation 28 reports for this inspection and this did not reveal any concerns regarding the frequency or the quality of content.

### **Environment**

The inspector undertook a tour of Gloucester Park Day Centre during the inspection. It can be concluded the centre is decorated to a good standard in most areas, is clean, tidy, organised and each room is functional for its purpose. Several identified areas are in need of redecoration, for example: new smaller toilet roll holders had been fitted in several toilet areas and discoloured or different coloured paint is visible because the wall areas were not repainted afterwards. There are a considerable number of marks on the non-slip floors in several identified WCs.

A visually impaired audit of the environment concluded new replacement fluorescent strip lighting is needed to go lengthways along corridors (the lighting is currently widthways). Two recommendations are made in the quality improvement plan regarding the environment.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Ann McMurray-Taylor, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Louise McCabe**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Gloucester Park Day Centre

18 December 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Ann McMurray-Taylor (**manager/ person receiving feedback**) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	25.1	<p><b><u>Environment</u></b></p> <p>It is recommended:</p> <p>(a) the flooring in the identified WCs is replaced as this is badly stained;</p> <p>(b) The identified areas are redecorated (additional information section refers).</p>	Once	<p>Works request for replacement flooring in the bathroom made on 03/02/15. Job no's: 379590 &amp; 379591.</p> <p>"Touch-up" re-decoration has occurred in January 2015.</p> <p>Works request made on 03/02/15 for re-decoration.</p>	By 15 June 2015
2	25.3	<p><b><u>Lighting</u></b></p> <p>It is recommended the fluorescent strip lighting is replaced lengthways along the ceilings in corridors as a result of the Visually Impaired audit of Gloucester Park Day Centre (additional information section refers).</p>	Once	Awaiting feedback on the minor works application.	By 15 June 2015

**Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:**

<b>Name of Registered Manager Completing Qip</b>	Ann McMurray-Taylor
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Dr Tony Stevens Una Cuning

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Louise McCabe	24.02.15
Further information requested from provider			