

# Unannounced Care Inspection Report 18 June 2019



## Gloucester Park Day Centre

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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

## 1.0 What we look for



## 2.0 Profile of service

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

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 18 June 2019 from 10.00 to 16.15 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012, The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of complaints, continuous quality improvement and effective team working.

Areas for improvement were identified under regulation regarding the care and welfare of service users. This had previously been identified as an area for improvement at the inspections of May 2018 and June 2017. This has become a regulation of this report.

Areas identified for improvement were under the care standards regarding; communication mediums in the day centre, the reporting of accidents/incidents to RQIA that are applicable under legislation and the care standards and evidencing that where shortfalls have been identified through audit, that the required remedial action has been taken and verified by the registered manager.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“It’s great here, didn’t know what to expect, really, really enjoy it.”

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

Details of the Quality Improvement Plan (QIP) were discussed with 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 23 May 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 May 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 23 May 2018

During the inspection the inspector met with:

- the registered manager, Catherine Kerr
- four staff
- fifteen service users on an individual basis

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were no questionnaires completed and returned within the specified timescale from service users or service users' representatives. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires completed and returned by staff within the specified timescale.

The following records were examined during the inspection:

- four service users' care records
- a sample of daily staff room rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- five monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated May 2018
- records of fire drills undertaken during 2018
- the Statement of Purpose and Service User Guide.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 23 May 2018**

The most recent inspection of the day care setting was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

## 6.2 Review of areas for improvement from the last care inspection dated 23 May 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 28 <b>Stated:</b> Second time <b>To be completed by:</b> 29 June 2018	The registered person shall ensure that monitoring visits are carried out at least monthly and that they meet the requirements of Regulation 28 and the Minimum standard 17.10.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of five monthly monitoring reports evidenced that these were carried out at least monthly and that they meet the requirements of Regulation 28 and the care standard 17.10.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> Second time <b>To be completed by:</b> 28 September 2018	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.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> The review of four service users care records did not evidence that these records were being maintained in an accurate and up to date manner.  <b>This standard has been subsumed into a regulation of this report.</b>	

## 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.**

The staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There were no completed satisfaction questionnaires from service users returned to RQIA and no issues regarding the staffing arrangements were raised in discussion. One service user commented; "I like coming here, I like the place." No issues were raised by staff in respect of the staffing arrangements and there were no completed staff questionnaires were returned to RQIA within the specified timescale.

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others, for example the manager, had completed training in supervision and appraisal.

The manager explained that all staff recruitment records were retained at the Northern Health and Social Care Trust (NHSCT) human resource department. The manager confirmed that electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Care Standards (2012) were provided prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

We were advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision). However, the manager stated that currently there was no assessed need for the use of any form of a restrictive practice. A policy was available and discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness/ concerns about poor practice and whistleblowing. A review of staff training records evidence that mandatory training in adult safeguarding had been provided for all staff. The manager stated there had been one referral to the adult safeguarding team and the information regarding this was retained within the service user's care record. The registered manager was the safeguarding champion for the centre and had completed the required training.

The premises was well maintained and in good decorative order. There were several rooms, of varying sizes, available for group activities and for individual work with service users, when

necessary. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

Service users and staff, 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 had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor dated May 2018 was viewed and there were no recommendations made at this time. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

“It’s great here, didn’t know what to expect and really, really enjoy it.”

**Areas of good practice**

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

A review of four service users’ records did not confirm that these were consistently maintained in line with the legislation and standards, for example; an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and did not evidence that these records had been updated on a regular basis or as changes occurred. Also, the review of the service users’ records did not evidence that there was an entry at least for every five attendances of an individual service user had made on a consistent basis. This had been stated for a second time on the quality improvement plan of the inspection of 23 May 2018. This has now been identified as an area for improvement under regulation in this report.

The records reflected the multi-professional input into the service users' health and social care needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted, however where a shortfall had been identified, there was no evidence that remedial action had taken place or that the action had been validated by the manager. This has been identified as an area for improvement.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

We confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users' meetings and staff meetings. The staff and a service user's representative confirmed that management operated an "open door" policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users' meetings were viewed during the inspection. It was unclear from the minutes if, when service user's made a suggestion, this was acted upon. It would also be helpful for service users who cannot attend the meeting if the minutes were displayed for service user's to read. The manager stated that service users are asked, on an annual basis, to complete a satisfaction (quality) survey. This is coordinated by the governance department in NHSCT. The most recent survey was May 2019 however the manager had not received the results of the survey. To facilitate effective communication mediums in the centre the views of service users should be made known through the sharing of information. For example, a newsletter, displaying the minutes of meetings and 'You said, We did' notice in response to suggestions made by service users. This has been identified as an area for improvement.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Staff and a service user's representative spoken to commented:

- "We're very passionate about our job; it's much more than a job." (Staff)
- "Staff are very patient with me; they do my care plan with me." (Service User)

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care reviews, communication between service users, staff and service users' representatives.

## Areas for improvement

Areas for improvement were identified regarding ensuring the health and wellbeing of service users through the care planning process, implementing effective communication mediums in the centre and ensuring that where shortfalls are identified at audit the required remedial action has been taken.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate.

Activities, such as art, cookery classes, music, quizzes, crafts and board games were part of the weekly programme. Shopping trips to local venues are arranged as well as afternoon lunch trips. We met with service users in one of the morning activities, a reminiscence quiz. Staff were inclusive and ensured all the service users had an opportunity to participate and the relationship between service users and staff was friendly, respectful and there was a lot of 'banter' which the service users enjoyed. Service users, in the main hall, spoke very positively in respect of the range of activities available and were appreciative of the many outings which were thoroughly enjoyed. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings and the approachability of staff. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

As discussed in 6.5 there were systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. However, as previously discussed the outcome of these meetings should be made available to all service users. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in the monthly monitoring reports that were reviewed. Each person's file contained progress notes and the minutes of the annual review of service relating to that person's involvement and wellbeing and these reflected the caring nature of the

relationships and interactions observed during the inspection. Staff members’ comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Gloucester Park Day Centre.

Service users spoken with during the inspection made the following comments:

- “I love it here.”
- “I like coming here, I like the place.”
- “..... is my key worker, I can go to her about anything.”
- “Staff are very patient with me and do my care plan with me.”
- “I know the manager, she’s very nice.”

There were no completed questionnaires returned to RQIA from service users.

We read a compliment from a service user’s representative. The following comment was made;

- “Delighted that ..... is smiling, laughing and clearly happy to be here, staff at the centre have been very welcoming and friendly.”

We spoke to staff during the inspection and comments included:

- “We do reviews, always ask the service user their opinions, we couldn’t do it without them.”
- “We’re here for our service users; it’s up to us to empower them.”
- “We’re very passionate about our job; it’s much more than a job.”
- “Manager is very approachable, talk to each other first but can go to the manager if needs be.”

There were no completed questionnaires returned to RQIA from staff within the specified timescale.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

**Areas for improvement**

No areas for improvement were identified

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The centre's statement of purpose and service users guide fully and accurately reflected the regulations and care standards. The registered manager, Catherine Kerr, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, care standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection's findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users' files, staffing information and written policies and procedures were made available. We discussed a range of the centre's current strengths and the aspects that require further development, as identified in 6.5 and 6.7.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user's guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant's satisfaction.

A review of the accidents/incidents/notifiable events did not confirm that staff has a clear understanding of what was reportable to RQIA in accordance with the legislation and procedures. This was discussed with the manager and has been identified as an area for improvement. A regular audit of accidents and incidents was undertaken and reported on in the monthly quality monitoring reports.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past five months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Gloucester Park and the Northern Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised. A staff member commented:

- "Manager is very approachable, talk to each other first but can go to the manager if needs be."

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, ongoing quality improvement and maintaining good working relationships.

## Areas for improvement

An area for improvement was identified regarding the reporting of any accident or incident which occurs to RQIA in accordance with legislation and the care standards.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a)  <b>Stated:</b> First time  <b>To be completed by:</b> 19 July 2019	The registered person shall ensure that staff promote and make proper provision for the care and welfare of service users through the care planning process. Assessments, care plans, reviews and progress recording must be accurate and up to date and reflect the current needs of service users.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> The centre has introduced a new documentation bundle to help ensure all information is captured to reflect current needs of service users and kept up to date.
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 17.9  <b>Stated:</b> First time  <b>To be completed by:</b> 19 July 2019	The registered person shall ensure that where shortfalls are identified through audit, the required remedial action has been taken and is verified by the registered manager.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> The audit system has been revisited and any shortfalls identified will be rectified in a more timely manner.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.2  <b>Stated:</b> First time  <b>To be completed by:</b> 19 July 2019	The registered person shall ensure that management's response to suggestions made or issues raised by service users is clearly stated.  Ref: 6.5  <b>Response by registered person detailing the actions taken:</b> Service users have been consulted about how they feel this could be improved. This will be taken forward with the service users and their committee.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 17.14  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate	The registered person shall ensure that staff are aware of which accidents and incidents are reportable to RQIA, in accordance with legislation and the care standards.  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> The registered person has ensured staff are aware of which accidents and incidents are reportable to RQIA.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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