

# Unannounced Care Inspection Report 4 October 2018



## Gortmore Day Centre

**Type of Service: Day Care Service**  
**Address: 18 Derry Road, Omagh, BT78 5DR**  
**Tel No: 02882244134**  
**Inspector: Angela Graham**

[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 that is registered to provide care and day time activities for up to 32 service users for older people over the age of 65, who may be frail, have dementia or have mental health needs or living with a physical disability. The day care setting is open Monday to Friday and is managed by the Western Health & Social Care Trust (WHSCT).

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health & Social Care Trust  <b>Responsible Individual:</b> Anne Kilgallen	<b>Registered Manager:</b> Phyllis Kelly
<b>Person in charge at the time of inspection:</b> Phyllis Kelly	<b>Date manager registered:</b> 28 September 2010
<b>Number of registered places:</b> 32	

### 4.0 Inspection summary

An unannounced inspection took place on 04 October 2018 from 09.10 to 15.40.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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.

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. Finally, good practice was found in relation to governance arrangements and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified in three domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are “the centre is a life line for me; I really enjoy my time here”, “staff are the best you’ll get”, “I really enjoy the bowling and the friendly competition”, “staff are always helpful” and “the dinner you get is always hot and tasty”.

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	3

Details of the Quality Improvement Plan (QIP) were discussed with Phyllis Kelly, Registered 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 24 May and 14 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 24 May and 14 June 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan (QIP)
- pre-inspection assessment audit

During the inspection, the inspector met with the registered manager, three care staff, one ancillary staff member, ten service users and one service user's representative. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Three service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records

- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information
- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

Five areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for four and partially met for one.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspector would like to thank the registered manager, service users, service user's representative and staff for their support and co-operation throughout the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 24 May and 14 June 2017

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 24 May and 14 June 2017.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 27.1 <b>Stated:</b> First time	The registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Gloves are not to be stored uncovered in bathrooms.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. On the day of inspection gloves were appropriately stored.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First 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> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The registered manager also confirmed that the reviewed policies and procedures had been forwarded to senior personnel within the Western Health &amp; Social Care Trust for ratification. Therefore this area for improvement has not been fully met and has been stated for a second time.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time</p>	<p>The registered provider should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.</p> <p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the supervision schedule and discussion with three care staff evidenced that this area for improvement had been satisfactorily addressed.</p>	<p><b>Met</b></p>

<b>Area for improvement 4</b> <b>Recommendation 4</b> <b>Ref:</b> Standard 22.5	The registered provider should ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description, and to agree personal development plans.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of three staff files and discussion with three care staff evidenced that this area for improvement had been satisfactorily addressed.	
<b>Area for improvement 5</b> <b>Recommendation 5</b> <b>Ref:</b> Standard 22.5	The registered provider should ensure that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. Review of the three care records evidenced that this area for improvement had been satisfactorily addressed.	

### 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 registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 10 September 2018 until 4 October 2018 evidenced that the planned staffing levels were adhered to.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care at the time of inspection evidenced that service users' needs were met by the number of staff on duty.

The registered manager confirmed that staff employment records were held within the Western Health & Social Care Trust human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The registered manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users' needs and how those needs should be met. They described the training they received as effective and of a good quality and stated that it provided them with the skills and knowledge to fulfil their roles and responsibilities. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as fire safety, moving and handling and adult safeguarding training. It was positive to note that staff received training in addition to the mandatory training requirements such as: dementia awareness; information governance and data protection.

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

Discussion with the registered manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. The registered manager also confirmed that a copy of Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016 were available to all staff. The registered manager confirmed that the organisation has in place an identified Adult Safeguarding Champion (ASC).

Observation of the environment confirmed that the setting was warm, clean, odour free and had suitable lighting. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, safety checks of fire doors; fire extinguishers; emergency lighting and weekly fire alarm tests. The review of fire drill records confirmed that a fire drill had been undertaken on 31 May 2018. Discussion with staff confirmed they were aware of the evacuation procedure. The discussion with the registered manager confirmed that the furniture, aids and appliances were fit for purpose for the diverse needs of service users.

Discussion with the registered manager confirmed that a fire risk assessment had been undertaken on 18 January 2018. However the report was not available in the day care setting on the day of inspection. This has been identified as an area for improvement under the standards.

Infection prevention and control measures were in place and a good standard of hygiene was observed throughout the centre. Measures included the availability of hand sanitiser around



the setting, seven step hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required and records were maintained of regular checks and cleaning of bathrooms and equipment. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities and control of substances hazardous to health (COSHH). Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. Staff commented on the good working relationships which exist with community support services and how they can access such support for service users. In addition staff had received training in first aid and fire safety.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "I am very safe here; there are enough staff to look after me."
- "I feel safe in the centre and on the bus that brings me to and from the centre."

Staff comments:

- "We go to lots of training that involves safety such as fire training and moving and handling."
- "There are risk assessments available in the service users' files."

Three service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care safe" in this setting. The service users confirmed there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns and the environment was safe and clean.

Discussion with a service user's representative confirmed that they were "very satisfied" with the safe care in Gortmore Day Centre. Additional comments made by the service user's representative included "this is a good centre; I feel the care is very safe and the ladies and gentlemen are well looked after".

On the day of the inspection Gortmore Day Centre was found to be delivering safe care. There was positive feedback from ten service users and a service user's representative about

the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control and knowledge and competency in respect to safe care.

### Areas for improvement

One area for improvement was identified in relation to the fire risk assessment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the day care settings arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care files. The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed.

Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed.

Discussions with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would

help them and they were happy that their choices and needs were being met in Gortmore Day Centre.

Discussion with the registered manager and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely.

Staff confidently described how they would escalate any concerns and provided examples of liaison with carers and other professionals to ensure the safety and wellbeing of service users.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities. Service users were observed being supported in indoor bowls on the afternoon of the inspection. Several service users enthusiastically engaged in conversation with the inspector describing their enjoyment of playing bowls. Service users gave positive feedback regarding the activities and opportunities the day centre provided for them.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the patient client council.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussions with staff confirmed they were knowledgeable regarding safeguarding service users in their care, they also confirmed if they had to escalate concerns they would speak to the registered manager. Staff detailed the communication methods that support their work and professional development such as team meetings, supervision, training and informal team discussions. Overall it was clear the staff work together to support the service users in the most person centred way that is safe, effective and meets their needs within an open and transparent culture.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Discussion with service users and staff on the day of inspection evidenced that they felt the care provided was effective.

The following is a sample of comments made:

Service users' comments:

- "I'm happy coming to the centre and I never miss a day."
- "The care and attention I get here is excellent."
- "I enjoy all the activities; I particularly enjoy the bowling and word puzzles."
- "We get a choice of dinner every day and the food is very good."

Staff comments:

- "We are always thinking of new ideas for activities and what the service users would enjoy doing."
- "In my opinion the care is very good."

Three service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care effective" in this setting. The service users also confirmed that they had got the right care, at the right time in the right place, staff knew their care needs, they were aware of their care plan and the care met their expectations.

Discussion with a service user's representative confirmed that they were "very satisfied" with the effective care. Additional comments made by the service user's representative included "the day centre delivers a good standard of care" and "the staff are very caring".

The evidence indicates that the care provided in Gortmore Day Centre is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to individualised care planning, audits, reviews and communication between service users, 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.**

Discussions with service users and staff and observation of care during the inspection showed that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the day centre. Staff interactions with service users were observed to be cheerful,

compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. The inspector observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure service users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as reminiscence, armchair exercises, bowling, music sessions and games.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 20 September 2018 and minutes were made available. The inspector noted some of the areas recently discussed during meetings included menu provision, activities and transport arrangements.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users' meetings, the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Gortmore Day Centre. The annual survey was undertaken in August 2018. The findings from the annual survey had been collated into an evaluation/summary report. The report identified a small number of issues raised by service users. However there was no evidence of any action taken in response to the service users' comments. This has been identified as an area for improvement under the standards.

Discussion with service users and staff on the day of inspection revealed that they felt the care provided was compassionate. The following is a sample of comments made:

Service users' comments:

- “Staff are very caring and do all that they can to help.”
- “I always feel listened too.”

Staff comments:

- “We have regular service users meetings and encourage everyone to give their views.”
- “We always want to ensure the service users have a good day.”

Three service users returned questionnaires to RQIA post inspection. The service users confirmed that they were “very satisfied” regarding questions on “is care compassionate” in this setting. The service users also confirmed that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Discussion with a service user’s representative confirmed that they were “very satisfied” with the compassionate care in Gortmore Day Centre. Additional comments made by the service user’s representative included “staff are always welcoming and kind” and “great care”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

**Areas for improvement**

One area for improvement was identified in relation to the quality assurance summary report.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

**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 registration certificate was up to date and displayed appropriately.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability. Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Discussion with the registered manager confirmed that the policies and procedures had been reviewed following the previous care inspection. The registered manager also confirmed that the reviewed policies and procedures had been forwarded to senior personnel within the Western Health & Social Care Trust for ratification. This had been identified as an area for improvement at the last inspection and has been stated for a second time.

During discussions with staff they demonstrated awareness of their roles, responsibilities and accountability. Positive feedback was provided by staff in respect of leadership they received from the registered manager and effective team working. Staff confirmed that if they had any concerns or suggestions they could raise these with the management team. Staff discussed they were aware of the whistleblowing policy if they could not resolve their concerns locally, however they would be unlikely to need this due to the transparent working relationships that exist within the team. Staff spoken with confirmed that they enjoyed working in the day care setting and with their colleagues. All grades of staff consulted demonstrated during the inspection the ability to communicate effectively with their colleagues and other multi-disciplinary teams in the best interests of the service users.

The staff who met with the inspector appeared well informed on all aspects of the centre's operations and proved very capable in responding to all of the RQIA requirements for this inspection.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the registered manager.

Discussion with the registered manager confirmed that staff meetings were held at least quarterly, and records verified this. The last meeting was held on 26 September 2018 and minutes were available. Previous staff meetings had been undertaken on 24 May and 2 March 2018. The records included the date of the meeting, names of those in attendance and agenda items. Relevant information was discussed regarding the needs of service users and governance arrangements to ensure delivery of safe and effective care. The registered manager confirmed that the minutes of the meetings were made available for staff to consult.

A complaints and compliments record was maintained in the day centre. One complaint had been recorded since the previous care inspection which was fully resolved. The complaints record was maintained and made available for inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Discussion with service users confirmed they would speak to the staff or the registered manager if they were dissatisfied or were concerned about their day care experience.

Discussions with staff confirmed that a robust complaints management process is in place within the setting. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. Three quality monitoring reports were examined from July 2018 to September 2018 and found to be

satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users and staff, with positive feedback recorded.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

Discussions with service users, staff and the registered manager highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Safeguarding
- Advocacy
- Individual person centred care
- Individual risk assessment
- Disability awareness.

Discussion with service users and staff on the day of inspection revealed that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "The centre is well run; the manager and staff are great."
- "I feel comfortable and know all the staff."

Staff comments:

- "I feel we work well as a team and support one and other."
- "The manager is always available to support you."

Three service users returned questionnaires to RQIA post inspection. The service users confirmed they were "very satisfied" regarding questions on "is care well led/managed" in this setting. They confirmed that they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Discussion with a service user's representative confirmed that they were "very satisfied" that the care is well led/managed. Additional comments made by the service user's representative included "I'd have no hesitation in recommending this centre" and "good manager and staff".



On the day of the inspection there was evidence of effective leadership and management in Gortmore Day Centre and a culture focused on the needs of service users.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and quality improvement.

### Areas for improvement

One area for improvement under the standards identified at the last inspection has been stated for a second time. This area relates to policies and procedures.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

## 7.0 Quality improvement plan

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

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## **7.2 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2018	<p>The registered manager should ensure that 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: 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>            The Manager has now updated the End of Year Report to incorporate actions to Service User's responses from the Annual Questionnaire responses. The Report is on display for Service Users on the notice board.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28.1  <b>Stated:</b> First time  <b>To be completed by:</b> 30 November 2018	<p>The registered provider should ensure that there is a current risk assessment and fire management plan available in the day care setting. The risk assessment and fire management plan is revised and action where necessary, or whenever the fire risk has changed.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>            Fire risk assessment and plan was carried out by Fire Officer in June 2018 and was forwarded to the Day centre in November 2018. Actions requiring input have been addressed by the Centre Manager.</p>
<b>Area for improvement</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 December 2018	<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> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b>            15 policies have been sent to Senior Personnel in the Western Health &amp; Social Care Trust and are expected to be ratified by the end of March 2019.            Policies will be monitored to ensure they are dated and reviewed / revised by the Registered Person.</p>



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