



The Regulation and
Quality Improvement
Authority

Gortmore Day Centre
RQIA ID: 11235
18 Derry Road
Omagh
BT78 5DR

Inspector: Dermott Knox
Inspection ID: IN023740

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**Unannounced Care Inspection
of
Gortmore Day Centre**

06 October 2015

REGULATION AND QUALITY

13 NOV 2015

IMPROVEMENT AUTHORITY

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 06 October 2015 from 11.00 to 15.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: Ms Phyllis Kelly (Currently on maternity leave) Ms Pamela Hackett (Acting)
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Pamela Hackett	Date Manager Registered: 28 September 2010
Number of Service Users Accommodated on Day of Inspection: 21	Number of Registered Places: 32

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Record of notifications of events
- Quality Improvement Plan from previous inspection on 20 May 2014, including the provider's responses, approved by RQIA on 29 July 2014.

During the inspection the inspector met with:

- Seven service users, individually or with others in a group setting
- The acting manager
- Three care staff
- The catering assistant
- The service manager

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monthly monitoring reports for three months in 2015
- The record of complaints, containing one entry since the last inspection
- Statement of purpose
- Service user guide
- Minutes of three service user meetings
- Staff rotas
- Five staff meetings minutes
- A sample of three staff training records
- A sample of six written policy and procedures documents

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 20 May 2014. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements	Validation of Compliance
No requirements were made at the last care inspection.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.1	The service user's guide should include information regarding confidentiality of records, how they are managed and how the service user can access them. Action taken as confirmed during the inspection: The service user's guide had been revised to include the information recommended above.	Met
Recommendation 2 Ref: Standard 7.2	Access to records to be discussed at a staff meeting and staff members sign off all appropriate policies. Action taken as confirmed during the inspection: There was evidence in the minutes of staff meetings to verify that access to records had been discussed. Written policies, in the manual, now included a section for staff's signatures.	Met

Recommendation 3 Ref: Standard 7.3	Access to records to be discussed with service users at their group meeting.	Met
	Action taken as confirmed during the inspection: Minutes of a meeting of service users, attended by the registered manager, included a record of discussion on the subject of access to records.	
Recommendation 4 Ref: Standard 7.3	A record of access to information, including date, who applied for access and the outcome of the request, to be retained in each service user's file.	Met
	Action taken as confirmed during the inspection: There was evidence in one of the service users' files, examined at this inspection, to verify the provider's positive response to this recommendation.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Service users' records were found to be well organised, up to date and to accurately reflect the individual's assessed needs. Care plans provided evidence of the objectives related to personal care needs, some of which included continence care and promotion. The acting manager, formerly a senior day care worker in the centre, and three staff members confirmed their confidence in following procedures for personal care provision and in respecting each service user's privacy and dignity. Review records for a sample of four service users showed that relevant care matters had been addressed appropriately and to the satisfaction of the service user, a relative or a relevant professional.

Training records showed that staff had participated in training on continence promotion on the day prior to this inspection and the manager stated that the training had been very helpful. Facilities for service users were spacious, clean and in good decorative order. Staff members, who met individually with the inspector, confirmed that they were appropriately trained for personal care work and were confident in their respective roles. One staff member, in a questionnaire response, stated dissatisfaction with the space available for toileting and showering. Three staff indicated satisfaction with these facilities.

All nine service users, who completed questionnaires, indicated that they were either satisfied or very satisfied that the service provided is safe, effective and compassionate. In individual discussions during the inspection, seven service users confirmed that they had access to the facilities that they needed, that they were very well cared for and that they were confident in the staff who worked with them.

Is Care Effective? (Quality of Management)

The Western Health and Social Care Trust has recently responded to RQIA on the work in progress to develop a new and more comprehensive written policy on continence promotion and it is expected to be made available to day centres and other services in the near future.

A number of service users had assessed needs related to continence promotion and there was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant, person centred and up to date.

Monthly monitoring visits and reports were being completed regularly by the service manager and a sample of reports was found to address all of the matters required by regulation. The monitoring officer usually met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the service users' records was examined on each visit. In questionnaire responses, nine service users confirmed that the day care service was of great benefit to them, with seven people indicating that they were "very satisfied" with the care provided.

Is Care Compassionate?

Staff members, who were interviewed, spoke of the importance of knowing each person's individual needs and preferences with regard to day care and confirmed their confidence in the compassionate care practices of each of their colleagues. Observations of staff's interactions with service users, throughout the inspection period, presented evidence of good quality compassionate care being delivered. Service users' views on the quality of the care provided were entirely positive and complimentary.

The evidence available during this inspection indicated that safe, effective and compassionate care was being provided consistently and to a high standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

There was written evidence to show that staff members were very well qualified and experienced in their designated roles. The manager, acting manager and most of the day care staff have many years' experience in social care roles. Each of the three staff, who met with the inspector, confirmed that they were confident in the practice of other members of the staff team. There were systems in place to ensure that risks to service users were assessed continually and managed appropriately.

It was evident throughout the inspection that Gortmore Day Centre has a dedicated, skilled and well managed staff team whose members work enthusiastically and supportively together.

Evidence from discussions and in written records indicated a high level of consultation with members and their representatives regarding their care plans and the programmes in which they participate. A number of service users were keen to engage in the inspection process and spoke of their enjoyment in having friends at the centre and of taking part in a range of activities. The evidence confirmed that the service provided is safe, effective and compassionate with regard to this standard.

Is Care Effective? (Quality of Management)

Gortmore Day Centre and the Western Health and Social Care Trust have quality assurance systems in place, through which the centre's operations are monitored and staff's practice and performance is evaluated. Annual reviews evaluate the suitability of each service user's placement and staff presented as being knowledgeable about the needs of each person who attends the centre. The manager and the care staff were knowledgeable on the needs of each service user and the methods to be employed in meeting those needs. Feedback from service users was very positive and included comments such as: "The staff are excellent and are always cheerful", and, "The staff are very good, in fact we are all spoiled."

Four service users' files were examined and were found to be well organised and to contain all of the required information. Good records were kept of each service user's involvement and progress, providing more than just a basic account of functional activities of the day. Records were regularly sampled by the monitoring officer during monthly visits. Three monitoring reports were examined and were found to address the required range of issues in good detail. The manager confirmed that training on currently relevant aspects of care work was provided, in addition to the mandatory training for each year. The centre had been closed for training on the day before this inspection and staff commented positively on the quality of most of this.

Evidence from discussions with service users and from written records confirmed that service users enjoyed fulfilling and rewarding activities, both within the centre and on occasional social outings. Within the centre there was well organised and supported involvement in a range of stimulating activities, including armchair exercises, quizzes and bingo. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and wellbeing and in encouraging the sharing of their observations and opinions. Staff are commended for maintaining good quality records for the service users who attend the centre.

Is Care Compassionate? (Quality of Care)

There was a very positive atmosphere amongst service users and staff members, who presented as being committed to ensuring the best possible outcomes from their work. In all of the interactions observed, service users were engaged with warmth, respect and gentle encouragement. Seven service users spoke of the warmth and kindness of staff members. Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a high quality service to those who attend. The management and staff are commended for their commitment to these positive outcomes.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

Comments on all of the matters forming the focus of this inspection are included within sections 5.3 and 5.4 above.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Pamela Hackett	Date Completed	03/11/2015
Registered Person	<i>Craine Way</i>	Date Approved	06/11/2015
RQIA Inspector Assessing Response	<i>Jessie King</i>	Date Approved	05/01/16

Please provide any additional comments or observations you may wish to make below:

Please complete this document in full and return to day.care@rqia.org.uk from the authorised email address

