

# Inspection Report

22 September 2022



## Gortmore Day Centre

Type of Service: Day care  
Address: 18 Derry Road, Omagh, BT785DR  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Mrs Phyllis Kelly
<b>Responsible Individual:</b> Mr Neil Guckian Anne Kilgallen	<b>Date registered:</b> 28/09/2010
<b>Person in charge at the time of inspection:</b> Mrs Phyllis Kelly	
<b>Brief description of the accommodation/how the service operates:</b>  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).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 22 September 2022 between 09.45 a.m. and 1.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting'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 Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

It was good to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. There were good systems in place to ensure that the staff were knowledgeable in relation to modified diets.

All service users spoken with indicated that they were very happy with the care and support provided by the staff.

Gortmore Day Care Setting uses the term 'clients' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

As a public-sector body RQIA has 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 settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users. The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

#### **Service users' comments:**

- "It is 100 percent here."
- "It's all very good."
- "I look forward to coming here, the food is great."

Staff met with indicated that they had no concerns in relation to the day care setting.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. No written comments were received.

No staff survey responses were received prior to the issue of the report.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

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. An inspection was not undertaken in the 2021-2022 inspection year, due to the impact of the first surge of Covid-19.

The last care inspection of the day care setting was undertaken on 4 February 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 4 February 2021		
Action required to ensure compliance with Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b> Ref: Regulation 21 (3)(d) Stated: First time To be completed by: Immediate from the date of the inspection	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.  <b>This refers specifically to staff who were redeployed to work in the Day Centre.</b>	Met
	<b>Action taken as confirmed during the inspection:</b> Review of records confirmed that this had been actioned.	
<b>Area for improvement 2</b> Ref: Regulation 17 (1)(b) Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall establish and maintain a system for improving the quality of care provided in the day care setting.  <b>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.</b>	Met
	<b>Action taken as confirmed during the inspection:</b> A system was in place to ensure that policies were reviewed on a regular basis.	

## 5.2 Inspection findings

### 5.2.1 Are there 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 policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Review of records confirmed that all staff had undertaken training in relation to adult safeguarding. However, the transport staff had not undertaken training in this regard. An area for improvement was identified in this regard.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. There had been no safeguarding concerns identified since the last inspection. The manager advised that no concerns had been raised to her under the whistleblowing policy since the last inspection.

The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

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 manager reported that a number of the service users currently required the use of specialised equipment. This was discussed and training was in place for staff on the use of the equipment.

It was good to note that care reviews had been undertaken in keeping with the day care setting's policies and procedures.

The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

It was good to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice.

Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained the required authorisation forms.

Records examined identified that a number of safety checks and audits had been undertaken, including fire evacuation drills. Staff fire training was up to date. During the inspection fire exits were observed to be clear of clutter and obstructions.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing records and through discussions with service users, it was good to note that service users had an input into devising their own activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The service delivered had also been regularly reviewed through a range of internal and external audits.

We viewed the annual quality assurance questionnaire and noted that service users were asked for their views on the quality of services provided, including the type of activities they would like to be provided.

It was good to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in. Some activities discussed included:

- Flower arranging
- Pottery
- Making keyrings
- Jewellery Art
- Arts and Crafts
- Poetry
- Music sessions
- Meal planning

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

New standards for the modification of food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A small number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be modified.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Dysphagia awareness was also completed by staff during First-Aid training. Staff implemented the specific recommendations of SALT to ensure the care received in the setting was safe and effective.

It was good to note that there was a comprehensive resource folder available for staff to reference.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

We also noted documentation in place in the food preparation area.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. The monitoring arrangements in place were satisfactory.

There were no volunteers working in the day care setting.

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

Whilst there had been no new staff start working in Gortmore Day Care Setting in a number of years, the manager was aware of the WHSCT structured orientation and induction programme, which had been developed having regard to NISCC's Induction Standards. This ensures that any new workers are competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The induction programme also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role. It was good to note that this included guidance for the person in charge should a service user fail to attend the Day Care Setting, as planned.

All NISCC registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The day care setting had maintained a record for each member of staff of all training undertaken. The review of training records identified that a number of staff were overdue their training in regard to Medicines Management. Discussion with the manager identified that these staff did not have any responsibility for administering medicines. However, the manager agreed to address this deficit.

### 5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly quality monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's quality monitoring established that there was engagement with 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, training and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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

The manager advised that the Annual Quality Survey had been undertaken and that they were awaiting the formalised report to be circulated. This will be reviewed at the next care inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the QIP were discussed with Phyllis Kelly, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (3)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of safeguarding. Safeguarding training; this relates specifically to training of transport staff.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Transport drivers completed their Safeguarding training on 05/12/2022</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



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