

# Unannounced Care Inspection Report 26 March 2019



## Glencairn Day Centre

**Type of Service: Day Care Service**  
**Address: 98 Forthriver Road, Belfast, BT13 3SL**  
**Tel No: 0289504 2950**  
**Inspector: Heather Sleator**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 30 places that provides care and day time activities for persons living with dementia and for older people.

## 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Belfast HSC Trust</p>	<p><b>Registered Manager:</b> Mrs Joan Turkington</p>
<p><b>Responsible Individual:</b> Mr Martin Joseph Dillon</p>	

<b>Person in charge at the time of inspection:</b>	<b>Date manager registered:</b> 27 September 2010
<b>Number of registered places:</b> 30	

#### 4.0 Inspection summary

An unannounced inspection took place on 26 March 2019 from 09.50 to 15.00 hours.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care 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 culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Areas for improvement were identified under the care standards regarding; the cessation of using door wedging on a designated fire door and ensuring that when no recordable events occur there is an entry, at last every five attendances, in the service users' files.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff.

A service user said:

“Changed my whole life since I’ve come here.”

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Joan Turkington, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

#### **4.2 Action/enforcement taken following the most recent care inspection dated 25 September 2017**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 September 2017.

#### **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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 25 September 2017

During the inspection the inspector met with:

- the registered manager, Joan Turkington
- four staff
- fourteen service users on an individual basis
- three service users representatives

Questionnaires were given to the staff on duty to distribute between service users and relatives. There were eight questionnaires completed and returned within the specified timescale from service users and two from service users' representatives. The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires completed and returned by staff within the specified timescale.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff room rota
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three monthly quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated January 2018
- records of fire drills undertaken during 2018
- the Statement of Purpose and Service User Guide
- the annual quality report of 2017/2018

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 25 September 2017

The most recent inspection of the day care setting 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 25 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 12.1 <b>Stated:</b> First time	The registered person shall ensure that transport provision meets the assessed needs of service users for a full day care service.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager stated that there had been an improvement regarding the transport situation. Service users said there were still occasional issues regarding transport.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 21.4 <b>Stated:</b> First time	The registered person shall ensure that staff are provided with sufficient computer training to enable them to operate communication and record keeping systems confidently and effectively.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> In discussion with the registered manager and a review of the staff training records evidenced that staff had completed training in computer skills and the Trusts information technology system.	

### 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 staff duty roster/daily work plan reflected the staff on duty, capacity and time worked was viewed. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. There were eight completed satisfaction questionnaires from service users returned to RQIA and no issues regarding the staffing arrangements were raised. We met with service users who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "Staff are great and everyone's very friendly." No issues were raised by staff in respect of the staffing arrangements and there were no completed staff questionnaires were returned to RQIA within the specified timescale. We met with the relatives of three service users who again were very complimentary about the staff team and commented, "My (relative) loves all the staff and staff genuinely care about the service users."

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager; records of assessments retained and samples reviewed were found to be satisfactory.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection. Staff, who supervise others, for example the registered manager, had completed training in supervision and appraisal.

The registered manager explained that all staff recruitment records were retained at the Belfast Health and Social Care Trust (BHSCT) human resource department. The registered manager confirmed that electronic confirmation of compliance with employment legislation as set within The Day Care Setting Regulations (Northern Ireland) 2007 and Department of Health (DoH) Day Care Settings Minimum Care Standards (2012) were provided prior to new staff commencing duty.

Arrangements were in place to monitor the registration status of care staff with their professional body with monitoring records retained. The registration status of staff is also monitored at supervision.

We were advised that the use of restrictive practices was very limited for example service users who are wheelchair users may use lap belts (their own choice and decision) and one to one staffing arrangements for service users where there is assessed need. However, the registered manager stated that currently there was no assessed need for the use of any form of a restrictive practice. A policy was available and discussion regarding such restrictions confirmed these were appropriately assessed, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising awareness concerns about poor practice and whistleblowing. A review of staff training records evidenced that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in March 2018. The registered manager was the safeguarding champion for the centre and had completed the required training.

The Glencairn Centre premises was well maintained and in good decorative order. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There is a small garden area to the side of the centre which service users have use of and this is a popular place in the better weather. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

The senior day care worker, service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding.

Fire safety precautions were inspected and it was noted that fire exits were unobstructed. The most recent report from the fire risk assessor was viewed and dated January 2018. However, it was observed that the registered manager's office door was wedged open. The door was a designated fire door. This was discussed with the registered manager who stated that when the door was closed it created a barrier to service users if they wished to speak with her. The registered manager stated that it was important that she was readily available for service users. The wedging open of a designated fire door is prohibited. We acknowledged the need for service users to have ready access to the registered manager and maintain an 'open door' policy. Alternative arrangements need to be put in place regarding the identified door by the Trust. This was identified as an area for improvement under the care standards. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in June 2018.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

"This place is out of this world, staff go out of their way for everyone."

### **Areas of good practice**

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records, risk assessment and service user and staff engagement.

### **Areas for improvement**

An area for improvement was identified under the care standards regarding installing an automatic door closure on the registered manager's office door.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

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

A review of three service users' records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred. However, the review of the service users records did not evidence that where no recordable events occurred there was an entry at least for every five attendances of an individual service user had made. This has been identified as an area for improvement under the care standards.

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. Audits of care records were conducted with random selection reviewed at staff supervision and monthly monitoring visits.

An individual agreement setting out the terms of placement were in place and appropriately signed. Records were stored safely and securely in line with data protection.

We confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service users' meetings and staff meetings. The staff and a service user's representative confirmed that management operated an "open door" policy in regard to communication within the day centre.

Service users spoken with and observation of practice during a morning and afternoon activity evidenced that staff were able to communicate and engage effectively with service users. Minutes of service users' meetings were viewed during the inspection. A service user commented. "We have a suggestion box in the dining room and meetings to decide what we would like to do."

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. The senior day care worker confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

Staff and a service user's representative spoken to commented:

- "Lovely wee centre." (Staff)



- “My (relative) loves it so much here.... asked for extra days.” (Service user’s representative)

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users, staff and service users’ representatives.

### Areas for improvement

An area for improvement was identified under the care standards regarding ensuring there is an entry in service users’ records for every five attendances.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 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.**

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times. While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate.

Activities, such as art, cookery classes, music, quizzes, crafts and board games were part of the weekly programme. Shopping trips to local venues are arranged as well as afternoon lunch trips and visits to the cinema. We met with service users in the morning activities, the quarterly newsletter had just be published and service users were discussing the up and coming events and making ‘diary dates’. Service users spoke very positively in respect of the range of activities available and were appreciative of the many outings which were thoroughly enjoyed. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings, suggestion box and the approachability of staff. Therefore, activity programmes are organised with each individual’s agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person’s needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. Preparation for each person’s annual review included a meeting with

the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all four of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in Glencairn Day Centre.

Service users spoken with during the inspection made the following comments:

- "Everyone is very friendly."
- "Staff have to work very hard."  
"The outings here are great and staff are great."
- "We have a suggestion box in the dining room and meetings to decide what we would like to do."
- "This place is out of this world, staff are great with everyone."
- "We have a great crowd and we're all friends."
- "Changed my whole life coming here."
- "The things we do here are fantastic."

There were eight completed questionnaires returned to RQIA from service users. The respondents indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. There were no additional comments made on the returned questionnaires.

Service users' representatives spoken with during the inspection made the following comments:

- "My (relative) lives for here."
- "All the staff in here, even the bus driver I could go to if I needed to."
- "My (relative) loves all the staff, staff genuinely care about the service users'."
- "My (relative) gets depressed at the weekend when the centre's not on."
- "It's made a big change to my (relative's) life."
- "It's something to get up for in the mornings."
- "Staff are fantastic with my (relative), very attentive."
- "There can be a problem with the bus, keeps breaking down and not easy to access."

There were two completed questionnaires returned to RQIA from service users. The respondents indicated that they were very satisfied that care was safe, effective, and compassionate and that the service was well led. Additional comments made included:

- "I am very pleased with the day centre, staff are excellent. My (relative) loves all the activities provided and is very well looked after."
- "I am very happy with the service provided, me and my family would be lost without it."

We spoke to staff during the inspection and comments included:

- "Great centre, everyone is very friendly."

- “There’s always training going on, we’re kept up to date.”
- “We meet in the mornings to decide what’s going on.”
- “Lovely wee centre.”

There were no completed questionnaires returned to RQIA from staff within the specified timescale.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 centre’s statement of purpose and service users guide fully and accurately reflected the regulations and care standards. The registered manager, Joan Turkington, facilitated the inspection and demonstrated a very good understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users’ files, staffing information and written policies and procedures were made available. We discussed a range of the centre’s current strengths and the aspects that require further development, as identified in 6.4 and 6.5.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user’s guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant’s satisfaction.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting, included outcomes/action plans and qualitatively reflected service users and staff views and opinions.

Glencairn and the Belfast Health and Social Care Trust have systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the registered manager was always responsive to suggestions and/or concerns raised. One service user commented:

“Our Joan (manager) runs a tight ship and we love her.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of accidents/incidents, ongoing quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joan Turkington, Registered 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.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 May 2019</p>	<p>The registered person shall improve the fire safety precautions in the centre. The fire door wedged open, (registered managers office door) should have an automatic door closure or similar fitted as recommended by the fire safety officer who inspects the centre. This will enable the registered manager to maintain an 'open door' policy. The actions and timescale for completion should be reported on the returned QIP.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Requisition has been requested through Belfast Trust Health and Social Care Trust Estates department for automatic door open and closure to enable manager to maintain an open door policy. Requisition work number C8154204.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 7.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 May 2019</p>	<p>The registered person shall ensure that when no recordable events occur there is an entry, at last every five attendances, in the service users' files.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> Registered manager has discussed this with the staff involved and highlighted their responsibility to ensure that standard 7.5 is met. Registered Manager will ensure regular audits of PARIS recordings are maintained and also suggest that during some monthly monitoring visits monitoring manager will carry out checks on PARIS recordings.</p>

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



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