

Unannounced Care Inspection Report 24 February 2020



Gloucester Park Day Centre

Type of Service: Day Care Setting
Address: Gloucester Park, Larne, BT40 1PD
Tel No: 028 2827 4311
Inspector: Fionnuala Breslin

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 24 February 2020 from 10.00 hours to 15.30 hours.

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

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

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

Evidence of good practice was found in relation to the care planning process including assessment; review and progress recording and audit of care files; daily activities; recruitment checks including NISCC and Access NI checks.

There were areas for improvement identified during this inspection in respect of the reporting of incidents to RQIA; an annual quality review; monthly monitoring reports and the completion of fire drills.

Service users and family members provided positive comments regarding the care and support they had received.

The findings of this report will provide the manager of the centre with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	1

This inspection resulted in two areas for improvement in relation to the Day Care Settings Regulations and Minimum Standards which had been stated in the previous inspection report and are being restated following this inspection. There are three new areas for improvement being identified as a result of this inspection in relation to the Day Care Setting Regulations. Findings of the inspection including some of the comments raised by service users were discussed with Catherine Kerr, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 18 June 2019

Other than those actions detailed in the Quality Improvement Plan (QIP) no further actions were required to be taken following the most recent inspection on 18 June 2019.

5.0 How we inspect

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

- The registration details of the day centre
- Previous report and QIP
- Information and correspondence received from the registered manager
- Information received by RQIA in relation to the service
- Incident notifications; three incidents had been notified to RQIA since the previous inspection on 18 June 2019

During the inspection the inspector met with seven service users and three staff members. There were no relatives or visiting professionals at the time of the inspection.

At the request of the inspector, the manager was asked to display a poster prominently within the day centre. The poster invited staff members to give their views via electronic means to RQIA regarding the quality of service provision. There was no response to the staff members' survey. There was no response received from the ten questionnaires sent out to service users and their relatives.

The following records were examined during the inspection:

- Four service users care files including their risk assessments, care reviews and the recording of their attendance in the day care setting.

- The audits carried out on the four service users care files, risk assessments, care reviews and progress recordings.
- Incidents and accidents recorded since the last inspection.
- Minutes of service user meetings.
- Minutes of staff members meetings.
- Staff members' supervision dates for three members of staff members.
- Staff members training information in relation to fire safety, adult safeguarding, equality and human rights and swallowing difficulties.
- A selection of monthly monitoring reports for 2019 since the last inspection.
- Fire risk assessment (2019) and fire manual.
- Policies and procedures for adult safeguarding and whistleblowing.
- NISCC registrations of three staff members.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met and not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 June 2019

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 18 June 2019

Action required to ensure compliance with The Day Care Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) Stated: First time	The registered person shall ensure that staff members promote and make proper provision for the care and welfare of service users through the care planning process. Assessments, care plans, reviews and progress recording must be accurate and up to date and reflect the current needs of service users.	Met

	Action taken as confirmed during the inspection: Inspector confirmed that the manager has ensured that there is a system in place for the care planning process. This included assessments, care plans; risk assessments, annual care reviews and progress reports completed at least every fifth day of attendance. All records were accurate, up-to-date and reflected the current needs of the individual. All records were legible.	
Action required to ensure compliance with the Day Care Settings Minimum Standards 2012		Validation of compliance
Area for improvement 1 Ref: Standard 17.9 Stated: First time	The registered person shall ensure that where shortfalls are identified through audit, the required remedial action has been taken and is verified by the registered manager. Action taken as confirmed during the inspection: The inspector saw evidence of audits being carried out on service user records and action had been taken to rectify any shortfalls identified.	Met
Area for improvement 2 Ref: Standard 8.2 Stated: First time	The registered person shall ensure that management's response to suggestions made or issues raised by service users is clearly stated. Action taken as confirmed during the inspection: The inspector saw evidence of involvement of service users in the form of a monthly meeting but did not see evidence of the management's response to suggestions in either the monthly monitoring reports; the minutes of meetings (staff and service users); and the annual quality report for 2018/19 was not available for inspection.	Not met
Area for improvement 3 Ref: Standard 17.14 Stated: First time	The registered person shall ensure that staff members are aware of which accidents and incidents are reportable to RQIA, in accordance with legislation and the care standards.	Partially met

	<p>Action taken as confirmed during the inspection:</p> <p>The inspector saw that there were three notifications of incidents to the RQIA which were appropriate however on examination of the day care centres' records of accidents and incidents there were two other incidents that met the criteria to be reported to RQIA which had not been reported.</p>	
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6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspection reviewed the systems in place in the day centre to avoid and prevent harm to service users; it included a review of Access NI checks and NISCC registrations on the staff records of three staff members which were all found to be in order. The registered manager reviews NISCC registrations on a monthly basis and reviews all registrants during supervision to ensure that registration remains current.

It was confirmed by the inspector that there have been no new staff members commencing post since the last inspection. There was evidence from feedback from staff members that there were adequate staff members available to meet the needs of the service users.

Staff members receive mandatory training and other appropriate training relevant to their roles and responsibilities. There was evidence of good practice in relation to compliance with mandatory training and staff members have attended manual handling, adult safeguarding (ASG), equality and human rights, fire safety, and dysphagia awareness training. Staff confirmed attendance of training with the inspector.

The adult safeguarding policy was viewed by the inspector and was in line with the regional policy and was reviewed three yearly. During conversations with staff members they were able to discuss their roles and responsibilities in relation to adult safeguarding.

Staff members said:

- "Yes the care is safe and I feel there are enough staff members to support service users."
- "There are no restrictive practices used in the day centre."

RQIA records show that there were three incidents notified to the RQIA since the last inspection. These were dealt with appropriately however there were two further incidents not reported to RQIA which would have met the criteria. An area for improvement was made in the previous inspection and will be restated as a result of this inspection.

The inspector was satisfied that all action was taken to ensure the safety of all people using the day centre and risk assessments and safety plans were in place to minimise risk to individuals.

The inspector discussed restrictive practices with the manager. The manager understood the importance of a person-centred approach and an awareness of guidelines regarding deprivation of liberty (DoLS).

The centre also provides care and support to 10 service users with a diagnosis of dementia. The manager informed the inspector that there were no restrictive practices, including locked doors in operation in the centre. There are two care staff members present with the service users who have a diagnosis of dementia and they use diversional and other supportive techniques to ensure their safety. The inspector observed service users with dementia involved in two different activities; they appeared to be enjoying their activity and there was no evidence of distressed behaviours.

The review of the environment found the centre presented as safe, clean and tidy. Items of furniture were fit for purpose. The service users could move about the building freely. There were no signs of overcrowding in any of the rooms visited.

The fire manual was checked by the inspector and there was evidence of checks being carried out by staff members. However, there was no evidence in the fire manual that a fire drill had taken place during 2019, this is not in keeping with current fire safety legislation and an area of improvement will be made in this regard. The matter was discussed with the manager and it was agreed that immediate action would be taken to complete a fire drill.

During conversations with staff members in relation to safety, they confirmed that they felt the care they were providing was safe and the environment was safe also. Staff members receive communication daily at the beginning of the day regarding any changes in care needs of the service users.

Service users said:

- "Yes I feel safe and I am not worried about others."
- "I need someone with me to help with my walking, I feel safe here."
- "Yes I feel safe; the staff members are very welcoming."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to adult safeguarding, staff members training, quality activities and wider community participation.

Areas for improvement

There were two areas for improvement identified during the inspection. One area in relation to the carrying out of fire drills and one area for improvement restated in relation to the appropriate reporting of incidents/accidents to RQIA.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

Four service user's care plans were reviewed. All had a written agreement in place and records included a detailed assessment of needs, risk assessments and comprehensive care plans. There was evidence that the progress reports were updated at least every five days or more often if needed. There was evidence service users had been supported to make personal goals and there was an annual review.

During discussion with the manager the inspector was made aware of areas of good practice in relation to two short term programmes run by the centre. There was a "Positive Living" and a "Steps" programme. Both courses lasted 12 weeks and took referrals from health and social care (HSCT) professionals. The Positive Living course supported service users with enduring mental health problems to maintain good levels of mental health; the Steps programme was a falls prevention course. During both courses the service users would be encouraged to become involved with other support services within the wider community.

During discussion with a group of service users they stated that the care provided was effective and that staff members and the manager were approachable and open to their suggestions.

Service users said:

- "I would go to my keyworker if I had a concern."
- "They are all very good here (staff members) second to none."
- "I am here every Monday and Friday and weather permitting there are outings."
- "When I am here on a Wednesday there is an outing."

Staff members said:

- "Yes I am able to meet the needs outlined in the care plans."
- "The team work is very good at the moment. If there is a staffing shortage everyone pulls together."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, the operation of effective short term programmes in falls prevention and positive living and involvement of the wider community.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The service users' needs were varied including memory loss, communication difficulties, learning disability, frailty, mobility needs and behaviour needs. Following discussions with service users and staff members, and observation of interactions, the inspector was satisfied that service users were being treated with dignity and respect. During observations of care practices and activities it was noted that the service users were being encouraged to make independent choices.

There was evidence of good practice in relation to a monthly client council meeting which was led by service users.

Staff members on duty were observed approaching service users in a caring and respectful manner. Service users who approached staff members looking for assistance were treated with dignity and respect. Staff members were observed to have responded sensitively to service users' needs.

During conversations with the inspector, service users made comments as follows:

- "Yes the staff members are very caring."
- "I have a keyworker who I can go and talk to."
- "If I feel depressed I can talk to my keyworker."

Staff members said:

- "All staff members are caring and compassionate. I would raise a concern to the manager if I didn't think so."
- "All staff members are caring."
- "There is a monthly service user meeting and the outcome is fed back to us."
- "Outings are arranged weekly and clients are involved."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting and the delivery of compassionate care; and the manager's support of a patient council meeting held monthly.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately.

There are a range of policies and procedures in place to guide and inform staff members and these are reviewed three yearly in line with regulations and standards. These reflected governing Northern Ireland legislation, Day Care Regulations, Minimum Standards and current good practice guidance.

There were adult safeguarding and whistleblowing policies and procedures in place which were up-to-date and in line with current best practice guidance. Staff members were knowledgeable regarding these procedures during discussions with the inspector.

Staff members described the manager as very approachable.

There were three recorded staff meetings since the last inspection and the manager plans to conduct these on a monthly basis. Staff members feel their opinions are important and effect change in a positive way. Staff told the inspector that they received regular supervision at least every three months and an annual appraisal.

The monthly monitoring reports available contained reference to auditing arrangements for:

- complaints
- incidents/ accidents
- training
- formal supervision and annual appraisal
- care records (service user files including assessments, care plans, progress care notes; service users annual review of their placement)
- environment
- NISCC registrations
- Infection prevention and control

There were four monthly monitoring reports missing since the last inspection, the inspector reviewed three of the monthly quality monitoring visits available in detail. The person completing the monitoring visits had spoken to service users and staff but had not evidenced a response or follow up. An area for improvement will be stated for the second time in this regard.

There was no Annual Quality Report available for 2018/19. The manager informed the inspector that consultation with service users and their families about their views on the quality of care has been carried out by the trust's governance department, however, the analysis and outcome was not available. There will be an area for improvement in relation to this.

Service users said:

- "Yes this place is well run."
- "Catherine (manager) is doing a good job."
- "The manager encourages us to raise complaints and we are supported to do this."
- "I can talk to my keyworker but would like more privacy to do so."
- "I can't see the name badges and can't remember names."

Staff members said:

- "I get supervision every three months, and a yearly appraisal."
- "Yes the centre is managed well by the manager."
- "The manager is very approachable and open to suggestions."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management and governance of the records of service users and staff members.

Areas for improvement

Three areas for improvement were identified during the inspection. Two new areas in relation to the completion of monthly monitoring visits and the submission to RQIA of an annual quality review and one area of improvement restated in relation to the management's response to the suggestions of service users being clearly stated.

	Regulations	Standards
Total number of areas for improvement	2	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Catherine Kerr, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern

Ireland) 2007	
Area for improvement 1 Ref: Regulation 29.1 (c)(f) Stated: Second time To be completed by: immediate and ongoing	<p>The registered person/ manager shall give notice to the RQIA without delay to the occurrence of -</p> <ul style="list-style-type: none"> c. any serious injury to a service user in the day care setting; f. any accident in the day care setting; <p>This includes incidents occurring within the service. These should be reported to RQIA and other relevant organisations, such as the HSCT professional/ keyworker, in accordance with legislation and procedures.</p> <p>Ref: 6.4</p>
	Response by registered person detailing the actions taken:
Area for improvement 2 Ref: Regulation 17 (2,3) Stated: First time To be completed by: 24 June 2020	<p>The registered person shall establish and maintain a system for-</p> <ul style="list-style-type: none"> • monitoring the matters set out in schedule 3 of the Day Care Setting Regulations and not less than annually; and • Improving the quality of care provided in the day care setting. <p>The registered manager shall supply to RQIA a report in respect of any review conducted by her for the purpose of the above and make a copy of the report available to service users. This should be done in consultation with service users and other stakeholders.</p> <p>Ref: 6.7</p>
	Response by registered person detailing the actions taken:
Area for improvement 3 Ref: Regulation 28 (5) Stated: First time To be completed by: immediate and ongoing	<p>The registered person shall maintain a copy of the monthly monitoring report required to be made under paragraph 4 of the Day Care Setting Regulations and make it available on request to RQIA and the registered manager.</p> <p>Ref: 6.7</p>
	Response by registered person detailing the actions taken:
Area for improvement 4 Ref: Regulation 26.4(f) Stated: First time To be completed by:	<p>The registered manager shall ensure by means of fire drills and practices at suitable intervals, the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: 6.4</p>

immediate and ongoing	<div></div> <div>Response by registered person detailing the actions taken:</div>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 8.2 Stated: Second time To be completed by: immediate and ongoing	<p>The registered person shall ensure that management's response to suggestions made or issues raised by service users is clearly stated.</p> <p>This includes suggestions made to the inspector by service users during this inspection. These were discussed with the manager which require a response in relation to name badges worn by staff that are easy to read; and keyworker to offer the option of privacy during one to one sessions with service users.</p> <p>Ref: 6.7</p> <div>Response by registered person detailing the actions taken:</div>

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



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