



The Regulation and  
Quality Improvement  
Authority

Gloucester Park Day Centre  
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**Unannounced Care Inspection  
of  
Gloucester Park Day Centre**

**27 May 2015**

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

An unannounced care inspection took place on 27 May 2015 from 09.30 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

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

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	9

The details of the QIP within this report were discussed with Ms Ann McMurray Taylor, manage as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Dr Anthony Baxter Stevens Northern Health and Social Care Trust	<b>Registered Manager:</b> Mrs Elizabeth McMurray Taylor
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Ms Ann McMurray Taylor	<b>Date Manager Registered:</b> 10 February 2015
<b>Number of Service Users Accommodated on Day of Inspection:</b> 49	<b>Number of Registered Places:</b> 65

## 3. Inspection Focus

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

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

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

## 4. Methods/Process

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

Prior to the inspection the following records were examined:

- Notifiable events submitted since the previous care inspection
- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plans (QIP) from inspections undertaken in the previous inspection year
- The previous care inspection report
- Pre-inspection assessment audit

During the inspection, I observed care delivery/care practices and undertook a review of the general environment of the day service. During the inspection process the inspector met with 22 service users and had discussions with eight staff.

The following records were examined during the inspection:

- Centre's complaints record (none recorded) and recorded compliments since the previous inspection
- Three accidents/untoward incidents
- Statement of Purpose

- Service user's guide
- Minutes of three service user's meetings
- Six service users care files
- Service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Two monthly monitoring reports

## 5. The Inspection

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

The previous inspection of the service was an unannounced care inspection dated 18 December 2014. Two recommendations had been made. The completed QIP was returned and approved by the care inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 25.1</b>	<b><u>Environment</u></b> It is recommended: <ul style="list-style-type: none"> <li>(a) the flooring in the identified WCs is replaced as this is badly stained;</li> <li>(b) The identified areas are redecorated (additional information section refers).</li> </ul>	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager submitted a works request to the Trust's Estates Department on 3 February 2015 for replacement flooring in the identified WCs. The flooring has not yet been replaced nor a date established. This part of the recommendation will be restated in the QIP.  Touch up redecoration of the identified areas of the environment was completed in January 2015.	

<b>Recommendation 2</b>  <b>Ref:</b> Standard 25.3	<b>Lighting</b> 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).	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager submitted a works request to the Trust's Estates Department regarding this. The fluorescent lighting has not yet been replaced lengthways on the ceiling. This recommendation will be restated in the QIP and the service asked for timescales for this.	

## 6. The Inspection

### 6.1 Standard 5 Care plan: Where appropriate service users receive individual continence promotion and support

#### Is Care Safe? (Quality of Life)

The Trust has corporate policies and procedures pertaining to assessment, care planning and review. These are qualitative, robust and informative.

Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values.

The inspector met with staff and discussed infection prevention and control practices in the centre and the provision of personal protective equipment (PPE). Discussions concluded staff are up to date with their infection prevention and control training and good hand hygiene practices are in place. Diagrams of effective hand washing are in place in all WCs and bathrooms. No infection control concerns were noted during this inspection. Review of two monthly monitoring reports completed by the manager's line manager show hand hygiene is observed during her monthly monitoring visits.

Discussions with 22 service users and eight staff; review of care records and general discreet observations of staff interactions with service users concluded safe care is delivered in Gloucester Park Day Centre.

#### Is Care Effective? (Quality of Management)

The service's statement of purpose reflected service users are encouraged to be actively involved in completing their care plans.

The inspector's review of six service user's care plans showed these to be person centred. The inspector found the care plans to be qualitative and informative concerning:

- The programmes and classes attended
- The type of supervision, support or assistance needed by staff to enable the service user to be as independent as possible in aspects of their physical and mental health
- Service user's daily and weekly programme
- Management of any identified risks
- Other relevant areas specified in standard 5.2.

All of the care plans had either been completed with or by the service user with staff support. Two service user's care plans were dated and four identified care plans were not. One identified service user's care plan was dated October 2013. A discussion took place with the manager about the need to ensure regular and systematic reviews of service user's care plans to ensure they are kept up to date. If there are no changes, care plans should be reviewed on at least a yearly basis. A recommendation about this is made in the QIP.

One identified service user's care plan contained a declaration detailing their assessment and care plan has been discussed with them, this is good practice.

Two of the six care plans had not been signed by the service user, staff member and manager. Another two identified care plans had been signed by the staff member completing it but not by the service user or manager. A recommendation is made in the QIP for all care plans to be signed and dated by all relevant parties.

Discussions took place with two staff regarding continence promotion. Examples were given to the inspector of service users attending the centre who have dementia, one of whom has a preference for a particular bathroom without a mirror. There are service users who need verbal prompts from staff if they wish to use the bathroom. Several service users need staff support and guidance to walk to the bathroom and others need accompanied throughout the personal care process. This inspection evidenced that staff approach this area with sensitivity and respect for the service user's wishes. It was very apparent staff encourage and promote independence as support and assistance is only provided when this is assessed to be needed. Discussions with two service users confirmed this and that staff are respectful of their privacy and dignity. Staff confirmed several service users have a change of clothes in the centre.

During a tour of the environment, the inspector observed how and where continence products are stored. These are usually stored in clear closed storage boxes on shelves in the bathroom and labelled with the individual's name.

Further improvements are needed in identified service user's care plans regarding continence promotion. Where it is assessed service users need support and assistance from staff with their personal care needs, the manager must ensure:

(a) Where appropriate service user's care plans should detail:

- If staff prompting is needed and describe the language or signs used
- If the service user has a preferred bathroom or WC
- The type of support and staff assistance needed

- The name and type of continence product used
  - Where the continence product is stored.
- (b) Individual service user's continence products are not visible in the closed storage boxes.
- (c) In order to protect service user's confidentiality and preserve their dignity and privacy; staff should ensure the names of service users are not displayed on the box containing their continence products. This is so other service users using the bathroom cannot identify who uses the products. Consideration should be given to other appropriate methods of identifying service user's boxes of continence products.

The manager was advised to arrange continence promotion training for staff as this would increase their knowledge and awareness of how to promote continence with service users and update them on current available continence products. A recommendation is made about this in the QIP.

The inspector reviewed random samples of service user's progress care notes. These were qualitative and informative regarding how the service user was feeling on the day and any activities, groups or classes they participated in.

Discussions with the manager and review of the minutes of a staff meeting on 31 March 2015, showed personal care and continence promotion information was shared with staff.

Observations of staff interactions with service users and discussions with service users and staff conclude effective care is delivered in Gloucester Park Day Centre. Improvements and more information are needed in the continence promotion sections in identified service user's care plans to reflect the support and / or assistance needed by staff. Discussions with two identified staff members evidenced this support and assistance is provided by staff in the centre on a daily basis but is not currently detailed in these care plans.

### **Is Care Compassionate? (Quality of Care)**

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users were encouraged to make their own decisions, be independent and were discreetly supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach was used with service users, this was underpinned by strong core values.

Discussions with several service users who need staff support and/or assistance with their continence needs concluded staff are compassionate, caring and encourage them to be as independent as possible. Service users stated staff are discreet and respectful of their privacy and dignity at all times.

All of the service users stated the quality of their lives have improved significantly as a result of attendance at Gloucester Park Day Centre. Many said the ongoing support from staff and friendships with their peers helps them to maintain good mental health and coping mechanisms.

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

## Areas for Improvement

Three areas for improvement were identified with regards to care plans. These matters concerned:

1. Review and updating of identified service user's care plans to specify (where appropriate) how staff support and assist them regarding their personal care needs and continence support.
2. The signing and dating of service user's care plans.
3. Provision of continence awareness training to staff.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>3</b>
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### 6.2 Standard 8 - Service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

#### Is Care Safe? (Quality of Life)

The Trust's corporate policies and procedures are in place regarding standard 8.

Discussions with 22 service users, eight staff and management reflected how service users are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings; annual quality assurance evaluation report; complaints records and discreet observations of staff interactions with service users concluded safe care is delivered in Gloucester Park Day Centre.

#### Is Care Effective? (Quality of Management)

Discussions with the manager and review of documentation show everyone in the centre actively encourage service user involvement in all aspects of their work. Examples of this were shared with the inspector.

In accordance with day care regulations, the Gloucester Park Day Centre service should be annually reviewing each individual service user's day care placement. Minimum standard 15.5 states the service user's annual review report must reflect their views and opinions about their care and support. If they are unable to verbalise or share their views and opinions, this must be recorded in the review report. Annual reviews are an important process in ensuring service users are involved in their care. The inspector reviewed six service user's annual review reports during this inspection. Two identified service user's most recent annual review reports were dated January 2014 and March 2014. Standard 15.3 states a formal review of service user's day care placements should take place on an annual basis. This was discussed with the manager and a recommendation is made in the QIP for the reviews to be held as soon as possible. Assurances were given by the manager these would take place in the near future.

Three service user's annual review reports did not reflect their views and opinions of the quality of the day service and most did not contain information on all of the areas stated in standard 15.5. This was discussed with the manager and a recommendation is made in the QIP.

Quality assurance service user questionnaires are distributed annually in Gloucester Park Day Centre. The most recent one was distributed by the service users committee in March 2015. The Trust's governance department are in the process of collating these. An evaluation report will be forwarded to the manager of the centre.

There is a service users committee in Gloucester Park Day Centre. The inspector met with a group of five service users on the committee to ascertain their views and opinions of the quality of the day service and to ascertain if their views and opinions are asked for; listened to and appropriately responded to. All five service users stated the committee was effective in implementing positive change where and when this is needed in the centre and examples were given about this. They all stated the manager is available, fair, open to any suggestions for improvement, she listens, responds in a timely manner and takes action when this is required.

The minutes of several service users meetings were reviewed by the inspector during the afternoon. In conclusion most of these are informative and reflect the discussions that took place. There were no minutes in the file from the meetings that were held in February and March 2015. This was discussed with the manager.

Improvements are needed so that a copy of the minutes of all meetings are retained in a central file. The minutes of meetings should include:

- An agenda
- The names of those attending
- A summary of the matters discussed
- The actions agreed and who is responsible for completing them with time frames
- Minutes of the next meeting should detail if the actions from the previous meeting were completed.

A recommendation is made in the QIP about this. The inspector discussed this with representatives from the service users committee. The manager said she would meet with the committee about this and propose that training can be provided to the committee on this.

Gloucester Park Day Centre's complaints record was examined during this inspection. This did not contain any entries made since the centre's previous care inspection. A discussion took place with the manager about the need to record any area of dissatisfaction, concern or complaints raised by service users, their representatives, carers or the general public.

Discussions with 22 service users concluded there are effective forums and systems in place in Gloucester Park Day Centre for them to share their views and opinions. Any suggestions for improvements or issues raised are treated seriously and responded to by management and staff in a respectful, timely and efficient manner.

The inspector concludes the quality of care provision in Gloucester Park Day Centre is effective, however written documentation should be improved in the areas identified in this report in order to ensure compliance with this standard. Two recommendations are made in the QIP.

## Is Care Compassionate? (Quality of Care)

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

Refer to section 6.3.1 for qualitative comments made by service users about the Gloucester Park Day service.

The inspector's discussions with 22 service users conclude they are treated very well and with respect by the manager and staff. Most stated the manager and staff go above the call of duty to ensure everyone is treated fairly. It can be concluded the quality of care provision in Gloucester Park Day Centre is compassionate.

### Areas for Improvement

Two areas for improvement were identified as a result of the inspector's examination of this standard. These concerned:

1. The annual review of service user's day care placement and the associated report.
2. The minutes of service users meetings.

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

### 6.3.1 Service Users' Views

The inspector met with 22 service users during this inspection. Most discussions took place with service users individually or in small groups in the dining room. Several service users met with the inspector privately in a room. Five representatives from the service users committee met as a group. All of the discussions were very positive about the quality of day care provision in Gloucester Park Day Centre. No concerns were raised. Some of the comments made included:

- *"I enjoy coming here, it gets me out of the house and meeting people."*
- *"The staff are great, the lunches are good. There's lots to do and the only downside is you don't get paid for it."*
- *"This place and the staff are first class. I like it."*
- *"It's ok, I've been coming here for years and wouldn't still be here if I didn't like."*
- *"What I like about it is that everyone is very friendly. There's a good atmosphere and people are kind, especially the staff."*
- *"This place is wonderful, the staff are excellent and it's a vocation for many of them."*

- *“The staff treat me with respect, if I need help with going to the bathroom, I usually just put my hand up and they help me. They listen to me and will support me with whatever I ask. They will wait outside the bathroom if I ask them.”*
- *“The staff are kind and respectful and listen to us. I’ve made friends here. I was isolated from people beforehand.”*
- *“I come for the mens group and it gives me respite. The group, is a lifeline to a lot of people in the group. I’ve made a lot of good friends here, people I probably never would have met. I feel coming here has helped me to come to terms with my mental illness. This is a part of my journey and I’m enjoying it. I have seen positive changes in lots of people as a result of this place. The icing on the cake for me would be if they could modernise the dining room. The staff who takes the room is skilled at leading and facilitating it.”*
- *“There are lots of groups on here and it stops me from feeling lonely and isolated at home. Coming here gives me something to look forward to.”*
- *“I like it here because it gives me time for ‘me’ with nobody wanting me and I get peace. I enjoy the chat.”*

### 6.3.2 Discussions with Carers

The inspector met with the carer of one service user who attends the centre for part of a day. She expressed her gratitude to the staff and manager about the quality of care provision. The carer stated:

- *“The centre gives me respite and means I have a couple of hours to do a bit of shopping and have time for me. My husband said he enjoys it here and he gets his lunch. He has met people and made friends, it’s a social thing as much as a physio exercise thing. It helps him and I hope there continue to be groups that he’ll be able to participate in.”*

### 6.3.3 Discussions with staff

The inspector had discussions with eight staff employed in Gloucester Park Day Centre. Discussions focused on the quality of care provision, continence promotion and support and service user involvement. A summary of these discussions is included in the standards inspected. Staff spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector they felt a good quality of day service is provided to service users. No concerns were expressed during these discussions.

Four RQIA completed staff questionnaires were returned. The responses concluded staff were mostly satisfied or very satisfied that the quality of care provision in Gloucester Park Day Centre was safe, effective and compassionate. However three staff stated they were dissatisfied with the Trust’s training on Whistleblowing; two staff were dissatisfied with training on Communication methods and Core Values and one staff recorded they are dissatisfied about how to report poor staff practice. One staff member stated he/she is unsatisfied that equipment for service users is obtained in a timely manner to meet assessed need. All of these areas were communicated to the manager on 24 June 2015 and a recommendation is made in the QIP to address these issues.

### 6.3.4 General Environment

The inspector undertook a tour of Gloucester Park Day Centre. The environment was appropriately heated and was clean and tidy. There was a range of service user information displayed on walls or notice boards regarding the programmes and activities on offer. The general décor and furnishings were fit for purpose.

Two recommendations are restated in the QIP from the centre's previous care inspection as these have not been fully addressed.

During a discussion about continence promotion in the centre, staff said there can be occasions where there is a delay in WC or bathroom call bells being responded to. Staff felt this was because the call bell indicator panel is located in the front general office occupied by a part time clerical officer. As staff are based in their group rooms, there is difficulty in hearing the call bell. There have been occasions other service users are informing staff the call bell is sounding. This was discussed with the manager and a requirement is made in the QIP for the registered persons to review the effectiveness of Gloucester Park Day Centre's current call bell system.

A requirement is made in the QIP for the lock to be replaced on the door of the male WC (number 113) as this is missing. The pedestal of a toilet is to be replaced in an identified male WC as this is broken and cracked.

### 6.3.5 Accident/Incident Reports

The inspector reviewed three accident and incidents reports since the previous inspection. These are being appropriately recorded and reported to RQIA as per regulation 29.

One incident where concerns were expressed by a service user required an investigation. The investigation was thorough, the manager ensured appropriate follow up action was taken and the outcomes were shared with staff. Details of the outcomes of the investigation were retained in the service user's care file and reviewed by the inspector during this inspection. This review did not reveal any concerns.

### 6.3.6 Complaints

The inspector reviewed the centre's complaints and compliments records. There were no complaints recorded since the previous inspection. However review of the centre's accident and incident records showed a service user had raised an area of dissatisfaction. This had been investigated by the manager as an incident and details of the investigation were recorded. A copy of this and the learning from it were recorded in the respective service user's care file and the outcomes shared with staff. A discussion took place with the manager about this and the inspector advised the manager to retrospectively record this in the centre's complaints record. The manager agreed. A recommendation is made in the QIP about this.

#### Compliments

There were many compliments and thank you cards received by the Gloucester Park Day Centre service. Positive comments were shared with the manager about this.

### 6.3.7 Questionnaires

As part of the inspection process questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	8	4
Service Users	9	9

The following qualitative comments were made by service users:

- *"I enjoy coming to the day centre and meet people my age. The staff are very helpful and understanding."*
- *"The staff are very helpful with our needs and they are nice to talk to if you need any help."*
- *"We are happy with the service and the transport. The staff are very nice to get to know and they listen to us."*

#### Areas for Improvement

Three areas for improvement were identified regarding these additional areas examined. These matters concern:

1. Environment (two requirements)
2. Complaints record
3. Responding to training issues raised by staff in completed RQIA questionnaires

<b>Number of Requirements</b>	2	<b>Number Recommendations:</b>	2
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## 7. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Ann McMurray Taylor, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### Statutory Requirements

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

### Recommendations

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

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

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

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

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 26(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 June 2015</p>	<p>The registered persons must ensure:</p> <p>(a) The identified damaged pedestal of the toilet in the male WC must be replaced</p> <p>(b) The lock is replaced on the male WC door (room 113).</p> <p>The completed returned quality improvement plan must state the date these matters were actioned.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>(A) Works docket for replacement pedestal completed on 02/06/15 follow up 29/06/15, pedestal ordered and will be replaced within 3 weeks of this date.</p> <p>(B) Lock on male W/C room 113 replaced on 09/06/15.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Return of the QIP</p>	<p>The registered persons are asked to review the arrangements for responding to service users using the call bell in the toilets.</p> <p>The completed returned QIP must state the outcome of this review and the actions to be taken (with timeframes) to ensure staff are able to hear and immediately respond to the call bell system.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b></p> <p>Main control panel for Care Call system is situated in the General Office and the clerical staff pass on information immediately to staff. A review of the system and answering of calls will be carried out by the Estates Department. Works docket 8<sup>th</sup> July 2015.</p> <p>The inspector emailed the manager on 30 July 2015 requesting the outcome/s of this review by the Estates Department. The inspector was informed by care staff the clerical officer works on part time and therefore would not be in the office all of the time when service users are in the centre.</p> <p>A further email from the manager on 3 August 2015 stated <i>“in the meantime the reception/office window is to be left open. The call system can be clearly heard in the main hall and in the manager’s office. A notice has been placed at the reception for the reception windows to be left open during working hours.”</i></p>

Recommendations	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 5.3 and 5.6</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 28 August 2015</p>	<p>The manager must ensure all care plans are signed and dated by the service user, the member of staff completing it and the manager. Where the service user is unable to or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>When changes are made to the service user's care plan, the manager must ensure these are signed and dated by the service user, the member of staff completing it and the manager. The identified care plans are to be dated and signed by relevant parties.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All key workers in Gloucester Park Day Centre will be informed of the need to ensure that the two care plans are signed and dated, if the service user is unable or chooses not to sign this will also be recorded at staff meeting held 11<sup>th</sup> August 2015. Staff will also be informed at the staff meeting that any changes to the service users care plan must be signed by the service user and staff member completing it. The manager will audit all files on a yearly basis and sign when this audit has been completed.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 21.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 September 2015</p>	<p>The manager should make appropriate arrangements to further improve staff awareness in continence care and promotion of same with service users. The returned QIP must detail arrangements in place to address this improvement.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Staff awareness training in Incontinence Care has been organised for 4<sup>th</sup> November 2015.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 5 June 2015 for all</p>	<p>With regards to continence promotion with service users and where staff support and assistance is needed, the manager must ensure:</p> <p>(a) Where appropriate service user's care plans detail:</p> <ul style="list-style-type: none"> <li>• if staff prompting is needed and describe the language or signs used</li> <li>• if the service user has a preferred bathroom or WC</li> <li>• the type of support and staff assistance needed</li> <li>• the name and type of continence product used</li> </ul> <p>(b) Where the continence product is stored. Individual service user's continence products are not visible in the closed storage boxes.</p> <p>(c) In order to protect service user's confidentiality and preserve their dignity and privacy; staff should ensure the names of service users are not displayed on the box containing their continence products. This is so other service users using the bathroom cannot identify who uses the products. Consideration should be given to other appropriate methods of identifying service user's boxes of continence products.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All care plans will be reviewed by key workers and detailed as above. This will be discussed at the staff meeting to be held on 11<sup>th</sup> August 2015. As identified in this recommendation, all continence products will be stored in boxes in appropriate areas.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 14.10</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and Ongoing</p>	<p>The manager must ensure all areas of dissatisfaction, concern and complaints, formal or otherwise or recorded in the centre's complaints record. The area of concern identified during this inspection is to be retrospectively recorded in the complaints book.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The area of concern identified during inspection has been retrospectively recorded in the complaints book.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 8.3 <b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate &amp; ongoing</p>	<p>The manager should ensure the minutes of service user's meetings contain:</p> <ul style="list-style-type: none"> <li>• An agenda</li> <li>• The names of those attending;</li> <li>• A summary of the matters discussed</li> <li>• Any actions agreed with who is responsible for completing them with time frames</li> <li>• Minutes of the next meeting must detail if the actions from the previous meeting were completed.</li> </ul> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The format as above has been relayed to the Chairperson and Secretary of the Clients Committee on 20<sup>th</sup> July 2015. They will decide as a Committee if it is their choice to use this format.</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 15.3 <b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The manager must ensure:</p> <p>(a) the two identified service user's annual reviews of their day care placements are held as soon as possible and where possible with the referral agent.</p> <p>(b) Service user's annual review reports contain information on all relevant areas specified in standard 15.5</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The two identified service annual reviews have been held on 31/08/15 and all day care workers have now been supplied with a Service Users Database in which to record review dates. Service users annual review reports which need to contain information as specified in standard 15.1 will be discussed at the next Managers Meeting to be held on 20<sup>th</sup> August 2015 to ensure continuity within all the Day Centres within the Northern Health and Social Care Trust.</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 25.3 <b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 August 2015</p>	<p>The registered persons are asked to state on the completed returned QIP the action to be taken with timescales to replace the fluorescent strip lighting lengthways on the ceiling concerning the recommendation made as a result of the visually impaired audit of Gloucester Park Day Centre.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> As discussed with this Inspector in the day of the inspections, a DFP (General Business Case) has been submitted on 14<sup>th</sup> April 2015 and is awaiting funding for the installation of low vision lighting and redecoration.</p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 25.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> 30 August 2015</p>	<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> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Job number 379590 was discussed with the Estaes Department 29/06/15 it has been issued to outside contractors and is to be replaced within 2 weeks of this date.</p>		
<p><b>Recommendation 9</b></p> <p><b>Ref:</b> Standard 21.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 August 2015</p>	<p>The manager must ensure the training and equipment issues identified by staff in completed RQIA questionnaires are addressed. The training areas concern:</p> <ul style="list-style-type: none"> <li>• Whistleblowing</li> <li>• How to report poor staff practice</li> <li>• Core values</li> <li>• Communication methods</li> </ul> <p>The completed returned QIP must specify the action taken with timescales of when the above training is provided to staff.</p> <hr/> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The above training needs identified will be incorporated into the training needs analysis for 2015/16 as additional training requirement. An email has been sent 29/06/15 to request additional awareness raising training from the Equality Commission within the Northern Health and Social Care Trust for Whistleblowing and Reporting Poor Practice. An email has also been sent 09/07/15 to the training co-ordinator within the Northern Health and Social Care Trust to request additional training on Core Values and Communication Methods.</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Ann McMurray-Taylor</p>	<p><b>Date Completed</b></p>	<p>15/07/15</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Una Cuning Dr Tony Stevens</p>	<p><b>Date Approved</b></p>	<p>23.07.15</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Louise McCabe</p>	<p><b>Date Approved</b></p>	<p>24.09.15</p>

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**