

# Unannounced Care Inspection Report 5 September 2019



## GlenOaks Day Centre

**Type of Service: Day Care Service**  
**Address: Glen Road, Londonderry, BT48 0BX**  
**Tel No: 02871266593**  
**Inspector: Ruth Greer**

[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 89 places that provides care and day time activities for people living with physical and mental difficulties. It should be noted that an application to reduce the number of registered places to 30 was being processed in RQIA at the time of this inspection.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual(s):</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Mrs Sandra Boyd (Acting)
<b>Person in charge at the time of inspection:</b> Margaret Hydman, day care worker for the first hour. Sandra Boyd then joined the inspection	<b>Date manager registered:</b> Sandra Boyd (Registration pending)
<b>Number of registered places:</b> 89	

### 4.0 Inspection summary

An unannounced inspection took place on 5 September 2019 from 09.30 to 14 30.

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

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

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

On the day of the inspection there was good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities, with whom they wished to spend time and food provided.

Evidence of good practice was found in relation to the level of service user involvement in the running of the centre, communication with staff, service users' care records and the valuing of service users as individuals.

Service users said they were happy in the day care setting, that staff were attentive and that the activities were enjoyable. Examples included:

- “I like it here I don’t know what I’d do if I couldn’t come.”
- “The staff are very good to us.”
- “Coming here gave me a new lease of life.”

The findings of this report will provide the establishment 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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Sandra Boyd, manager, and Mairead Quinn, line manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action taken following the most recent care inspection dated 13 September 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 September 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection report, the returned quality improvement plan and any notifications from the centre to RQIA since that date. Prior to this inspection a concern in relation to staffing levels was received at RQIA from an anonymous source. At this inspection records in relation to staffing levels were reviewed, service users were spoken with and four staff interviewed. There was evidence from these sources that staffing levels in the centre were satisfactory.

During the inspection the inspector met with nine service users and seven staff.

The following records were examined during the inspection:

- Statement of Purpose
- Service users’ Guide
- Care files (3)
- Complaints
- Accidents
- Staff training

- Staff supervision matrix
- Fire precautions/awareness
- Reports of visits as required by regulation 28
- Annual quality review report

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 manager and line manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 13 September 2018

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

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

### 6.2 Review of areas for improvement from the last care inspection dated 13 September 2018

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
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (4)(d)(v) and (f)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider shall (d) make adequate arrangements—</p> <p>(v) for reviewing fire precautions, and testing fire equipment, at suitable intervals;</p> <p>and</p> <p>(f) ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: 6.4</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> The WHSCT fire safety officer reviewed fire safety precautions and processes in the centre on 7 November 2019. As a result four staff have been identified as fire wardens. Monthly checks are completed on firefighting equipment, the fire alarm system and fire doors.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> First time</p>	<p>The registered provider shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users— (a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> On the day of this unannounced inspection there were 14 service users in the centre. In addition to the manager there were two day care workers, four care assistants, and five ancillary staff (catering, domestic and drivers) on duty. The manager confirmed that the numbers of staff on duty was satisfactory to meet the needs and numbers of service users.</p>	<b>Met</b>
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 28 (4)(b)(c) <b>Stated:</b> First time</p>	<p>Where the registered provider is an individual who does not manage the day care setting himself, he shall visit the day care setting in accordance with this regulation.</p> <p>(4) The person carrying out the visit shall— (b) inspect the premises of the day care setting, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the day care setting.</p> <p>This relates to, but is not limited to ensuring that, the correct quality improvement plan is reviewed, acted upon and monitored and that the reports evidence that the fire safety precautions are regularly and effectively</p>	<b>Met</b>

	<p>reviewed.</p> <p>Ref: 6.7</p>	
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed the monthly monitoring reports for June, July and August 2019. These were found compliant with the requirements of regulation 28.</p>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure there is a competent and capable person in charge of the day care setting, in the absence of the registered manager, at all times. Governance records which evidence that such staff are willing and competent to act up in the manager's absence should be maintained and regularly reviewed to ensure that these governance processes remain effective and appropriate.</p> <p>Ref: 6.4</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Competency and capability assessments were in place for any staff member who acted up in the manager's absence.</p>	
<p><b>Area for improvement 2</b></p> <p>Ref: Standard 7.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure all records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p> <p>Ref: 6.5</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The records examined at this inspection were found to be legible, accurate and signed. The manager audits the care records on a monthly basis. Staff have been given protected time to complete care records</p>	



<b>Area for improvement 3</b> <b>Ref:</b> Standard 22 <b>Stated:</b> First time	The registered person shall ensure that all staff receive formal supervision/appraisal within expected timescales in order to promote the delivery of quality care and services.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A matrix of staff supervision was reviewed and found satisfactory.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 17.6 <b>Stated:</b> First time	The registered person shall ensure that the Statement of Purpose is kept under review.  This relates to, but is not limited to, ensuring that the number of service user places per day is accurately reflected in the Statement of Purpose and is consistent with the number of places registered with RQIA. This may require a variation to be made to RQIA to change the number of day care places.  Ref: 6.7	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An application had been made to reduce the registered numbers of service users to 30. The statement of purpose had been reviewed in July 2019.	

### 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 Glen Oaks day care centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff noted on the day of the inspection.

The manager is based in the day centre and is supported by day care workers, care assistants and ancillary staff.



On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the manager, staff and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users. Two staff members stated that at times during the summer staffing levels were reduced due to annual leave, courses etc. However they stated that at no time did the staffing levels fall to an unsafe level. This was confirmed by a review of staff rotas and discussion with the manager and line manager.

Effective arrangements are in place to support staff and include induction, training, supervision and appraisals. The manager stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users. For example, Dysphagia awareness.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. Staff confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment dated 11 March 2019 was in place and was planned for review on 10 March 2020. Records showed that fire training had taken place on 28 January 2019. Fire drills take place on a regular basis.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS). The manager stated that restrictive practice is neither needed nor used in the day centre and on the day none was observed. Individual restraint may be in place for some service users, for example, wheel chair belts. Where this was in place there was a corresponding risk assessment in the service user's care plan.

The centre’s Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. For example in how they empower service users to make decisions and choices.

Discussion with service users and staff in regard to the provision of safe care included the following comments:

**Service users’ comments**

- “It’s a good place to come.”
- “It’s good here if I need help there is always staff around.”

**Staff comments**

- “I’ve worked here for years and seen many changes but what never changes is the good quality care.”
- “We all work well together and the service users’ needs always comes first.”
- “We like to support service users with activities outside the centre in the community.”

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home’s environment.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**6.5 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 Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards. It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the centre, potential service users are assessed to ensure the centre can meet their identified needs. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user’s guide. The service

user's guide provides information of the service user's right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending. There are several rooms designated for group sessions including a computer room. There is a large recreation room which is used for open days, special occasions, parties etc.

Three care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received. The manager audits the care files on a monthly basis.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file. The record of review also included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regard to the provision of effective care included the following comments:

### **Service Users comments**

- "I can tell you that if it wasn't for this place and what they've done for me I wouldn't be around today."
- "I've been coming for many years, I like it very much."

### **Staff Comments**

- "It's a good centre and well run. We work as a team."

- “Everybody just wants the same thing, that is to improve life where possible for the service users.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### 6.6 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.**

Discussion with service users and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users' preferences. They were observed being fully assisted by staff who provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff seeking opportunities to involve service users in their care and support and empowering service users to achieve their full potential.

Observation of the activities showed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with and involvement of service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user meetings. Minutes of service user meetings in February and July 2019 were reviewed. This provided evidence that service users had been consulted about a range of matters including corporate issues, for example:

- activities
- menus
- staffing

- monitoring visits
- transport

The inspector was informed that the centre is responsive to changing needs and, where this is needed, advocates for service users. This may take the form of liaising with other professionals to increase additional days of attendance at the centre. There is a well-defined ethos in the centre in place for consulting with service users.

Discussion with staff and service users with regard to the provision of compassionate care included the following comments:

**Service Users comments:**

- “Every one of them (staff) is so kind.”
- “It’s good here, staff are good.”
- “I’m part of the service users’ advocacy group and I can speak up for people who aren’t able to.”

**Staff Comments:**

“It’s a good place to work we get plenty of training and the opportunity to be selected for a professional qualification.”

“I think this is a really good service and so important for the people who attend”

**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 and taking account of the views of service users.

**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 Statement of Purpose for the day care service was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was in the process of being returned to RQIA for amendment in relation to a reduction in numbers and the addition of the name of the new manager.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of April, May and June 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details held in the centre.

Discussion with staff revealed they felt well supported by the manager. They stated that service users are central to the service and they need to ensure care and support was safe, effective and compassionate. They stated they were well supported by management through staff meetings, supervision and the manager makes herself available as required. Staff meetings take place regularly. A review of the minutes from 19 July and 29 August 2019 showed that the meetings provide the opportunity to review work and plan ahead.

Review of the 2018/2019 annual report provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, 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**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

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

 [@RQIANews](https://twitter.com/RQIANews)