

Inspection Report

Name of Service: Gloucester Park Day Centre

Provider: Northern Health and Social Care Trust (NHSCT)

Date of Inspection: 14 April 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Northern HSC Trust
Responsible Responsible Person:	Ms Jennifer Welsh
Registered Manager:	Mrs Debbie Gillespie
Service Profile –	
<p>Gloucester Park Day Centre is a day centre setting. Service users are adults who may have assessed needs in one or more categories of disability, infirmity, dementia, sensory impairment, learning disability, physical disability, learning disability, sensory impairment, terminally ill or Mental health disorder excluding learning disability or dementia. The day centre is managed by the Northern Health Social Care Trust (NHSCT). This day centre has recently celebrated its 50th anniversary.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 April 2025 between 8.40 a.m. and 2:00 p.m. This was conducted by a care Inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards.

Three areas for improvement was identified, these were related to recruitment, specifically the checking of Enhanced pre employment Access NI checks, service user feedback and fire drills.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users, relatives and staff to seek their views of the day care setting. The information provided indicated that there were no concerns.

Service users spoke positively about their experience of the day care setting; one told us they loved coming to the day centre, the staff are brilliant and there are plenty of activities.

A relative shared that the day centre was a "lifeline for our family", that the staff were brilliant and that they were aware of how to raise any concerns. The relative said that they "would not change a thing about the centre."

Staff spoke very positively in regard to the care delivery and management support in the day care setting. One told us that they felt that the day centre was a "golden nugget" for the Trust.

3.3 Inspection findings

3.3.1 Staffing Arrangements

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI) were not consistently completed and verified before a staff member commenced employment and had direct engagement with service users. It was explained that this because of the Trust's policy and procedure in relation to the internal transfer of staff. This was discussed with the manager who provided assurance that corrective action has been undertaken. An area for improvement has been identified.

There was evidence that all newly appointed staff had completed an induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There

was a robust, structured, induction programme which also included shadowing of a more experienced staff member.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

3.3.2 The systems in place for identifying and addressing risks

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The DoLS register is being updated, this will be reviewed at future inspections.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The fire risk assessment and staff fire training were found to be in date. During the inspection fire exits were observed to be clear of clutter and obstructions. A fire drill was undertaken in January 2025. A number of staff have not been present for a fire drill during the last year. An area for improvement has been identified.

3.3.3 The arrangements for promoting service user involvement

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Feedback was sought from service users on a monthly basis, however, the day care setting had not undertaken a formal evaluation of the service since the last inspection. An area for improvement has been identified.

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

The day care setting was noted to be bright and appeared to be clean. Service users were observed engaging with a number of activities.

3.3.4 The arrangements to ensure robust managerial oversight and governance

There were monitoring arrangements in place. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

The area for improvement and details of the Quality Improvement Plan were discussed with Mrs Debbie Gillespie, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
<p>Area for improvement 1</p> <p>Ref: Regulation 21 3 (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall not employ a person to work in the day care setting unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2; this relates specifically to pre employment Enhanced Access NI checks.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: An Enhanced Access NI check has been completed for all staff working within the service. The Registered Person will continue to ensure that full and satisfactory information is received as part of the recruitment process.</p>
Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 28.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that all staff attend a fire evacuation drill at least once a year.</p> <p>Ref: 3.3.2</p> <p>Response by registered person detailing the actions taken: All staff have now attended a fire evacuation drill. The registered person will continue to ensure a plan is in place for all staff participate in at least one fire drill per year.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8.4, 8.5</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The Registered Person shall ensure that service users' views and opinions about the running of the service are sought on a formal basis at least once a year. A report is prepared that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users and any actions to be taken in response. A copy of this report is made available to service users.</p> <p>Ref: 3.3.3</p> <p>Response by registered person detailing the actions taken: The registered person has organised with management for a survey to be carried out once per year gaining the views and opinions of service users and carers. The outcome of the survey will be documented in a report and shared with service users and carers.</p>



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