



The **Regulation** and
Quality Improvement
Authority

Inspector: Dermott Knox
Inspection ID: IN023773

Dromore Day Centre
RQIA ID: 11264
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**Unannounced Care Inspection
of
Dromore Day Centre**

22 January 2016

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23 MAR 2016
TYRONE & FERMANAGH HOSPITAL
OMAGH, CO. TYRONE BT79 0NS

REGULATION AND QUALITY
18 MAR 2016
IMPROVEMENT AUTHORITY

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 22 January 2016 from 11.00 to 16.15. 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	3

The details of the QIP within this report were discussed with Mrs Ann Meehan, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust	Registered Manager: Ann Meehan
Person in Charge of the Day Care Setting at the Time of Inspection: Ann Meehan	Date Manager Registered: 29 October 2010
Number of Service Users Accommodated on Day of Inspection: 11	Number of Registered Places: 25

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,
- Record of complaints
- Quality Improvement Plan from the previous inspection on 24 March 2015.

During the inspection the inspector met with:

- Three service users individually and five others in group settings
- The registered manager
- Two care staff for individual discussions.

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
- Record of complaints, containing no entries
- The statement of purpose
- Service user guide

- Minutes of two service user meetings
- Minutes of two staff meetings
- Staff training records
- Staff supervision records
- Annual appraisal records for the manager and one care staff
- A competence and capability assessment for one care staff
- A sample of two 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 24 March 2015. The completed QIP was returned and approved by the specialist inspector.

Areas to follow up/be addressed were

The three recommendations detailed below, which were included in the previous QIP.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements	Validation of Compliance
None	

Previous Inspection Recommendations	Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.4</p> <p>The Dromore Day Centre remains without internet or intranet access and it is recommended that this be provided at the earliest opportunity, in support of best practice.</p> <p>Action taken as confirmed during the inspection:</p> <p>No internet or intranet access had been installed by the provider on the grounds that such expenditure could not be justified while the review of day care services is active. It has been reported by local media that the centre may close at the end of March 2015 following a review by the WHSCT. At the time of this inspection, this had not been confirmed by the DHSSPS and the WHSCT. Should the Dromore Day Centre remain in operation in the long term, the WHSCT should ensure that it is properly equipped with computer, internet access, photocopier/printer and cordless phones, none of which have been provided by the Trust to date. This recommendation has been expanded and is restated as E39, Staff Facilities.</p>	<p>Not met</p>

<p>Recommendation 2</p> <p>Ref: Standard 7.3</p>	<p>The registered manager must ensure that a record of requests for individual records is maintained, and a template to record access and outcomes is developed and maintained for each service user to evidence requests.</p> <p>Ref: 7.3</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A template for recording this information had been developed and was included in each of the files examined. There had not been any requests for access to records.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 7.5</p>	<p>The registered manager must ensure that in compliance with day care standards, there is an entry consistently recorded at least every five attendances for each service user.</p> <p>Ref: 7.5</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Progress notes for four service users were examined and were found to comply with this recommendation. The manager confirmed that she has reinforced this matter with staff members and that she regularly checks progress notes.</p>		

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

Is Care Safe?

Dromore Day Centre does not yet have a written policy on continence promotion and care, although the Day Care Services Manager for the Trust informed RQIA that this policy has been drafted and is awaiting final ratification before being implemented. A small number of the service users' care plans addressed issues of continence management and personal care assistance. In a sample of service users' records it was noted that assessment and care planning information was satisfactory with regard to this area of need.

In discussions, staff referred to several service users who benefited from a degree of support in the continence management aspect of their care. Facilities for service users were good and were found to be clean and well maintained. Instructions for effective hand hygiene were displayed in the hand-washing areas. Staff confirmed that they were appropriately trained for personal care work and were supplied with adequate personal protection equipment. Service users confirmed that they had ready access to the facilities that they needed and that staff were competent in providing support in all aspects of the care service. This area of care was judged to be safe.

Is Care Effective?

A small number of the service users who regularly attend the centre were identified as requiring support with personal care. These needs were clearly identified in written assessments for the relevant people and the care planning information provided clarity on the necessary actions by staff. Service users and staff members reported that personal care needs were met effectively within the centre. Staff training in continence promotion and care had been provided during 2015.

Overall, there was satisfactory evidence of the effectiveness of care in response to the needs identified for continence care.

Is Care Compassionate?

Throughout the day of the inspection staff and service user interactions were observed and were judged to be professional, supportive, caring and compassionate. Eight service users engaged in discussions with the inspector and were unanimous in their praise of the quality of care and support that staff provide. Overall there was good evidence of compassionate care being delivered in the practice setting, including the attention to privacy and dignity of each person.

Areas for Improvement

No areas for improvement were identified with regard to this standard.

Number of Requirements	0	Number 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?

Discussions during the inspection confirmed that service users felt safe and secure in the setting and this was supported unanimously in all of the service user discussions. Systems were in place to ensure that risks to service users were assessed continually and managed appropriately. There was written and oral evidence to show that formal opportunities were being provided consistently for service users to discuss a variety of matters with staff. Service user meetings were held each month and on each occasion a service user spokesperson was elected. The minutes of meetings were well detailed and were signed by the spokesperson as being accurate. This is good practice.

Is Care Effective?

Service users spoke very highly of the staff and manager in the centre, typical comments being:

- "I would be very lonely without this place and I think so would many others."
- "We enjoy the company, the craic and the activities."
- "The staff are very helpful and just can't do enough for you".
- "I'm very happy with the care I get here."

The effectiveness of the service was also reflected in the large number of written responses to the WHSCT's consultation on Day Care from politicians, clergy and local people, all of whom wrote in praise of the quality of care provided and the great value of the day centre to older, isolated people in the community. Records of reviews of service users' care indicated that they, their representatives and the referring agents were well satisfied with the care provided. Staff presented as knowledgeable of the needs of service users and of methods of working with them. The most recent quality survey of service users and their carers was completed in late 2014. The manager explained why a similar survey had not been completed in 2015 and confirmed that it would be carried out if the Dromore Day Centre continues in operation in the coming financial year. This is recommended.

A number of the service users' reviews had been delayed due to the community based professionals being unavailable. It is recommended that, in such circumstances, the day centre should hold a review for each service user at least annually and include all of the available relevant people.

Is Care Compassionate?

Throughout the day of the inspection, staff and service user interactions were observed and there was good evidence of caring and supportive relationships between them. Eight service users engaged in detailed discussions with the inspector and provided good evidence of compassionate and effective care being delivered within the day care setting. It was clear from local newspaper reports that a broad section of people in the community value this service.

Number of Requirements:	0	Number of Recommendations:	2
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5.5 Additional Areas Examined

Comment on all of the matters inspected is included in the earlier sections of this report, above.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Ann Meehan, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

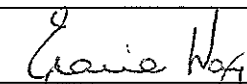

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

No statutory requirements were made at this inspection.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard E39</p> <p>Stated: First time</p> <p>To be Completed by: Date as appropriate</p>	<p>Should the Dromore Day Centre remain in operation in the long term, the provider should ensure that it is properly equipped with computer, internet access, photocopier/printer and cordless phones.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Depending on the outcome of the consultation decision on reform of day care services, the need for internet access will be reviewed.</p>		
<p>Recommendation 2</p> <p>Ref: Standard 15.3</p> <p>Stated: First time</p> <p>To be Completed by: 29 February 2016</p>	<p>It is recommended that, in the absence of a review meeting organised by the referral agent, the day centre manager should hold a review of each service user's placement at least annually and include all of the available relevant people. The referral agent should be invited to attend the review, or to contribute in writing, when attendance is not possible.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Where reviews have been delayed or postponed due to the absence of the referral agent, the centre manager will review the service user's care with the service user and their representative and will inform the referral agent regarding the outcome of the review.</p>		
<p>Recommendation 3</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p> <p>To be Completed by: Date as appropriate</p>	<p>A quality survey of service users and their carers was completed in late 2014. If the Dromore Day Centre continues in operation in the coming financial year, it is recommended that a quality surveys should be completed at the earliest possible time and annually thereafter.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: This is currently being progressed. Questionnaires have been issued, responses received, analysis and summary to be completed by end of this month.</p>		
Registered Manager Completing QIP	Ann Meehan	Date Completed	29/02/2016
Registered Person Approving QIP		Date Approved	4.3.16
RQIA Inspector Assessing Response		Date Approved	04/04/16