

## **SUMMARY OF INSPECTION FINDINGS**

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The day care service was observed to provide a warm and welcoming environment in which the service users are able to relax, be involved in recreational activities of their choice and engage in social interactions with their peers. There were twenty-one service users present during the inspection and they appeared comfortable and familiar with the environment. In line with the aims of the service as described in the Statement of Purpose, the focus on social inclusion was evident and there was clear support from staff members to promote this.

At the hub of the day centre is an open plan working kitchen where the hot meal is prepared and cooked by staff and service users who wish to be involved. On the day of the inspection, the kitchen area was a hive of activity with the daily meal being cooked and service users baking cakes to raise funds. The Regulation Officer noted that the feature of the open plan kitchen enhanced the homely and relaxed feel of the centre and felt inviting for service users to get involved in the preparation and cooking of the daily meal.

The Regulation Officer observed that all the communal areas were being accessed and utilised by the service users. This ranged from playing pool in the activities room, sitting in the dining area engaging in social conversations, helping in the kitchen, and generally interacting with their peers in each of the areas. The facility was observed to be delivering a client centred service that clearly met its purpose of promoting social inclusion, wellbeing, relationships and promoting autonomy for service users that have continuing mental health conditions.

Positive engagement between three staff members and the service users was ongoing. The staff were visible and fully engaged with the service users throughout the time of the inspection.

The centre is supported by a small staff group, this includes three full time senior care assistants (SCA), one Registered Manager who is on site one day in five and remains accessible to the staff via telephone when not in attendance at 'The Diner'. Additional to the three full time staff members is an activities co-ordinator/peer support worker who has been previously shared with another facility managed by the Registered Manager. This role is to have set hours assigned to 'The Diner' and enhances the support to the service users.

Staff provide the service users with support around social inclusion, wellbeing, autonomy, self-sufficiency, and recovery. They offer the opportunity for service users to share their views and wishes, they also offer one to one therapeutic discussion as the keyworkers for some of the service users.

It was positive to note that the two areas of improvement from the last inspection have been actioned, this will be discussed in more detail in the main body of the report.

The Regulation Officer was able to receive feedback from seven service users attending 'The Diner' on the day of the inspection. The general themes highlighted were that being able to access the facility motivates some service users to 'get out and about', prevents social isolation, allows them to socially integrate in a relaxing supportive environment. It also provides them with a daily hot nutritious meal that they would not necessarily cook for themselves at home. All seven-service user's providing feedback commented on how they enjoyed the meal provided every day. The supported activities were also very popular, and it was evident from the discussions that the service users felt able to take part in the activities because they were supported by staff, well planned and organised which they found reassuring.

Feedback was received from the three members of the staff team during the inspection. The feedback gave an overwhelming feeling that 'The Diner' is an

enjoyable place to work, and staff presented as being passionate and enthusiastic. The staff members work collaboratively to meet the service users' needs, and it was evident that they each bring unique skills and experience to their roles which complement each other and strengthen the provision.

One of the day care standards recommends that there is a system in place to regularly review the quality of the service provided. A monthly quality assurance report is advised, this is ideally completed by a suitable person independent of the Registered Manager. The Registered Manager had identified someone to do this, however this process is not in place and there has been no monthly reporting. This is an area of improvement.

The Regulation Officer was satisfied that the service users are provided with adequate information about the service at the point they are referred by the adult mental health team. An individual assessment is completed by the Registered Manager and the service users are offered an introductory visit before deciding whether they would like to attend 'The Diner'. Service users are usually supported by their care co-ordinator to this visit, this could be a mental health practitioner or social worker. Service users are regularly consulted about the service and that they are encouraged to be involved in changes or developments. The Regulation Officer noted that there is little involvement with the service user's family and friends. This is an area of improvement.

There is not a clear complaints/compliments procedure evident in the information leaflet provided to the service users. This is essential information that needs to be available to the service users at any time and could be incorporated into 'The Diner' leaflet. This is an area of improvement.

It is recognised that the service users are a vulnerable group of clients and there may be times when a staff member recognises that a service user is at risk and may require additional interventions/support. A process of escalation of concerns has recently been devised by the Registered Manager in response to a service need. This process is not set out clearly and in an easy-to-understand way for staff to follow in a crisis. The working presentation of this guidance requires refinement,

agreement from senior management and ratification through the provider governance processes. This is an area of improvement.

The full report can be accessed from [here](#).