



The Regulation and  
Quality Improvement  
Authority

Grove Day Centre Age NI  
RQIA ID: 11068  
8 Antrim Road  
Ballynahinch  
BT24 8AN

Inspector: Maire Marley  
Inspection ID: IN023495

Tel: 02897565631  
Email: [darran.mcquoid@ageni.org](mailto:darran.mcquoid@ageni.org)

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**Unannounced Care Inspection  
of  
Grove Day Centre Age NI**

**17 September 2015**

**The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)**

## 1. Summary of Inspection

An unannounced care inspection took place on 17 September 2015 from 10.00 to 15.00 hours. 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            | 5               |

The details of the 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.

## 2. Service Details

|  |   |
|--|---|
| <b>Registered Organisation/Registered Person:</b><br>Age NI/Linda Robinson                   | <b>Registered Manager:</b><br>Darran McQuoid            |
| <b>Person in Charge of the Day Care Setting at the Time of Inspection:</b><br>Darran McQuoid | <b>Date Manager Registered:</b><br>Registration Pending |
| <b>Number of Service Users Accommodated on Day of Inspection:</b><br>11                      | <b>Number of Registered Places:</b><br>15               |

### 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 and themes 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

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

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

- discussion with the manager
- discussion with 11 service users
- discussion with a staff member and a volunteer
- discussion with 1 visiting community mental health nurse
- observation during an inspection of the premises
- evaluation and feedback

At the commencement of the inspection a poster was displayed informing service users and representatives that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- monthly monitoring reports completed from April 2015 - August 2015
- staff duty rotas
- staff training records
- staff supervision history
- selected policies and procedures
- five care records
- accident and incident records
- record of complaints and investigations.

## 5. The Inspection

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

The previous inspection of the service was an announced care inspection dated 18 December 2015. 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 Statutory Requirements                    |  | Validation of Compliance |
|---|--|--------------------------|
| <b>Requirement 1</b><br><br><b>Ref: Regulation 26 (4) (e)</b> | <p><b><u>Staff Training – Fire Safety</u></b></p> <p>The registered person is required to ensure that all staff receives annual fire safety training from a competent capable experienced person.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>           Training records viewed on the day found that staff had not received fire training as requested. This requirement is restated.</p> | <b>Not Met</b>           |
| <b>Requirement 2</b><br><br><b>Ref: Regulation 14 (d)</b>     | <p><b><u>Staff Training – First Aid</u></b></p> <p>The registered person must ensure that suitable arrangements are in place for the training in first aid of care staff employed in the centre.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>           Training records viewed on the day confirmed that staff had received training in first aid on 27 March 2015.</p>                    |                          |
| <b>Requirement 3</b><br><br><b>Ref: Regulation 14 (3)</b>     | <p><b><u>Staff Training – Safeguarding</u></b></p> <p>The registered person must ensure that staff receives training in safeguarding.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>           Training records viewed confirmed that staff had received training regarding Safeguarding Vulnerable Adults in 17 February 2015.</p>   | <b>Met</b>               |

| Previous Inspection Recommendations   |   | Validation of Compliance |
|---|---|--------------------------|
| <b>Recommendation 1</b><br><br><b>Ref:</b> Guidance in Mandatory Training For Providers Of Care In Regulated Services (RQIA) 2013 | <b><u>First Aid</u></b><br><br>It is recommended that annual updates in first aid is provided in keeping with RQIA Guidance.  | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Training records viewed on the day confirmed that the staff had received training in first aid on 27 March 2015. |                          |

### 5.3 Standard 5: Care Plan –

#### Is Care Safe?

There was a continence promotion policy and procedure written by Age NI which is due for review in November 2015. The policy described arrangements more suitable for residential or domiciliary care and should be made relevant to day care. In addition, the policy lacked detail and should be further developed to direct and guide staff in the promotion of continence.

Observation, review of staffing levels and service users' positive feedback confirmed there were sufficient numbers of staff employed in the day care setting to meet the identified needs of service users who attend.

There was evidence that staff had received moving and handling training however it was noted a range of mandatory training had been delivered in one day. There was no record of the qualification of the trainer or the content of the training programme. A recommendation regarding this is made.

There was evidence that staff were in receipt of annual appraisals and regular formal supervision; staff reported that care plans and the assessed needs of individuals is a featured topic in their supervision.

On the day of inspection staff were observed to be confident in carrying out their duties and they demonstrated a good understanding of individuals assessed needs.

Service users reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

The manager had taken up post in August 2015 and it was evident that he was committed and had made several positive changes to the centre. We were assured he was committed to providing safe care and spoke of improvements he was planning to implement over the forthcoming months.

#### Is Care Effective?

Discussion with the manager and a member of staff confirmed that the majority of the service users who attend the centre do not require support with their continence needs. Some service

users avail of continence protection and are independent; on occasion staff may provide some assistance.

Staff confirmed that service users bring in their own continence protection and these are retained by the service user or stored in a discreet manner in the bathroom. Information was provided by the manager that one service user's personal care needs are met by domiciliary care workers who attend the centre to provide support.

Four service users' care records were examined during this inspection. Assessments and risk assessments were completed by staff; however, three of the assessments examined had not been reviewed since 2012. One service user had a fall in August 2015 and it was noted this assessment had not been reviewed following the accident.

The care plans examined were limited in detail and should be further developed to include the specific assistance or support each service user requires regarding their assessed needs. Care records included a "getting to know you" document. This document, if completed fully, can provide valuable information on things that are important to each service user and this information can direct staff practice. However, the information examined in the "getting to know you" documents was limited. It was noted three care plans had not been reviewed and two care plans had not been signed, and there was no evidence service users or their representatives had been involved or consulted. Care plans should be reviewed regularly and should be signed and dated by the service user.

The deficits in the care records were discussed with the manager and he recognised that significant development was required.

During the tour of the environment staff reported there was a sufficient number of bathrooms to meet the assessed needs of the service users. It was noted there were suitable storage for emergency continence products. Adequate supplies of aprons and gloves were observed and staff confirmed there is always a sufficient supply of personal protection equipment available to them. Hand washing dispensers were available throughout the centre.

### **Is Care Compassionate?**

The observation of staff interactions with service users throughout the inspection period presented evidence of a high level of compassionate care being delivered.

Service users spoken with were most complimentary about the care and support they received when attending the service. Everyone stated they were very satisfied with the service provision and there were no issues raised during the inspection.

A staff member spoke of the importance of meeting service users' needs in a respectful, dignified manner. During periods of observation it was noted that assistance was provided in a discreet private way.

Service users consulted privately were very complimentary about the care and support they received when attending the day care service. They felt their personal care needs were met discreetly and felt staff were trained for their roles. Comments made on the day of inspection were as follows:

- “Staff are great and the new manager has just fitted in.”
- “No-one could complain about this place; it is just great.”
- “I am safe here; I have no concerns about anything.”
- “This is a really good place.”

As part of the inspection process five RQIA questionnaires were distributed and completed by service users; the responses indicated that service users were either very satisfied or satisfied with the quality of care provided: Comments recorded included:

- “I enjoy and appreciate the service provided to me. “
- “I think there are plenty of staff.”
- “I am supported to get from the transport to the centre via a wheelchair as I get tired.”

Two RQIA questionnaires were distributed and completed by staff; the responses indicated that staff were either very satisfied or satisfied with:

- access to continence products
- personal protective equipment (PPE)
- how to assist and support a service user with their personal care needs

There were no issues raised about the quality of personal care or support provided in the day care centre.

### **Areas for Improvement**

The following areas were identified for development and recommendations made.

The continence promotion policy should be further developed and should be relevant to a day care setting. The policy should direct and guide staff in the promotion of continence.

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.

The manager should confirm a review of service user’s assessments has been undertaken and all assessments have been updated to reflect current needs. The identified service user assessment must be updated with immediate effect.

The registered manager should confirm that the care plans detail the specific assistance or support each service user requires regarding their continence needs. Care plans should be reviewed regularly and should be signed and dated by the service user.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>4</b> |
|--------------------------------|----------|-----------------------------------|----------|

#### **5.4 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?**

The organisation has a range of policies to promote service user involvement in the day centre and each policy showed the dates of review.

A complaint procedure was available and appropriate records maintained of any complaint or expression of dis-satisfaction received. A review of the record of complaints found there were no complaints recorded for the year April 2014 – September 2015.

Service users were aware that if they had any concerns or issues they could approach staff or the manager and they confirmed they would feel comfortable speaking to them about any issues or concerns they may have. The registered manager and staff consulted were fully familiar with the action to take in the event of a service user expressing dissatisfaction with any element of service provision.

Relevant policies regarding the protection of vulnerable adults from abuse and whistleblowing were in place and records indicated that staff training on the subject was up to date.

As previously stated, care plans examined did not provided evidence that service user are actively encouraged to be involved in the planning of their care. There was good evidence that service users participate in their annual care reviews.

Service users consulted confirmed their views were listened to and they were encouraged and supported to provide their views on the day to day running of the service.

The discussions with service users assured us that service users views and comments shape the quality of service provided in this day care setting.

##### **Is Care Effective?**

Service users spoken with on the day of inspection stated they were consulted daily regarding their preferred activities and routines; service users related that they sometimes just wanted to chat and they were given the freedom to do that. Service users reported they had planned activities, outings and their annual Christmas dinner. On the day of inspection a retailer had brought a range of clothing to the centre for service users to view and purchase. It was evident that everyone enjoyed the shopping experience and some service users spoke of the difficulties they had accessing shopping and this provided an opportunity for them to shop independently. Service users were keen to learn the date of the next shopping afternoon.

The discussions held with service users confirmed they are fully informed and enabled to participate and direct the decision making affecting their care in this centre. However, the centre should establish a forum to gather service users' views about all aspects of service delivery. A record of the matters discussed by service users should be maintained and the action taken in response to matters raised.

Staff spoken to during inspection were able to discuss service user assessed needs and their individual likes and dislikes. Monthly monitoring of the service includes the designated person



interviewing service users, and on occasions their representatives, and their views and opinions are recorded.

The manager reported that service users' views and opinions about the running of the service had been sought formally by Age NI and the returned responses were currently being analysed. This information was confirmed by service users who spoke of completing questionnaires.

### **Is Care Compassionate?**

Service users were observed arriving at the centre and the manager was noted to meet and greet each person by name in a friendly welcoming manner. During the day interaction between staff and service users remained professional and caring and it was evident that a good rapport had been established. Staff were observed attending to service users in a discreet professional way and assisting them as and when required.

During periods of observation of practice staff were observed to listen to and respond to service users appropriately. Staff used their knowledge of each service user to initiate conversations regarding their interests, family, their local area and life. Throughout the day there was a relaxed atmosphere with appropriate banter and service users related: "We always have a good laugh and a bit of craic and that is important when you live alone."

As part of the inspection process RQIA questionnaires were issued to five service users. The review of the returned questionnaires found that service users indicated they were very satisfied with the care and support provided and confirmed that staff respond to their needs and that they felt safe in the centre.

Staff consulted on the day demonstrated full knowledge of the values underpinning day care and were committed to ensuring the views of each was listened to and valued. Staff worked tirelessly to ensure that each day at the centre was a positive experience. We observed service users being assisted with various tasks in a quiet, dignified manner and staff were observed to be respectful in all their interactions with service users.

We met and spoke with the 11 service users who were attending the centre on the day of inspection; we spoke to service users mostly in small groups in the different group rooms and privately with four service users.

Service users spoke of the benefits of the centre and related that many of them had been attending the centre since it opened. One service users related that when he/she joined the service he/she had been warmly welcomed by both staff and service users and this had assisted them to settle in. It was very evident that service users had developed strong friendships with each other and the staff team and there was a warm relaxed atmosphere with lots of jovial banter. Comments on the care provided by the day centre included:

- "I have been coming here since it opened and wouldn't miss it."
- "A great place, I have so many friends here."
- "This is a life line; I would just be sitting at home staring at four walls."
- "I'm on my own and this centre is so important to me."
- "We have a say in everything we do."

- “It is great to get the clothes coming in and you get other people’s opinions about what suits you; I love it.”

A community nurse took the opportunity to speak with the inspector and spoke highly of the centre explaining it really was a life line for some of her patients. This professional expressed that staff always communicated appropriately any concerns regarding service users and felt the new manager was having a positive impact on the service delivered.

The findings of the inspection indicate that staff deliver safe and effective care which is informed by their knowledge of each individual service user and their needs. However, improvements must be implemented to formally obtain and record the service users’ views, comments, opinions and preferences.

### Areas for Improvement

Arrangements must be implemented to formally obtain and record information regarding service users’ views, comments, opinions and preferences.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>0</b> | <b>Number of Recommendations:</b> | <b>1</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 5.5 Additional Areas Examined

A review of the fire training records for staff was undertaken and it was noted that the previous requirement requesting fire training to be provided had not been actioned; in addition, the manager had recently taken up post and it was noted that fire awareness training had not been provided for him. The manager had a Fire Awareness Training Certificate from his previous employment. Fire training must be provided with immediate effect and the manager agreed to ensure fire awareness training was provided as requested.

Age NI occupy an adjoined building owned by the Trust. A review of the Trust fire risk assessment for the entire building found that Age NI were responsible for ensuring they had an up to date fire risk assessment pertinent to the day care setting. There was no evidence that Age NI had undertaken a fire risk assessment of the day centre. Following the inspection confirmation was received that the risk assessment had been updated. The registered person must ensure the risk assessment is fully implemented within the timescales stipulated in the risk assessment.

### Areas for Improvement

The registered person must ensure all staff are in receipt of fire training with immediate effect. Arrangements should be in place to ensure the fire risk assessment is completed and reviewed regularly.

|                                |          |                                   |          |
|--------------------------------|----------|-----------------------------------|----------|
| <b>Number of Requirements:</b> | <b>2</b> | <b>Number of Recommendations:</b> | <b>0</b> |
|--------------------------------|----------|-----------------------------------|----------|

## 6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Darran McQuoid, Registered 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.

### 6.1 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.

### 6.2 Recommendations

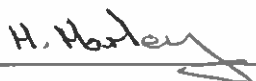
This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 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.

| <b>Quality Improvement Plan</b>   |  |
|---|--|
| <b>Statutory Requirements</b>   |  |
| <b>Requirement 1</b><br><br><b>Ref:</b> Regulation 26 (4) (e)<br><br><b>Stated:</b> Second Time<br><br><b>To be Completed by:</b> Within one week | <b><u>Staff Training – Fire Safety</u></b><br><br>The registered person is required to ensure that all staff receives annual fire safety training from a competent capable experienced person.<br><br><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Training booked with Chubb and will take place on 28/11/15.  |
| <b>Requirement 2</b><br><br><b>Ref:</b> Regulation 26 (4) (a)<br><br><b>Stated:</b> First Time<br><br><b>To be Completed by:</b>                  | The registered person must ensure the fire risk assessment is fully implemented within the timescales stipulated in the risk assessment.<br><br><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Fire Safety Solutions carried out and certified a Fire Risk Assessment on 18/09/15.  |
| <b>Recommendations</b>  |  |
| <b>Recommendation 1</b><br><br><b>Ref:</b> Standard 18.1<br><br><b>Stated:</b> First Time<br><br><b>To be Completed by:</b> 31 October 2015       | The registered person must ensure the continence policy has been further developed and is relevant to day care.<br><br><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>The Continence Policy has been reviewed further and developed and will be incorporated in all care plan reviews.  |
| <b>Recommendation 2</b><br><br><b>Ref:</b> Standard 4.4<br><br><b>Stated:</b> First Time<br><br><b>To be Completed by:</b> 30 November 2015       | The registered manager must:<br><br>(a) ensure all service users' assessments have been updated and reflect current needs.<br>(b) confirm the identified risk assessment has been updated with immediate effect.<br><br><b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>All assessments and care plans are being updated to new format and will reflect current service user needs. The identified risk has now been noted and discussed at annual review meeting. |

|   |   |                       |           |
|---|---|-----------------------|-----------|
| <b>Recommendation 3</b><br><br><b>Ref:</b> Standard 5.2,<br><br><b>Stated:</b> First Time<br><br><b>To be Completed by:</b><br>30 November 2015         | The registered manager should confirm that:<br><br>(a) care plans detail the specific assistance or support each service user requires regarding their continence needs.<br>(b) care plans are reviewed regularly and are signed and dated by the service user. |                       |           |
| <b>Recommendation 4</b><br><br><b>Ref:</b> Standard 21.8<br><br><b>Stated:</b> First Time<br><br><b>To be Completed by:</b><br>30 November 2015         | <b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>As care plans are reviewed continence needs will also be assessed, reviewed, signed and dated.  |                       |           |
| <b>Recommendation 5</b><br><br><b>Ref:</b> Standard 8.2 and 8.3.<br><br><b>Stated:</b> First Time<br><br><b>To be Completed by:</b><br>30 November 2015 | <b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>This will begin following First Aid training on 27/10/15 and for all training thereafter.   |                       |           |
| <b>Recommendation 5</b><br><br><b>Ref:</b> Standard 8.2 and 8.3.<br><br><b>Stated:</b> First Time<br><br><b>To be Completed by:</b><br>30 November 2015 | <b>Response by Registered Person(s) Detailing the Actions Taken:</b><br>Monthly meetings will take each month. Minutes will be taken and an action plan put together for the following month.   |                       |           |
| <b>Registered Manager Completing QIP</b>  | Darran McQuoid  | <b>Date Completed</b> | 16/10/15  |
| <b>Registered Person Approving QIP</b>  | Denise McDonald   | <b>Date Approved</b>  | 27/10/15  |
| <b>RQIA Inspector Assessing Response</b>  |    | <b>Date Approved</b>  | 25/11/15. |

*\*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\**

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