

# Unannounced Care Inspection Report 16 June 2016



## Grove Day Centre Age NI

**Type of Service: Day Care**  
**Address: 8 Antrim Road, Ballynahinch, BT24 8AN**  
**Tel No: 02897565631**  
**Inspector: Dermott Knox**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Grove Day Centre Age NI took place on 16 June 2016 from 10.30 till 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

The day centre premises were in good condition with no obvious hazards for service users or staff. Risk assessments had been completed for service users. A temporary (bank) care worker was employed in the absence of the manager, who is also managing another Age NI day centre until the end of August 2016. Discussions with staff and service users confirmed that staffing levels met the currently assessed needs of service users, who affirmed that they were safe and well cared for. Safeguarding procedures were understood by the staff member who was interviewed. Observations of the delivery of care provided evidence that service users' needs were being met safely by the staff on duty.

### **Is care effective?**

Well-detailed assessments and care plans for each service user contributed to the delivery of effective care for those service users whose experiences and records were reviewed at this inspection. Positive outcomes and good quality care were affirmed by all those who engaged in discussions. The questionnaire respondents were very positive in their views of the effectiveness of care provided. Staff were deployed in a manner that made appropriate use of their skills and experience and enabled the centre to function effectively.

### **Is care compassionate?**

There was evidence of compassionate care being provided in the centre, including warm welcomes as people arrived, respectful and caring tones of interactions between staff members and service users and the discrete manner in which personal care matters were dealt with. Care practices that were observed showed that service users were treated with respect and were consulted regularly about their comfort and their involvement in activities. These values were also reflected in progress records and review reports. Five service users commented very positively on the quality of care and their enjoyment of attending the centre.

### **Is the service well led?**

The centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. Evidence from discussions with staff indicate that the manager has positive working relationships with members of the staff team and that they are confident in the practice of their colleagues. The staff member, who takes charge in the absence of the manager, is well qualified and has completed a competence and capability assessment for the role. Positive outcomes for three service users in the centre were evident from their records and reflect working practices that are well led, in spite of the manager having to split his time, temporarily, between two centres.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

### 1.1 Inspection outcome

Details of the Quality Improvement Plan (QIP) within this report were discussed with Darran McQuoid, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

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

### 2.0 Service details

<b>Registered organisation / registered provider:</b> Age NI. Ms Linda Robinson	<b>Registered manager:</b> Mr Darran McQuoid
<b>Person in charge of the day care setting at the time of inspection:</b> Mr Darran McQuoid	<b>Date manager registered:</b> 24 November 2015
<b>Number of service users accommodated on day of Inspection:</b> 13	<b>Number of registered places:</b> 15

### 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Record of notifications of events. No events had been notified to RQIA in the year preceding this inspection.
- Record of complaints. No complaints had been recorded in the year preceding this inspection.
- Quality Improvement Plan from the previous inspection on 17 September 2015.

During the inspection the inspector met with:

- Six service users in group settings
- The registered manager
- Two care staff for individual discussions
- One volunteer worker.

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports
- Progress notes for three service users
- Three monitoring reports for the months of February, March and April 2016
- Record of complaints
- Minutes of two service users'/Members' Council meetings
- Minutes of three staff meetings
- Training records for two staff
- Supervision and appraisal records for two staff
- A Competence and Capability Assessment for one staff who may take charge of the centre in the absence of the Day Care Worker.
- A sample of written policies, including those on 'Safeguarding', 'Untoward Incidents', 'Consent', 'Confidentiality', 'Service User's views' and 'Service User Agreement'.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 31 May 2016

The most recent inspection of the establishment was an announced estates inspection, from which one recommendation was made. The completed QIP will be returned for approval by the specialist inspector.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 17 September 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 26 (4) (e)  <b>Stated:</b> Second time	<b><u>Staff Training – Fire Safety</u></b>  The registered person is required to ensure that all staff receives annual fire safety training from a competent capable experienced person.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Training records showed that fire safety training had been provided for all members of staff, most recently, on 14 April 2016.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 26 (4) (a)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the fire risk assessment is fully implemented within the timescales stipulated in the risk assessment.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A fire risk assessment certificate was available on file as evidence of an assessment having been carried out on 18 September 2015, by an approved organisation.</p>	<p><b>Met</b></p>
<p><b>Last care inspection recommendations</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the continence policy has been further developed and is relevant to day care.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The continence policy had been reviewed and developed and more detailed initial assessments of needs in this respect were being carried out and recorded. These had been agreed and signed by service users where applicable.</p>	<p><b>Met</b></p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 4.4</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must:</p> <ul style="list-style-type: none"> <li>(a) ensure all service users' assessments have been updated and reflect current needs.</li> <li>(b) confirm the identified risk assessment has been updated with immediate effect.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that all assessments had been updated and this was verified through examination of three service users' files. Assessment information was found to be relevant and sufficiently detailed.</p>	<p><b>Met</b></p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> First time</p>	<p>The registered manager should confirm that:</p> <p>(a) care plans detail the specific assistance or support each service user requires regarding their continence needs.</p> <p>(b) care plans are reviewed regularly and are signed and dated by the service user.</p> <p><b>Action taken as confirmed during the inspection:</b> A detailed assessment and care plan, specifically with regard to continence needs and care, had been developed for each service user.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure a record of the qualifications of the person providing training and the content of training provided is maintained in the day centre.</p> <p><b>Action taken as confirmed during the inspection:</b> Training records confirmed compliance with this recommendation, including and subsequent to First Aid training on 27 October 2015.</p>	<p><b>Met</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 8.2 and 8.3.</p> <p><b>Stated:</b> First time</p>	<p>The registered manager must ensure arrangements are in place to obtain information regarding service users' views, comments, opinions and preferences. A record should be held of all meetings or discussions held.</p> <p><b>Action taken as confirmed during the inspection:</b> Minutes of three service users' meetings, now held monthly, were reviewed and provided evidence of service users involvement in making decisions and choices about the operations of the centre.</p>	<p><b>Met</b></p>

#### 4.3 Is care safe?

The manager and one staff member, 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. The staff member who takes charge in the manager's absence has several years' experience of working in the centre and completed a competence and capability assessment in 2015, for this leadership role. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a relative/carer. Risk assessments were present in each of the service user's files examined and each one had been signed as agreed by the service user. Two of the three service users' files examined did not contain a photograph of the person. It is a requirement, under Regulation 19(1)(a) that a recent photograph should be included.

Four service users returned completed questionnaires to RQIA and were unanimous in their praise of the quality of care provided. All four people expressed the view that all aspects of the service provided were excellent. Two service users contributed through individual discussions to the inspection process and spoke of their enjoyment of spending time at the centre and of taking part in the various activities. Both confirmed that they felt safe in the centre, in the transport bus and in organised activities.

Service users' rights and of the methods available to them of raising a concern or making a complaint, had been discussed in a recent service users' meeting. Evidence from discussions, observations and in written records indicated that staff seek the views of service users, their representatives and the referring agency, regarding the support programmes in which they participate. Staff presented as being well informed of the needs of service users and of methods of working with them.

The centre was clean, and in reasonable repair and service users confirmed that they were provided with a safe environment in which to take part in activities. It is noted that re-decoration of some areas was recommended at a recent RQIA estates inspection. A written certificate from an appropriately licenced company showed that fire safety testing in the premises had been completed on 10 June 2016, with no faults found. Fire alarm systems checks were carried out and recorded on a weekly basis. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs.

There was evidence to support the view that, with the exception of the absence of photographs from service users' records, safe care is provided in Grove Age NI Day centre.

### Areas for improvement

It is a requirement, under Regulation 19(1)(a) that a recent photograph of a service user should be included in his or her records.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

The Grove Day Centre and Age NI have quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Records of staffs' training were up to date. There was evidence from discussions with staff to confirm that they were well-motivated to provide effective care. The manager and staff worked to involve service users in a variety of experiences, making full use of the available rooms and local resources.

Three service users' files were examined and each was found to contain detailed assessment information on the individual and on his or her functioning. Risk assessments were in place for the aspects of the service that were relevant to the individual service user. Care plans addressed the identified needs in sufficient detail to enable service users, staff and others to understand the agreed objectives for supporting the individual. The model in use for care plans originates in residential and nursing homes' operations and includes areas that may not be relevant or most appropriate for a day care setting. It is recommended that the care plan format should be reviewed and updated, to relate more concisely to the individual's assessed needs.

A record was kept of each service user's involvement and progress. Three service users, in a group setting, spoke about their experiences of participating in the centre's activities and of the individual benefits that they experienced in attending the centre. Records of annual reviews for

each person showed that an evaluation of the overall suitability of the placement had been discussed and agreed. Review reports were available in each of the files examined and these were informed by the clearly written progress records for each service user. The evidence indicates that the care provided is effective in terms of promoting each service user’s involvement, enjoyment and wellbeing.

**Areas for improvement**

It is recommended that the care plan format should be reviewed and updated, to relate more concisely to the individual’s assessed needs and to include achievable goals.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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**4.5 Is care compassionate?**

Service users confirmed that the registered manager and staff make them feel welcome, offer them choices and involve them in decision making during their time in the day care setting. Service users were greeted on their arrival in the morning with tea or coffee and a light snack. Throughout the period of the inspection staff were seen and heard communicating in a warm, caring and good humoured manner with service users. Service users were afforded privacy and respect and were encouraged to choose the activities in which they wished to participate.

Staff demonstrated a detailed knowledge of service users’ wishes, preferences and assessed needs as identified within the service users’ care plans. There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. The responses in the four service user questionnaires, returned to RQIA by the completion date of this report, affirmed strongly that compassionate care was delivered in the Grove Day Care setting. The views of service users were sought during the monthly quality monitoring visits and these comments were included in the monthly reports for February, March and April 2016 which were reviewed.

Throughout the inspection, service users commented very positively on the quality of the care they received and the kindness and thoughtfulness of staff.

Examples of some of the comments made by service users are listed below. The first comment is from a woman who asked to meet in private with the inspector.

“The people here are so kind and thoughtful. I never met such kindness anywhere.”

“I come here three days a week and I always look forward to it. It is so nice to have company and to take part in games and things to keep my brain working.”

“Coming here has helped me so much, I just can’t describe it.”

Evidence from discussions with service users and from written records confirmed that activities in the centre are motivating and enjoyable. Service users are encouraged to contribute to the “My Day—My Choice” notice board, so that the choice of activities is significantly influenced by them. Four service users spoke enthusiastically about the benefits of the various activities, including word games, quizzes, crafts, story reading, memory games, reminiscence, armchair exercises, draughts and bingo.



## Areas for improvement

No areas for improvement were identified at this inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.6 Is the service well led?

A number of policies and procedures were reviewed during this inspection, including those on 'Competent and Capable Persons', 'Confidentiality', 'Service User Views', 'Safeguarding Vulnerable Adults' and, 'Fire Safety'. The registered manager provided evidence of recent reviews of policies, several of which were in the manager's In-Tray, having just been delivered to the centre, from Age NI's regional office. Policies were found to be clearly written and supportive in their guidance to staff.

There was observational evidence of positive working relationships between the registered manager and staff in the centre. Records of staffs' training were up to date and staff members were positive in their views of the quality and relevance of the training provided.

One of the two part-time staff members, who take charge in the manager's absence, has gained a NVQ Level 3 qualification and is currently enrolled on a Level 5, Leadership and Management course. Systems were in place for the provision of formal staff supervision and support. Examination of two staff members' files showed that formal supervision had taken place in May 2016, but that it had been less frequent than required over the past year. This may be due in part to the manager having been asked to manage an additional day centre for a period of several months. It is recommended that staff have recorded individual, formal supervision sessions no less than every three months.

Monthly monitoring reports showed that the required aspects of the centre's operations were checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. The reports provided evidence of discussions with service users and staff members on each visit. Completion of monitoring action plans was checked by the monitoring officer in subsequent visits.

Positive outcomes for three service users in the centre were evident from their records and from discussions throughout the inspection. This indicates a high degree of commitment from staff members and working practices that are well led.

## Areas for improvement

It is recommended that staff have recorded individual, formal supervision sessions no less than every three months.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Darran McQuoid, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

## 5.2 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 provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 19(1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2016	<p>The registered provider must ensure that a recent photograph of a service user is included in his or her records.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            The process of taking new photographs of all existing service users has begun with a digital camera. This has been interrupted by the holiday period however this will be completed with images printed and placed in files in August 2016.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5.2  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2016	<p>The registered provider should ensure that the care plan format is reviewed and updated, to relate more concisely to the individual's assessed needs and to include achievable goals.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            A new care plan format has been issued which reflects the suggestions and requirements following inspection. This format will be used for all new service users and be phased in for existing service users following annual reviews.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 22.2  <b>Stated:</b> First time  <b>To be completed by:</b> 29 July 2016	<p>The registered provider should ensure that staff have recorded individual, formal supervision sessions no less than every three months.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b>            Staff have been given dates in August for formal supervisions and these will continue on a quarterly basis unless situations dictate otherwise.</p>

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



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