

Unannounced Care Inspection Report 25 September 2017



Glencairn Day Centre

Type of Service: Day Care Setting
Address: 98 Forthriver Road, Belfast, BT13 3SL
Tel No: 02895042950
Inspector: Dermott Knox

www.rgia.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 thirty places that provides care and day time activities for people who are living with dementia and those who are elderly and infirm.

3.0 Service details

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

Person in charge at the time of inspection: Mrs Joan Turkington	Date manager registered: 27 September 2010
Number of registered places: 30 - DCS-I, DCS-DE	

4.0 Inspection summary

An unannounced inspection took place on 25 September 2017 from 10.15 to 17.10.

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 service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- warm and friendly atmosphere
- well-maintained premises
- risk management
- care records
- service user involvement
- staff supervision
- quality audits
- monitoring visits and reports
- staff induction
- staff and service user relationships and communication
- leadership and organisation.

Areas requiring improvement were identified with regard to the provision of transport for service users, to and from the centre and, computer knowledge and skills training for senior staff.

Service users said:

- “We get good lunches, good outings, good company and we have great staff; what could be better than that?”
- “The manager and all the staff are just lovely and they couldn’t do enough for you”.
- “If anyone has a complaint about the care here, then there’s something badly wrong with them”.
- “I would really be lost without Glencairn Centre, that’s what gets me out of the house”.

The findings of this report will provide the day 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	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs. 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 14 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 December 2016.

5.0 How we inspect

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

This included the following records:

- Record of notifications of significant events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 14 December 2016
- The RQIA log of contacts with, or regarding Glencairn Day Centre.

During the inspection the inspector met with:

- Eleven service users in group settings
- Two service users individually
- Four care staff in individual discussions
- One newly appointed care assistant, (regarding her first day in the job)
- One relative of a service user
- The registered manager at the commencement and conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Fourteen completed questionnaires were returned to the inspector by 09 October 2017, five from service users, five from staff members and four from relatives.

The following records were examined during the inspection:

- File records for three service users, including assessments and review reports
- Progress records for three service users

- Monitoring reports for the months June, July and August 2017
- Records of four staff meetings held in January, March, May and August 2017
- Minutes of service users' meetings for April, June and August 2017
- Selected training records for staff, including staffs' qualifications
- The Statement of Purpose
- Staff rotas
- Fire safety records, including records of an evacuation of the premises on 20 June 2017.

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

The findings of the inspection were discussed with 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 14 December 2017

The most recent inspection of the day care service 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 14 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 4. (1) (c) Schedule 1 Stated: First time	The registered provider should review the range of needs that can be accommodated in the day centre.	Met
	The registered provider should submit a variation application to RQIA along with a revised statement of purpose, and include the range of needs the day centre can accommodate.	
	Action taken as confirmed during the inspection: The centre's statement of purpose has been revised to include service users with dementia amongst those the centre can provide for and	

	the registration variation has been completed.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 3.1 Stated: First time	The registered provider should ensure clear guidance is devised regarding the arrangements to be implemented when circumstances change and the service user agreements is changed or altered.	Met
	Action taken as confirmed during the inspection: Compliance with this recommendation was evidenced in service users' files, examined at this inspection.	
Area for improvement 2 Ref: Standard14.10 Stated: First time	The registered provider should ensure that complaint records reference if the person making the complaint was satisfied with the outcome of the investigation.	Met
	Action taken as confirmed during the inspection: Records of complaints were found to include the necessary information in a section of the record titled, 'Was the complainant satisfied with the outcome?'	

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 Glencairn Day Centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are four rooms of varying sizes available for group activities and for individual work with service users, when necessary. The small outdoor space has garden seating and attractive planting and was reported by staff to be well used in fine weather. The manager conducted a tour of the premises, which were found to be clean, well-decorated and suitable for the purpose of the day care service. All areas appeared safe and welcoming for everyone to use.

Staff members expressed strong commitment to their work with service users, which, they said, is enjoyable and fulfilling. All new staff undertake a detailed induction programme, as described by the manager and confirmed by a care assistant who commenced employment in the centre on the day of this inspection. It was noted that she was shadowing another staff member for

most of the day and then reading key documents in the latter part of the afternoon. Four staff members, who met individually with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Competence and capability assessments have been completed for two Day Care Workers, either of whom may be left in charge of the centre in the absence of the manager.

Safeguarding procedures were understood by staff members who were interviewed, who confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high standard and that team members worked well together. Both day care workers and the manager had many years' experience working together in the centre. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by health and social care professionals, service users and, where appropriate, a carer. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training has been provided for all staff members on an annual basis. At a fire evacuation drill, carried out on 20 June 2017, 29 service users, including one in a wheelchair and nine using rollators, were evacuated in four and a half minutes. One service user confirmed that the evacuation had been calm and efficient.

Risk assessments with regard to moving and handling, transport, falls, or other areas, such as choking, specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

Several service users spoke very positively of their enjoyment of attending the centre and confirmed that they felt safe and well cared for in the premises and in the transport vehicle. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Observations of staffs' practice as service users arrived at the centre, confirmed that there is a high level of attention paid to service users' safety when they are alighting from the bus, entering the building and getting settled in. Service users, in questionnaire responses, wrote: "I feel safe and secure when I am in the centre. The centre staff and the boss are all A1" and, "The assistants are loving, patient and caring".

Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide and discussions had been held with service users to help them understand and use the procedures for making their views known to staff. Each person's file contained a checklist for 'Deprivation of Liberty' indicators and staff were familiar with the use of these. The monitoring officer includes safety checks and audits in each monthly visit, reports of three of which were examined.

The evidence presented supports the conclusion that safe care is provided consistently in Glencairn Day Centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to:

- adult safeguarding
- risk assessment and management

- fire safety practice
- staff training
- induction and good practice expectations
- information sharing
- infection prevention and control
- the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The centre's Statement of Purpose and the Service User's Guide provide the information required by regulations and minimum standards. Comments were provided verbally during the inspection by six service users and one relative, each of whom gave glowing reports of their experiences and involvement with Glencairn Day Centre. Feedback was entirely positive in all respects, including on the effectiveness of the care provided.

Three service users' files were examined during this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance. Each file also contained a signed consent form for information to be accessed appropriately by other professionals. Care plans identified service users' needs with good attention to detail and set out the objectives for each person's care and the methods or actions required by staff and the service user, in order to meet these objectives. Discussion with service users and one relative confirmed that there was a high level of satisfaction with the day care service, with the exception of transport provision, identified by two service users and three staff members as being difficult to manage effectively with one bus, which is not large enough to take all those who require transport to and from the centre in the morning and the afternoon. The second group, being collected in the morning, usually don't arrive at the centre until around 11.30.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risk and vulnerability levels clear for staff involved in the work with that person. Written records were kept of each service user's involvement and progress at the centre. Entries were made in response to the significance of events and were in keeping with the frequency stipulated by the minimum standards. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records, including a detailed pre-review report, prepared by a day care worker along with the service user, were available in each of the files examined. These were informed by the written progress records and included the service user's views. Dates and signatures were present in all of the care records examined and attention to detail generally was of a high standard.

The layout of the premises is conducive to meeting the needs of the service users who attend, several of whom were observed moving from one area to another, some with a watchful staff's eye, but without staff's immediate assistance. This subtle example of promoting continuing independence was indicative of the effective care being provided to people with known frailties. Including the dining room, there are three large rooms available for group activities and two small rooms for individual work with service users, when necessary. One of these doubles as a Day Care Worker's office/computer workroom.

Where assistance was required by a service user, for example with feeding or going to the toilet, staff provided it discretely and skilfully. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs. Six service users spoke about their experiences of participating in the centre's activities and all presented positive views of the enjoyment and support that they gained from taking part and from each other's company. Several people stated their enjoyment of activities such as quizzes, art and craft work and outings. Some service users rely on the day centre transport to go on a weekly shopping trip, mainly for groceries. Staff confirmed that they were very aware of which service users could be left to their own route around a shop and which others required closer attention and support.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a very supportive place in which to spend their time. The manager and staff worked purposefully to involve service users in a variety of experiences, making full use of the available facilities.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, fulfilment and physical and mental wellbeing.

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
- listening to and valuing service users
- providing fulfilling activities for service users
- agreeing achievable objectives
- keeping well-detailed records
- communicating with relatives and carers.

Areas for improvement

Transport provision presents difficulties for service users and for staff. The single bus available to the centre cannot accommodate all of the service users and needs to make two runs, both in the morning and in the afternoon.

	Regulations	Standards
Total number of areas for improvement	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.

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. Service users sat around tables on arrival at the centre and enjoyed tea and toast. Several people chatted in a relaxed way with the inspector about the activities they liked to do at the centre and some of the places they had visited on bus runs. Staff demonstrated a good knowledge of each service user's assessed needs and worked to engage each person in activities of their choice. There was evidence to show that the centre's staff successfully motivate service users to participate in a range of programmes that have positive outcomes for health and wellbeing. In all of the practice observed, interactions between staff and service users were warm, respectful and encouraging. Staff were observed being attentive to each person's needs. Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre.

There were measures in place to ensure that the views and opinions of service users were sought formally and taken into account in all matters affecting them. These included an annual survey and a report of the findings, most recently completed in December 2016. Results of the survey of service users' and carers' satisfaction were entirely positive. Service users confirmed that meals were always of a good standard, that the activities were good and that staff members were, "beyond good", and "perfect".

During each monthly monitoring visit, the views of a sample of service users were sought and their views were reflected in all three of the monitoring reports that were reviewed at this inspection. Five service users and five relatives returned completed questionnaires to RQIA indicating that they were very satisfied, (one satisfied), with the quality of the service in all four domains, Is care safe?, Is care effective?, Is care compassionate? and, Is the service well led? One relative commented, "All of my family; that's his family, are very happy with the care provided by staff here. He, (the service user) would not want to miss a day".

The monitoring officer recorded which service users were interviewed at each visit, so that a wide range of views would be sought over the period of each year. Records of service users' meetings, in April, June and August 2017, provided evidence of a wide range of topics being discussed and included a period at the end of the meeting, when the manager alone met with service users to ascertain their feelings about their interactions with staff members. Staff voiced support for this approach, as it gave them confidence that no poor practice would be hidden.

The evidence indicates that Glencairn Day Centre consistently provides compassionate care to its service users.

Areas of good practice

Examples of good practice were found throughout the inspection in relation to:

- the culture and ethos of the day care setting
- listening to and valuing service users
- facilitating service users' involvement in a range of activities and leisure interests
- maintaining records of service each user's involvement

- warm and compassionate interactions between staff and service users.

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.

Glencairn Day Centre's registration certificate was up to date and displayed appropriately. At the beginning of the inspection the manager was not in the centre and a Day Care Worker was the person in charge. She provided accurate information on staffing and the arrangements for service users being brought by bus to the centre. Information was also provided on the availability of a range of records and on the breadth of needs of the service users who would be attending on that day. The evidence confirmed that this Day Care Worker was competent to take charge of the centre.

The manager arrived within about half an hour and made all further arrangements for the availability of evidence sources for this inspection. A wide range of documentary evidence was provided to inform the inspection's findings, including minutes of staff meetings, service users' meetings, monitoring reports, audit records, work rotas, client files, staffing information, written policies and procedures. We discussed a range of the centre's current strengths and developments that were already in progress, such as new flooring for bathrooms.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all three of the monitoring reports examined, which were for June, July and August 2017. Monitoring visits had been unannounced and were carried out with good attention to detail in all of the areas required by regulation. A comprehensive report was available for each month's visit and included an action plan when any improvements were identified.

There was evidence in records, displayed prominently in the manager's office, and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to practice with confidence in their day to day work. The service provider ensures that mandatory training is completed by staff members and that other, relevant training opportunities are available to support nominated staff in developing more specialised knowledge and skills, as necessitated by the needs of service users. Two staff members identified their need for further training in the use of the computer system for communication and record keeping within the Trust.

Glencairn Day centre and the Belfast Health and Social Care Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. There was evidence from discussions with staff members to confirm that

working relationships within the staff team were supportive and positive. Staff commented that the strong bonds within the team helped to ensure the provision of a good quality care service. The manager had a schedule for individual, formal supervision with staff, planned ahead into 2018. Records of supervision sessions were well detailed and up to date. Five staff members returned questionnaires to RQIA, all of which indicated that they were 'Very Satisfied' with all four of the identified domains.

Overall, the evidence available at this inspection confirmed that the registered manager was leading staff enthusiastically and has good organisational skills that help maximise the staffs' direct contact time with service users. The service is well led.

Areas of good practice

Areas of good practice identified during this inspection included:

- organisation
- clear management expectations
- motivation of staff
- staff training
- supervision and appraisal
- maintaining good working relationships
- governance arrangements.

Areas for improvement

Senior staff members identified computer training as an area that should be increased.

	Regulations	Standards
Total number of areas for improvement	0	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 Mrs 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 Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2017</p>	<p>The registered person shall ensure that transport provision meets the assessed needs of service users for a full day care service.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The day care service is currently undertaking a transport service improvement plan with the BHSCT transport service department. This will involve how the current resources meet the needs of the service users attending, it will also examine time spent in the day centre and length of time spent on BHSCT transport. This process will also involve external transport providers. Service users and their representatives will be involved throughout the process. Manager and staff will continue to review and monitor the transport provision to ensure service users are being provided with a professional appropriate service.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>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.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Manager will source further ICT training for all staff. Day Care workers have attended Paris/CIS training and care assistants will be provided with this training as it is rolled out.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care