



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

## **Announced Primary Care Inspection**

**Name of Establishment:** Grove Wellbeing Day Centre  
**RQIA Number:** 11094  
**Date of Inspection:** 17 November 2014  
**Inspector's Name:** Dermott Knox  
**Inspection ID:** IN020309

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of centre:</b>	Grove Wellbeing Day Centre
<b>Address:</b>	Grove Wellbeing Day Centre 120 York Road Belfast BT15 3HF
<b>Telephone number:</b>	(028) 90 72 63 63
<b>E mail address:</b>	roberta.milligan@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Colm Donaghy Belfast HSC Trust
<b>Registered manager:</b>	Mrs Roberta Milligan
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Roberta Milligan
<b>Categories of care:</b>	DCS-I
<b>Number of registered places each day</b>	30
<b>Number of service users accommodated on day of inspection:</b>	25
<b>Date and type of previous inspection:</b>	25 November 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	17 November 2014 10:00am – 4:00pm
<b>Name of inspector:</b>	Dermott Knox

## 2.0 Introduction

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

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

## 3.0 Purpose of the Inspection

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

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

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

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

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

## 4.0 Methods/Process

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

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

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

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

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

## 5.0 Consultation Process

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

Service users	9
Staff	2
Relatives	2
Visiting Professionals	1 Student

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

Issued To	Number issued	Number returned
Staff	5	3

## 6.0 Inspection Focus

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

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

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

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

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

## 7.0 Profile of Service

The Grove Wellbeing Day Centre is situated on the second floor of the Health and Well Being Centre in a suite of rooms designated for their (exclusive) use. The centre may be accessed easily by service users, as the sloping site allows vehicles to reach this upper level at the rear of the building.

The centre operates from Monday to Friday each week in a building which also houses GP surgeries, a pharmacy and health and social care service offices. The building is owned by Belfast City Council and also contains public leisure facilities including a cafe, swimming pool and library. Grove Day Centre service users have a weekly session of activities in the sports hall, along with service users from another day centre.

## 8.0 Summary of Inspection

A primary announced inspection was undertaken in Grove Wellbeing Day Centre on Monday 17 November 2014 from 10:00 am until 4:00pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There were no requirements or recommendations from the previous inspection.

The inspector was introduced to many of the service users attending the centre and met for discussions with nine people, either at lunch, or during relaxation time. Individual discussions were held with the manager, two staff, two relatives and one student nurse, regarding the standards, team working, management support, supervision and the overall quality of the service provided. Three completed questionnaires were returned by staff members, who reported that there were good management and staffing arrangements in the centre and that they were very confident of the high quality of the service provided.

Discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to comply with, or to exceed, the minimum standards for day care settings. Service users, in two separate groups, spoke very highly of the staff and of the service they provided. They said that they enjoyed all aspects of their time in the centre, including the social and friendship aspects, the "brilliant staff" and the excellent lunches. Two relatives, individually, praised the manager and staff for their dedication and commitment, one of them saying, "Nothing is too much trouble for the manager and staff here, they are so good".

There was evidence from discussions and in written records to indicate a high level of involvement of service users in decision making with regard to their care plans and the activities in which they participated. These included a good range of cultural and entertainment activities in the local community, including very popular shopping trips. One service user said, "If it wasn't for the people in this centre, I'd never be out of my house".

Thanks are due to service users who welcomed the inspector to the centre and contributed to the evaluation by sharing their experiences. Also to the two relatives who gave their time and views on the provision of services. The inspector also wishes to acknowledge the open and helpful approach of the manager and staff throughout the inspection process.

There are no requirements or recommendations arising from this inspection, an outcome that reflects the commitment, creativity and evident good teamwork of the manager and staff.

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

Grove Wellbeing Day Centre has written policies and procedures regarding confidentiality, recording and reporting and data protection. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were kept up to date and accurate.

In the sample of five service user care records examined, there were many examples of service users or their representatives having signed to indicate their involvement and agreement with the content. Files were structured and maintained in a consistent manner by the key workers and were found to be up to date, legible and accurate.

Good quality progress notes were being kept, as were assessments, care plans and records of reviews. The manager and day care workers were consistent in their reporting of untoward events and accidents. The manager's open-door style and degree of involvement in day to day operations encourages staff members to raise any issues on which they may need guidance. Staff demonstrated a good awareness of issues relating to confidentiality and records management.

Grove Wellbeing Day Centre was judged to be operating in compliance with this standard.

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

The Belfast Health and Social Care Trust has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. Both the written records and discussions with staff confirmed that there had been no instances of physical restraint having been used. Staff confirmed that calming and diffusing techniques, developed through training, were found to be successful in responding to service users' behaviours, where necessary. The manager had scheduled herself and all care staff to attend training in the near future on Personal Safety and Disengagement.

Staff discussed the use of a range of activities to motivate individual service users and the importance of having a good understanding of each person's needs and wishes. BH&SCT also has a written policy and procedures for 'Managing aggression and Challenging Behaviour', and staff confirmed the benefits of the mandatory training which helps to identify a positive and supportive approach to working with any person whose behaviour is challenging to others. Written guidance was available to staff with regard to restrictive practices, deprivation of liberty and human rights and staff who met with the inspector demonstrated their commitment to maintaining best practice in these areas.

The centre was judged to be operating in compliance with this theme.

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

Staff records showed that the registered manager is appropriately qualified and experienced to take charge of the centre and is currently working toward the achievement of QCF Level 5. Training for the responsibilities of supervision and appraisal has been provided. Day Care Workers, who have responsibility for taking charge of the centre in the absence of the manager, are scheduled to undertake a competency assessment for this role. The manager shared the completed draft framework to be used for this assessment and this was appropriately detailed and demanding.

There was evidence from discussions with staff to confirm that members of the staff team work supportively with one another and that there is a degree of flexibility with regard to staff expanding their areas of responsibility when necessary. Systems were in place for supervision, appraisal and promoting staffs' learning and development. The manager confirmed that all staff members hold a qualification that is relevant to their role and responsibilities.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff meetings were being held bi-monthly, and the well-written minutes of these meetings showed that a range of relevant topics was addressed on each occasion and that staff participated constructively in this process. Monitoring arrangements are standardised across the Trust's day care services and each of the four monitoring reports examined, addressed all of the required matters. Monitoring was carried out either by the Assistant Services Manager, or the manager of another day care facility, representing the Trust.

The centre was judged to be operating in compliance with all of the criteria in this theme.

## **9.0 Follow-Up on Previous Issues**

No requirements or recommendations resulted from the primary announced care inspection of Grove Wellbeing Day Centre which was undertaken on 25 November 2013.

**10.0 Inspection Findings**

**Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user’s situation, actions taken by staff and reports made to others.**

<p><b>Criterion Assessed:</b> 7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>All service users records are stored securely as per Trust Data Protection policy and staff adhere to Trust policy on confidentiality. Under the adult protection policy staff have an obligation to disclose information to protect vulnerable adults in order for an appropriate investigation to take place. This overrides a duty to keep a confidence and it must be passed on to the appropriate manager. Staff will make the service user aware when and if they disclose information. Training is mandatory for all staff on data portection and information governance.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The manager and staff members demonstrated a high level of awareness of the duty of confidentiality. One staff member identified some of the challenges in this regard, for example, when two or more service users may live in the same street, have known each other for many years and therefore assume that it’s “normal” to discuss each other’s personal information. She recognised that staff could not add information to such discussions.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>The Trust have clear guidelines for processing requests for access to patient/client and personal records. There is also a consent form held on file for the consent to share information in regard to the service users - these are signed by service user and/or their representative.</p> <p>All records of requests for individual case notes/records shall be noted on an R3 to include date, time, who applied for access and outcome of request and this will be forwarded under Trust procedures accordingly under the appropriate Trust documentation.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>There was written evidence in each of the files examined, to verify that service users or their representatives were involved in producing or agreeing the care plan, review report and, in some cases, progress notes. The centre had a procedure in place to record requests for access to records.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>The following records are kept in the day centre to meet the requirements:</p> <ol style="list-style-type: none"> <li>1. The following documents in respect of each service user:             <ol style="list-style-type: none"> <li>(a) The assessment of the service user's needs undertaken by a suitably qualified or suitably trained person; and</li> <li>(b) The service user's care plan, prepared in consultation with the service user, or his or her representative, where appropriate.</li> </ol> </li> <li>2. A recent photograph of the service user.</li> <li>3. A record of the following matters in respect of each service user:             <ol style="list-style-type: none"> <li>(a) name, address, date of birth and marital status of each service user;</li> <li>(b) name, address and telephone number of the service user's next of kin, or of any person authorised to act on his/her behalf;</li> <li>( c ) the name, address and telephone number of the service user's general practitioner and of any officer of a HSC</li> </ol> </li> </ol>	<p>Substantially compliant</p>

<p>Trust whose duty it is to supervise the welfare of the service user;</p> <p>(d) the date on which the service user commenced attendance at the day care setting;</p> <p>(e) the date on which the service user ceased to attend the day care setting;</p> <p>(f) the name and address of any HSC Trust, or any other body which arranged the service user's attendance in the day care setting;</p> <p>(g) a record of any restraint or seclusion used in relation to the service user</p> <p>(h) a record of any limitations agreed with the service user or his/her representative as to the service user's freedom of choice, liberty of movement and power to make decisions.</p> <p>(i) all incidents/accidents are maintained on the Trust's Datix recording system.</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The provider's self-assessment was verified through examination of a sample of service users' files. One of the service users had very recently commenced attendance at the centre and her file was in the development process. Each of the other four files contained all of the records required.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b></p> <p>7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Service users attendance at the day centre is recorded on a daily basis as is their choice of meal. Any contacts are recorded on an R3 as per standard 7.7.4. Staff maintain the requirement to record relevant information/events on service users at least every five attendances.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The frequency of recording progress notes for service users exceeded the minimum standard set out above. Staff are encouraged to promote and expand the recording of the wide variety of interests and anecdotes that are regularly encountered in their discussions or observations with each person. For example, on the day of the inspection a 1940's quiz established the depth and variety of some individual's knowledge of that decade.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b> Guidance for staff can be found in (Day care procedures for older people) procedures on recording and reporting care practices 7.4. Any follow up action regarding referrals or assessments are recorded on care plan as is procedure. Notes of any referrals made via phone are noted on contact sheets R3.</p>	Substantially compliant
<p><b>Inspection Findings:</b> Staff who met with the inspector were well informed on matters that needed to be reported and there was written evidence to verify that events had been reported appropriately during the past year. It was notable that staff had picked up on an issue of potential financial vulnerability regarding a service user in her own home and procedures had been followed appropriately.</p>	<b>COMPLIANCE LEVEL</b> Compliant
<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b> Managers ensure that all records are signed and dated appropriately. The manager signs all reviews, care plans and risk assessments.</p>	Substantially compliant
<p><b>Inspection Findings:</b> There was a range of written evidence in service users’ files to verify that records are legible, accurate, up to date and are signed by all relevant parties. There was a high level of inclusion and involvement of service users and/or their representatives in the personal records.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Restraint is not normally used within the day centre. If there would be need for restraint to secure the welfare of a service user or others a comprehensive assessment and appropriate risk assessment will be completed if necessary and specific areas of choice will be highlighted and agreed, these interventions will be noted on care plans and assessment regularly reviewed and updated as per procedure 3.10. restraint, seclusion and exclusion. All staff must attend mandatory human rights training and responding to service user's behaviour.</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The Belfast Health and Social Care Trust has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. Both the written records and discussions with staff confirmed that there had been no instances of physical restraint having been used. Staff confirmed that calming and diffusing techniques, developed through training, were found to be successful in responding to service users’ behaviours, where necessary.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>The manager adheres to the clear procedures and guidance on restraint, seclusion and exclusion within the day centre. Any incident of restraint will be notified to the Trust under the Trust's DATIX reporting systems and all incidents notified to RQIA as per the reporting requirements.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p> <p>There was a detailed record of one incident of physical aggression between two service users. While one staff member had placed herself between the people involved, no physical restraint was used and the situation was calmed by persuasion and diffusing techniques. The manager had scheduled staff members to attend training in the near future on ‘Personal Safety and Disengagement’. The incident had been reported appropriately.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The day centre adheres to the procedures in absence of the manager as outlined in procedure 4.3. A nominated DCW will carry out the normal day to day supervisory responsibility and ensure the planned activities and programmes are carried out. Nominated DCW have management experience training to carry out management functions. In the absence of the manager the nominated DCW can gain advice from the named linked manager or assistant service manager. The statement of purpose clearly outlines the management structures and accountability for Grove Day Centre within the Belfast Trust. Currently Day Centre Managers are working towards protocol which will assess the competencies of staff who are in charge of the service in their absence.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The provider’s self-assessment statement was verified through discussions with the manager and staff members and from examination of the staffing and management structures, as set out in the statement of purpose.</p>	<p>Compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>The day centre adheres to the procedure on staff supervision 2.5 (Older people's day care services) this is in accordance with BHSC's corporate supervision policy and procedures for social care staff in adult services (Oct 2011) Personal development plans and personal contribution plans are completed annually.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The centre has excellent records of formal supervision, which had been provided, on average, every two months. Staff members confirmed that supervision was a valuable and supportive experience and that performance appraisals were detailed and developmental in their content and style.</p>	<b>COMPLIANCE LEVEL</b> Compliant
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>The manager is registered with NISCC and has the appropriate mandatory training and knowledge and skills to fulfil the role of manager within the day centre. Recruitment procedures and appropriate checks have been completed prior to commencement of employment. Declaration of fitness and proof of identity are held on staff files.</p>	Substantially compliant
<p><b>Inspection Findings:</b></p> <p>The Belfast Trust has well-established recruitment and selection procedures in place and all three of the staff records that were examined held the necessary evidence of compliance with Regulation 21(3)(b).</p>	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

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

## **11.0 Additional Areas Examined**

### **11.1 Complaints and Compliments**

The record of complaints was examined and was found to be satisfactory. The manager had a detailed knowledge of each of the recorded complaints and of the actions taken to ensure that they were resolved to the fullest possible extent.

There were records of many compliments received, including thank-you cards and letters from relatives of current service users and of several who had passed away. A record was also kept of compliments and thanks that were delivered verbally. A number of current service users spoke fondly of their friends who had died during the past year and of how much they had enjoyed their time at the day centre.

### **11.2 Premises**

A brief tour of the premises provided evidence of the centre being well-maintained, clean, bright and welcoming.

### **11.3 Activities**

Two very successful activities were observed on the day of the inspection, each of which had been scheduled for several successive Mondays. A representative of a group named Vintage led a reminiscence session in the morning, which appealed particularly to female service users. It focussed on fashions from the 1940's and 50's and presented a range of outfits, dresses, hats etc., some of which were modelled (very sportingly) by a staff member. Service users who participated were clearly delighted and very engaged in discussions, stimulated by the items on display.

In the afternoon, a quiz, led by one of the Day Care Workers, focussed on the 1940's and created a lot of interest and amusement amongst the service users. Several people demonstrated their very accurate recall of wartime events and facts to do with films, entertainment and geography.

The manager and staff are commended for the provision of a stimulating, supportive and enjoyable day care service for those who attend.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Roberta Milligan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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

**Dermott Knox**  
Inspector/Quality Reviewer

**Date**



The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the primary announced care inspection of Grove Wellbeing Day Centre which was undertaken on 17 November 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: MARTIN DILLON

NAME: MARTIN DILLON  
Registered Provider

DATE 29.5.15.

SIGNED: ROBERTA MILLIGAN

NAME: ROBERTA MILLIGAN  
Registered Manager

DATE 29.12.14

Approved by: <u>H. Harley</u>	Date <u>6/7/15</u>