

Care Inspection Report

14 December 2016



Glencairn Day Centre

Type of service: Day Care Setting
Address: 98 Forthriver Road, Belfast BT13 3SL
Tel no: 02895042950
Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Glencairn Day Centre took place on 14 December 2016 from 9.30 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of this inspection Glencairn Day Centre was found to be delivering safe care. In discussions with the registered manager and staff it was established that staffing levels met the assessed needs of service users. Service users consulted confirmed that they were safe and well cared for in the centre.

Observations of the delivery of care provided evidence that service users' needs were being met safely and in a responsive, timely manner by the staff on duty. Arrangements are in place to prevent and protect service users from harm and the principles and procedures relating to preventing abuse were understood by all three staff members interviewed individually. Care plans and risk assessments were in place and there was evidence these were routinely reviewed in an effort to minimise risks and to ensure care delivered was effective and appropriate.

The day centre premises were found to be in good condition with a high standard of cleanliness, the facility was warm and welcoming and the Christmas tree and decorations added to the festive atmosphere. Fire exits were clear and there were no obvious hazards for service users or staff.

Is care effective?

The records examined and discussions with service users and staff established that the day care setting was delivering effective care. Appropriate referral information, assessments and care plans, along with daily notes are maintained. In discussion with service users they spoke of the positive relationship they had with the management and staff team and confirmed that the care delivered was effective and promoted the best outcomes for them.

The majority of care staff has worked in the centre for some years and they were well organised and it was evident their skills and experience enabled the centre to operate effectively. Staff spoke positively of the value of the day care service for service users and provided examples of the progress being made by many of those who attend; this information was confirmed in discussions with service users.

Two areas for improvement were identified during the inspection of this domain and relate to the further development of the complaint record and the development of guidance regarding changes to a service user's agreement.

Is care compassionate?

Throughout this inspection evidence of compassionate care was observed. Observations of practice established that staff knew each service user well and were familiar with their interests, preference and likes and dislikes; conversations were respectful and appropriate. Care

practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities.

Service users were noted to be relaxed and content in their environment and engaged in activities provided. In the afternoon several service users went shopping and prior to the outing spoke of the benefits of shopping and how much they looked forward to it each week. All of the service users commented very positively on the quality of care and their enjoyment of attending the centre.

No areas for improvement were identified during the inspection of this domain.

Is the service well led?

The Trust has arrangements in place to ensure that staff can access policies that direct and inform their practice, staff confirmed that they were well supported in their roles and that suitable training was provided. The registered manager is based in the centre and staff reported that the manager operates an open door policy and is always available for support or guidance.

Systems to monitor the quality of the service provided were seen to be working effectively. A monitoring officer who is not directly involved in the day to day operations of the centre undertakes the monthly quality monitoring visits and provides a report of the visit. The reports of these visits were found to be informative and included the views and opinions of service users and their carers/representatives.

One area for improvement was identified during the inspection of this domain and referred to the range of needs the centre can effectively meet and the need to submit an application form along with a revised statement of purpose to RQIA for consideration.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with June 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 29 October 2015.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Mrs Joan Turkington
Person in charge of the service at the time of inspection: Mrs Joan Turkington	Date manager registered: 27 September 2010

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Registration status of the setting
- Review of previous inspection report/QIP dated 29 October 2015
- Review of accident notifications, three submitted to RQIA since previous inspection
- Written and verbal communication received since the previous care inspection

During the inspection the inspector greeted the 27 service users, eight of whom were spoken to in private; spoke with the registered manager, and four staff. No professionals visited the centre during the inspection.

The registered manager was provided with questionnaires to distribute to five service users; five staff members and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the service, and requested their return to RQIA. Completed questionnaires from five staff, and five service user were returned to RQIA in time for inclusion in this report.

The following records were examined during the inspection:

- Supervision policy and procedure
- Elements of eight service users' care records
- Complaint records
- Accident/incident records
- Fire risk assessment
- Service user meetings
- Staff meetings
- Staff training records
- Record of dates of supervision/appraisal
- Record of staff registration with NISCC
- Monthly visits made on behalf of the registered provider

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 18 January 2016

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 29 October 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 Stated: First time	The registered manager must ensure accidents and untoward incidents involving service users are reported to RQIA in accordance with Regulation 29.	Met
	Action taken as confirmed during the inspection: The inspector can confirm from the review of records that three notifiable events were reported to RQIA since the last inspection. Discussion with the registered manager and staff confirmed that they were fully aware of the accident and untoward incidents that should be reported to RQIA in accordance with regulations.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 4 Stated: First time	With regards to service users' assessments, the registered manager should ensure systems are in place to review assessments on a yearly basis or sooner if the individual's needs change.	Met
	Action taken as confirmed during the inspection: Records examined and discussion with the registered manager confirmed that systems were in place to review service users' assessments on an annual basis or more frequently if required.	

<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>With regards to service user's care plans, the registered manager should ensure:</p> <ul style="list-style-type: none"> (a) the identified service user's care plan is reviewed so that it fully reflects how staff support and assist him/her. (b) When care plans are amended, new signatures should be obtained from the service user or their representative; the staff member completing it and the manager. <p>Action taken as confirmed during the inspection: The registered manager confirmed that the identified care plan had been updated. There was evidence that arrangements were in place to audit care records to ensure all relevant signatures were obtained.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.3 and 23.8</p> <p>Stated: First time</p>	<p>The registered manager should ensure the minutes of service users' meetings and staff meetings include:</p> <ul style="list-style-type: none"> (a) The date of the meeting. (b) The names of those attending. (c) Summaries of discussions. (d) Any actions agreed with responsibility for completion assigned and time frames. (e) The subsequent minutes should state if all of the previous actions were completed. <p>Action taken as confirmed during the inspection: The minutes of staff and service users meetings examined on inspection confirmed that the requested information was in place.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p>	<p>The registered person should ensure all policies and procedures are subject to a systematic three yearly review and any revisions are ratified. The following three procedures should be reviewed:</p> <ul style="list-style-type: none"> (a) Procedure on Care Plans (dated 11 April 2012). (b) Procedure on Recording and Reporting Care Practices (dated 19 September 2012). (c) Complaints Procedure (dated 17 February 2012). 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: There was evidence that the identified policies had been updated as requested.</p>	
<p>Recommendation 5 Ref: Standard 21.4 Stated: First time</p>	<p>In line with current good practices and guidelines, the registered manager should ensure care staff receive updated training on colostomy and catheter care.</p> <p>Action taken as confirmed during the inspection: Training records examined confirmed that staff had received the requested training.</p>	Met
<p>Recommendation 6 Ref: Standard 21.8 Stated: First time</p>	<p>The registered manager should ensure the central file of staff training records includes:</p> <ul style="list-style-type: none"> a) The names and signatures of those attending the training event; b) The date(s) of the training; c) The name and qualification of the trainer or the training agency; d) Content of the training programme. <p>Action taken as confirmed during the inspection: A review of the central file relating to staff training contained the requested information.</p>	Met
<p>Recommendation 7 Ref: Standard 25 Stated: First time</p>	<p>With regards to the safety of service users; the registered person should ensure a review of the effectiveness of the entrance gates to Glencairn Day Centre is undertaken. The completed QIP should contain the outcome/s of this review and if improvements are needed, an action plan with timescales should be included.</p> <p>Action taken as confirmed during the inspection: The registered manager provided evidence that a referral had been made to the estates department requesting a review of the effectiveness of the entrance gates to Glencairn Day Centre.</p> <p>A health and safety officer had undertaken a risk assessment and reported there were no safety issues for service users and that the gates were effective and no further improvements were recommended. The correspondence supporting this decision was viewed and the action taken by the Trust was deemed satisfactory.</p>	Met

Recommendation 8	With regards to the privacy and dignity of service users, the registered manager should review the storage of individuals' personal care products.	Met
Ref: Standard 27.3 Stated: First time	Action taken as confirmed during the inspection: A review of the storage area found each service user had been allocated a unique number and no identifying features regarding service users' personal care products were noted during this inspection.	

4.3 Is care safe?

On arrival at the centre the inspector observed that the centre was warm and welcoming with suitable lighting; the Christmas tree and decorations added to the festive atmosphere. A tour of the environment found the centre to be very clean and well organised with no obvious hazards for service users or staff. Attention was paid to infection control and appropriate hand washing signage and hand sanitizers were in place. The cleaner was commended on the high standard of cleanliness throughout the centre.

The registered manager is based full time in the day care setting and in her absence a senior day care worker has been assessed as capable and competent to take charge of the centre. Evidence of this assessment was maintained and available for inspection.

In accordance with day care setting regulations the Trust has clear recruitment and selection policies and procedures in place and the registered manager reported that these are adhered to strictly and staff do not commence duty until all required documentation is in place. The majority of the staff team have worked in the centre for some years and it was good to note there was a high attendance with minimum abstinence.

The daily staffing levels for the day care centre were outlined by the registered manager who confirmed that these were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing compliment for the months of October, November and December 2016 evidenced that staffing levels were maintained and this information was confirmed in discussions with staff.

Review of staff training records and discussion with care staff confirmed that they had received induction and mandatory training, including training in safeguarding vulnerable adults undertaken in February 2016; and fire awareness undertaken in April and May 2016.

It was good to note that copies of the new regional guidance, Adult Safeguarding; Prevention and Protection in Partnership (2015), was available to staff and management recognised there was a need to enhance staff awareness regarding the new procedures. Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and reported they had no concerns in regard to their colleagues' practice. Management reported that there were no current safeguarding investigations or incidents.

The organisation's supervision policy details the frequency and procedure to be followed and staff spoken with confirmed they receive supervision on a regular basis. Supervision records and responses in returned questionnaires provided further evidence that staff receive supervision at least quarterly.

The day centre has a range of fire protection measures in place and these included a fire detection and alarm system, emergency lighting, and fire-fighting equipment. The registered manager confirmed that the fire risk assessment was up to date and there was evidence that arrangements were in place to undertake regular tests of the fire alarm system. A designated member of staff assumes the role of fire warden and there was evidence that specific fire warden training had been provided. On the day of this inspection fire exits and corridors were observed to be clear of clutter and obstruction.

Lunch is provided daily in the centre and the menu was noted to be displayed in prominent positions in the dining room and activity room. The menu showed there was a choice of beef casserole or southern fried chicken available. The inspector observed the serving of the midday meal. Service users dine in a designated dining room and tables were appropriately presented with a range and choice of cold drinks. Staff were observed to provide assistance when required in a sensitive respectful manner and the atmosphere during lunch was relaxed with service users chatting to each other and to staff. All service users spoken with in the dining room confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for on request. They praised the quality of the food provided. A sample of comments made on the day include:

- "I always enjoy my meal here; it is first class."
- "Food is lovely."
- "A good hearty meal, you couldn't complain about it."

Areas for improvement

No areas for improvement were identified during the inspection of this domain.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Five care records were selected for review and confirmed that these records were generally maintained in line with legislation and standards. All records included a photograph of the service users; assessment of needs; risk assessments including a transport assessment; care plans and care reviews; and a service user agreement. Records were observed to be stored securely.

It was noted that each service user had been provided with an individual agreement; however, these had been altered in regard to the charges for lunch. The altered agreements had not been signed by the service user and it was difficult to ascertain if the changes had been communicated to the service user or their representatives in writing as detailed in the minimum standards. It is recommended that the arrangements for the review of agreements are revisited and clear guidance produced on the arrangements to be implemented when circumstances change or the agreements are altered.

There was evidence in service users' records of the input provided by other professionals, such as Speech and Language Therapists and Occupational Therapists. Staff described these inputs as being valuable, and ensured that the care delivered to service users was effective.

The Belfast Health and Social Care Trust has a range of quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. Care staff stated there was effective teamwork and those who were interviewed spoke of the support available that included quarterly supervision, daily briefs, staff meetings and informal communication on a daily basis.

Care staff observed during the inspection clearly demonstrated they had the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff related if they had any concerns, they would raise these with the senior support worker or the registered manager, and stated that the registered manager operated an open door policy and was always available for guidance and support.

Appropriate complaint policies and procedures were in place and were dated 2015. Information in relation to how to make a complaint was included in the service user guide and was displayed in the entrance to the centre.

The complaint record reviewed corresponded with the information in the returned complaint form submitted to RQIA for the period 1 April 2015 to 31 March 2016. It was noted that a complaint dated 15 October 2016 in regard to transport did not reference if the person making the complaint was satisfied with the outcome of the investigation. A recommendation is made in the attached QIP of this report.

Those service users consulted were aware of how to raise any issues or concerns and named staff they would talk to in these circumstances. Staff consulted were also fully familiar with the action to take in the event a service user raised an issue of concern.

Areas for improvement

Two areas for improvement were identified during the inspection of this domain, and relate to the further development of the complaint record and the development of guidance regarding changes to a service user's agreement.

Number of requirements	0	Number of recommendations	2
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4.5 Is care compassionate?

Service users who spoke in private with the inspector confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

Care practices observed established that service users were treated with respect and were consulted regularly about their comfort and involvement in activities. It was evident that staff were familiar with service users' individual interests and preference; conversations were respectful and appropriate and there was evidence that positive and supportive relationships had been forged between staff and service users.

Staff members presented as being committed to providing service users with a welcoming and enjoyable experience at the centre. In the interactions directly observed, service users were engaged with respectfully and sensitively by care staff.

Assistance when required was undertaken in a discreet manner and there were good examples of staff using diversion techniques when needed. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

Systems were in place to ensure that service users and their representatives were involved and communicated with about the issues that affect them.

Records examined relating to annual care reviews and care plans, and discussion with eight service users provided evidence that service users and/or their representatives were fully involved in planning their care and that their views and preferences were valued by staff. One service user related, "I feel safe here and I know if there was anything wrong with me the staff would contact my family."

There was a relaxed ambience throughout the day and service users were observed chatting amongst themselves and to staff; it was evident they had developed good relationships and enjoyed each other's company. All of the service users consulted commented very positively on the quality of care and their enjoyment of attending the centre. A sample of comments made on the day are as follows:

- "This is a great place; staff help us and everyone is welcomed."
- "I really enjoy coming here; staff are pleasant, caring and you can always be assured that you will be cheered up."
- "Care is excellent; staff go beyond the call of duty."

Discussions with service users along with observations of practice during this inspection confirmed that service users were supported to engage and participate in different activities. Service users were observed participating in bingo, crafts, reading and general discussion. It was evident that the activities were based on service users' interests. Service users were noted to be relaxed and content in their environment and engaged in activities provided. In the afternoon several service users went shopping and prior to the outing spoke of the benefits of shopping and how much they looked forward to it each week. One service user spoke of how shopping with the centre assisted her to keep up to date with the cost of living and also provided an opportunity to go shopping, as "normally someone else has to do my shopping as I can't access transport and I don't have the confidence to go alone".

A range of community activities had been arranged for the festive period and service users spoke of their enjoyment of a local primary school nativity play, carol singing and their Christmas lunch at a local hotel.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner and this was evident through the periods of observations. Members of staff who met with the inspector advised how service users choose what they want to do and provided examples of when they individually had afforded choices to service users. This was also evidenced during the inspection when service users changed the venue for their shopping trip.

The views of service users are sought during the monthly quality monitoring visits and this was evidenced in the monthly reports for October, November and December 2016.

The five staff and five service users who returned a questionnaire indicated overall satisfaction with the provision of compassionate care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The day centre is managed by a registered manager who is supported by a team of care staff. The inspector was informed that the registered manager's line manager regularly visits the centre unannounced and staff can approach them if they have any concerns or queries.

Discussion with staff evidenced that there was a clear organisational structure within the day care setting and staff were fully aware of the structure both within the day care setting and the wider Trust. Management and staffing information is included in the statement of purpose and in the service user guide, making the structures clear for those who use the day centre.

Staff could describe their roles and responsibilities and were knowledgeable regarding their professional accountability. A record of staff registration with NISCC is maintained and was found to be up to date.

There is a programme of mandatory training for staff and other specialist training relevant to the service user group. Staff confirmed that they find support within the team and that they have confidence in their care-work colleagues. Staff meetings' records indicated compliance with the minimum standards, and appropriate records are maintained of service users' meetings.

A range of policies and procedures are in place to guide and inform staff and in discussions with staff they confirmed they had access to them at all times and reported that the policies were also available electronically.

Policies were centrally indexed and there was evidence that some of the policies had been reviewed in 2015 and a rolling programme of policy review was in place. There is a policy group made up of registered managers of day care settings in the Older People's programme of care in the Belfast HSC Trust who are responsible for looking at the review of the Trust's policies and procedures for day care settings.

Staff confirmed that they are supervised, formally and informally, within the team and those who met with the inspector confirmed that formal supervision was regular. The senior day care worker stated that he and the manager meet every Monday morning to discuss management matters and plans for the week ahead.

The certificate of registration issued by RQIA was displayed in a prominent position in the entrance to the day care setting. The inspector noted and was informed by the registered manager that the profile of service users attending the centre had changed; some service users have varying degrees of dementia, ranging from forgetfulness to mild confusion. The registered

manager should review the needs of the service users and submit a variation application to RQIA along with a revised statement of purpose to RQIA for consideration. The documents should detail the range of needs the day centre can effectively accommodate. The registered manager was also referred to the DSDC's (dementia services development centre) audit tool that would enable her to undertake a dementia audit of the environment.

A regular audit of accidents and incidents was undertaken and was available for inspection. The audit outcomes are used to identify trends and to enhance service provision. A review of the accident/incident identified no issues.

Monthly monitoring visits are undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports are produced and made available for service users, their representatives and RQIA. The monthly monitoring reports dated 28 September 2016, 10 October 2016 and 29 November 2016 were reviewed and found to be well presented, informative and in accordance with regulation. The reports included the views and opinions of service users and their carers/representatives.

It was evident from observations and discussions with staff that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas for improvement

One area for improvement was identified during the inspection of this domain and referred to a review of the range of needs the centre can effectively meet and the need to submit an application form along with a revised statement of purpose to RQIA for consideration.

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to **the web portal** for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 4. (1) (c) Schedule 1 Stated: First time To be completed by: 28 February 2017	<p>The registered provider should review the range of needs that can be accommodated in the day centre.</p> <p>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.</p> <p>Response by registered provider detailing the actions taken: Application for Variation of Registration form has been submitted to include service users with dementia. Statement of Purpose and Service User Guide have been revised and updated to reflect changing needs.</p>
Recommendations	
Recommendation 1 Ref: Standard 3.1 Stated: First time To be completed by: 28 February 2017	<p>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.</p> <p>Response by registered provider detailing the actions taken: All Service User Agreements have been updated and the registered manager has informed staff a new service user agreement must be put in place when there are any changes or alterations.</p>
Recommendation 2 Ref: Standard 14.10 Stated: First time To be completed by: 28 February 2017	<p>The registered provider should ensure that complaint records reference if the person making the complaint was satisfied with the outcome of the investigation.</p> <p>Response by registered provider detailing the actions taken: The registered manager has spoken with staff and informed them that following a complaint, they are to ensure that all sections are completed, in particular the section titled " Was the complainant satisfied with the outcome".</p>



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