

Announced Care Inspection Report 4 February 2021



Gortmore Day Centre

Type of Service: Day care
Address: 18 Derry Road, Omagh, BT785DR
Tel No: 028 8224 4134
Inspector: Aveen Donnelly

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 provider 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 that is registered to provide care and day time activities for up to 32 service users for people over the age of 65, who may also be frail, have a physical disability, sensory impairment, mental health need, and/or early stage dementia. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Western HSC Trust Responsible Individual: Anne Kilgallen | Registered Manager: Phyllis Kelly |
| Person in charge at the time of inspection: Phyllis Kelly | Date manager registered: 28/09/2010 |

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 31 May 2019.

Since the date of the last care inspection, a number of correspondences were received in respect of the agency. RQIA was also informed of any notifiable incidents which had occurred within the agency in accordance with regulations.

Having reviewed the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 04 February 2021 from 10.30 to 14.00 hours.

Information was requested to be submitted to RQIA prior to the inspection and this was reviewed by the inspector in advance of the inspection. The inspection focused on discussing aspects of the submitted information, in order to substantiate the information. The inspector contacted stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks for staff employed by the agency (AccessNI) had been completed to ensure that they were in place before staff were supplied to service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with a number of staff and service users. In addition, we reviewed Covid-related information, disseminated to staff and displayed throughout the agency.

The inspection also assessed progress with any areas for improvement identified during and since the last care inspection. An area for improvement previously made under the standards was not met and an area for improvement has now been made under the regulations in this regard.

A further area for improvement was identified in relation to the recruitment practices of redeployed staff.

Evidence of good practice was found in relation to staff registrations with NISCC. Good practice was also found in relation to Infection Prevention and Control (IPC); it was evidenced that all staff and service users had been adhering to the current Covid-19 guidance on the use of Personal Protective Equipment (PPE).

Those consulted with indicated that they were satisfied with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 0 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Phyllis Kelly, 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 31 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 May 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report and Quality Improvement Plan (QIP), notifiable events and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on contacting the service users, staff and health and social care' (HSC) Trust representatives to find out their views on the service.

To ensure that the required pre-employment checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations
- Covid-19: guidance for Day Care, provided by RQIA for centres planning to reopen

We discussed any complaints and incidents that had been received by the agency with the manager and in addition we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 28 of Day Care Setting Regulations (Northern Ireland) 2007.

RQIA provided information requesting feedback from service users, staff and other stakeholders in relation to the quality of service provided. This included an electronic survey for service users, relatives and staff, to feedback to the RQIA.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

6.0 What people told us about this Day Care Centre

The feedback received indicated that people were satisfied with the current care and support. During the inspection we spoke with the manager and a number of care workers with the use of video technology. All those spoken with confirmed that staff wore PPE as necessary.

We also spoke with a number of service users, who indicated that that they were very happy with the care and support provided by the day care centre. Feedback was also received from HSC' representatives. Comments are detailed below:

Staff

- “We have a great service going for the clients. I would promote this centre for it is good at maintaining the clients’ independence at home. I think we are doing a good job.”
- “The clients have been amazing. We faced every new challenge positively. Phyllis guided us fantastically. I am very passionate about my job, otherwise I would not be here.”
- “We are getting on good, I really love it and have no concerns.

Staff spoken with praised the manager for their approachability and responsiveness.

Service users

- “It’s lovely, it’s grand. The staff are very good, they are all wonderful.”
- “They are treating me well.”
- “I want to put in a good report about them. Without them, I couldn’t have coped, the staff look after me very well. They couldn’t be better.”

HSC’ representatives

- “I have a number of client’s who attend Gortmore day Centre for different reasons and I have to say that their needs are all met by very attentive staff in a safe and secure environment , my clients are all very happy to be there and look forward to going each week.”
- “I find management and staff provide excellent care and support to their clients attending. Not only do they support clients but also support family members of clients. Any concerns with clients, Gortmore staff notify me in order for concerns to be dealt with swiftly.”
- “I have a client who loves it there, the only complaint he has, is that he cannot go there more often. I cannot praise them enough in relation to all the activities they do there.”

No electronic feedback was received.

7.0 The inspection

| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
|---|---|---------------------------------|
| <p>Area for improvement 1</p> <p>Ref: Standard 3.1</p> <p>Stated: First time</p> | <p>The registered person shall ensure each service user has an individual written agreement, which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his or her needs.</p> | Met |
| | <p>Action taken as confirmed during the inspection: A review of the records confirmed that service user agreements had been updated.</p> | |
| <p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: Third time</p> | <p>The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p> | Partially met |
| | <p>Action taken as confirmed during the inspection: A number of the policies and procedures were not available during the inspection. Following the inspection, a number of updated policies were submitted to RQIA as agreed. However, we were unable to validate that two policies had been updated. Refer to section 7.1 for further detail.</p> | |

7.1 Inspection findings

Recruitment

The review of the agency's staff recruitment processes identified that staff who had been redeployed to work in Gortmore, did not consistently have the required checks undertaken. Whilst we acknowledge that the identified staff members have been in post for a significant period of time, an area for improvement has been made, to ensure that this matter is addressed.

A review of the records confirmed that all staff provided by the agency are currently registered with NISCC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

Covid-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow whilst providing care to service users and in the event of service users or staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of service users who may be discharged from hospital or those who may have had a period of respite in a care setting.

Staff had also completed training in relation to IPC and Covid awareness training. This included training on the donning (putting on) and doffing (taking off) of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures. The manager further described how a range of other Covid-related information was available for staff to read.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that IPC procedures were being adhered to. The service user and relatives spoken with confirmed that the staff wore PPE appropriately.

The manager described the availability of hand sanitisers which are accessible throughout the building for service users and staff to use. Posters detailing the procedure for effective hand-washing were displayed as visual aids to encourage good handwashing techniques.

There were measures in place to support service users to maintain a two metre distance from other people. Changes to the routines of the day care centre had been made, to ensure this could be maintained. A larger room was being used for day activities to ensure that service users and staff could maintain the two metre distancing.

The manager described how signage in relation to visiting was displayed prominently at the entrance. Visitors to the centre were restricted to service users only.

Service users and staff had their temperature checked daily and they completed a health declaration to confirm that they have not been in contact with anyone who has Covid-19 and that they have no symptoms. The protocol also includes details of the cleaning procedure of the bus, which is used to collect service users from their homes.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

The manager provided a list to RQIA, by email, of the signage that was available throughout the agency, in relation to Covid-19 precautions. Other information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder.

The day care centre had access to suitable information leaflets, which they could provide to the service users, if required.

Specific risk assessments had been completed for service users and staff in respect of all aspects of care and support.

Staffing contingency measures were in place, to ensure that in as much as possible, the day centre can remain open, in the event of staff illness.

Governance and Management Arrangements

As previously discussed in section 7.0, on the day of the inspection, we were unable to verify that all the policies had been updated. The manager agreed to submit the updated policies to RQIA on 04 February 2021. The review of the submitted policies identified two policies, which required updating in line with the standards. When requested from the manager, these policies were not forthcoming. An area for improvement has been made in this regard.

Areas of good practice

Evidence of good practice was found in relation to staff registrations with NISCC. Good practice was found in relation to IPC; all staff and service users had been adhering to the current Covid-19 guidance on the use of PPE.

Areas for improvement

An area for improvement previously made under the standards was not met and an area for improvement has now been made under the regulations in this regard. A further area for improvement was identified in relation to the recruitment practices of redeployed staff.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 2 | 0 |

7.2 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Phyllis Kelly, 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 agency. 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.

7.3 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007.

7.4 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with 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 review the recruitment practices, to ensure that that full and satisfactory information is available in respect of each of the matters specified in Schedule 2.</p> <p>This refers specifically to staff who were redeployed to work in the Day Centre.</p> <p>Ref: 7.1</p> |
| | <p>Response by registered person detailing the actions taken: Employment checks are carried out by Recruitment/Human Resources when staff are employed or redeployed into the service. The staff who were redeployed from Gortmore Residential Care Home for Older People following closure in 2012 to Gortmore Day Centre have had their Access NI checks completed and updated since this inspection.</p> |
| <p>Area for improvement 2</p> <p>Ref: Regulation 17 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p> | <p>The registered person shall establish and maintain a system for improving the quality of care provided in the day care setting.</p> <p>This refers specifically to the systematic review of policies and procedures. Consideration should also be given to maintaining an index of review dates, to ensure that review dates are easily identifiable.</p> <p>Ref: 7.0 and 7.1</p> |
| | <p>Response by registered person detailing the actions taken: The Registered Manager will develop a system for reviewing policies and procedures. It will incorporate an index for reviewing dates.</p> |



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)