



The Regulation and
Quality Improvement
Authority

Inspector: Kylie Connor
Inspection ID: IN23155

Gortin Day Centre
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**Unannounced Care Inspection
of
Gortin Day Centre**

07 December 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 07 December 2015 from 10.50 to 15.20. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. The standards inspected were found to be met. 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, and 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	1

The details of the QIP within this report were discussed with Ms Evelyn Young, Registered Manager as part of the inspection process. Ms J. Devlin, Day Care Services Manager arrived during the inspection to carry out an unannounced registered provider monitoring visit. Upon arrival, the day care services manager received brief feedback before the inspection had concluded. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust/Mrs Elaine Way CBE	Registered Manager: Ms Evelyn Young
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Evelyn Young	Date Manager Registered: 29 November 2010
Number of Service Users Accommodated on Day of Inspection: 14	Number of Registered Places: 15

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
- Returned Quality Improvement Plan from the previous care inspection dated 2 February 2015.

During the inspection the inspector met:

- Fourteen service users, individually and/or in a group setting
- The registered manager
- Informally with three care staff together, one of whom had driving duties and also met with one of these care staff individually
- The Day Care Services Manager.

The following records were inspected during the inspection:

- Care records of three service users, including assessments, care plans, progress notes and care review reports
- One randomly selected monthly monitoring report completed in October 2015
- Statement of purpose
- Service user guide
- Minutes of four service user meetings undertaken during September 2015, June 2015, April 2015 and November 2014
- Staff rotas
- The staff training schedule for a week of training delivered in May 2015
- A policy on Safe and healthy working practices dated November 2012.

An inspection of the environment included: the main activity room, office, kitchen and bathroom facilities.

At the conclusion of the inspection, staff questionnaires and service user questionnaires were given to the registered manager for distribution and return to RQIA. Two staff questionnaires were returned in time for inclusion in this report.

Following the inspection these records were made available and inspected:

- One improved care plan
- A record of dates of completed supervision for three staff
- Two returned staff questionnaires.

Whilst inspecting Beragh Day Centre, which is also managed by Evelyn Young on 22 December 2015, the following records were inspected:

- One staff members' file which contained supervision records
- Records retained of the content of staff training completed.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 29 June 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.10 21.8	The registered manager should improve the training record to ensure training records include the content of each training session.	Met
	Action taken as confirmed during the inspection: The registered manager reported to us that these records are retained in Berragh Day centre. The registered manager stated that a hand-out of the training, detailing the content is now always made available to staff. Following an inspection of these records on 22 December 2015, we confirmed that when a hand-out had been made available, this was retained. The registered manager assured us that where hand-outs are not available, a record of the training including the content will be made and retained.	

<p>Recommendation 2 Ref: Standard 23.3</p>	<p>The registered manager should ensure there is a competency assessment completed with the band 5 (acting) staff member who is left in charge in the manager's absence. The competency assessment must evidence the staff member has a clear understanding of their role and responsibilities when they are left in charge of the setting. The assessment must evidence they have been assessed as competent and have received sufficient training to undertake this role.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The registered manager reported that these records are retained at another day centre. Following an inspection of the completed competency assessment, made available following the inspection, we confirmed this recommendation had been addressed.</p>		
<p>Recommendation 3 Ref: Standard 23.7</p>	<p>The registered manager should ensure when she is not in the setting the staffing rota states who will be assuming day to day management responsibility and this should be clear on the rota.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: Following an inspection of the staff duty rotas for the last six months, we verified this recommendation had been addressed.</p>		
<p>Recommendation 4 Ref: Standard 22.2</p>	<p>The responsible person must ensure there are adequate arrangements in place for staff and managers to receive supervision in this setting, that supervision must be delivered at least once every three months. Each staff member and the manager must have an individual supervision meeting and a supervision record must be available to evidence this has happened.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection: The registered manager stated that she supervises two of the staff working in Gortin Day Centre and that these records are retained in Berragh Day Centre. The registered manager stated that arrangements are in place for a third member of staff to be supervised by another manager and that both managers liaise with one another. The registered manager reported that she had had supervision the previous week. Confirmation of the date's supervision took place for three staff were received following the inspection. Following an inspection of</p>		

	one staff members file on 22 December 2015 we confirmed that supervision records were available and demonstrated that supervision had been carried out.	
Recommendation 5 Ref: Standard 5.2	The registered manager should review in file 1 and 2 the assessment and care plan which should be improved to ensure they clearly describe the needs of the service user and how those needs will be met. This information should be stored in one place in the file for staff access and reference.	Met
	Action taken as confirmed during the inspection: Three care records were inspected. Two care records were satisfactory. One care record was discussed with the registered manager and further detail was subsequently added. This record was made available to us following the inspection which demonstrated this recommendation had been met.	

Areas for Improvement

No areas for improvement were identified.

Number of Requirements:	0	Number of Recommendations:	0
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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 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 registered manager and one staff member confirmed their confidence and knowledge in following procedures for personal care provision and in respecting each service user's privacy and dignity.

Care review records for a sample of two 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.

A training schedule showed that staff had participated in training in May 2015 which included moving and handling and continence promotion. Staff confirmed that training provided is adequate to support them in the delivery of their roles and responsibilities. All staff and service users indicated satisfaction with the day centre facilities.

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.

Staff confirmed that a number of service users had assessed needs related to continence promotion. There was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs.

Staff confirmed that they had access to adequate supplies of person protective equipment and continence products. 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 sampled report was found to address all of the matters required. The service manager met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre.

Is Care Compassionate?

Staff members interviewed, spoke of the importance of knowing each service users individual needs and preferences and of promoting their independence. Staff confirmed their confidence in the compassionate care practices of their colleagues.

Observations of staff member's interactions with service users throughout the inspection demonstrated good quality compassionate care being delivered. Service users' views on the quality of the care and support provided were positive and complimentary.

Areas for Improvement

No areas for improvement were identified. The standard was assessed as being met.

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?

Staff members spoken to confirmed that they were qualified and experienced in their designated roles. The registered manager and care staff have many years' experience in social care roles. The staff, who met with the inspector, confirmed that they were confident in their practice and of other members of the staff team. Staff confirmed that the registered manager was supportive and approachable and that the day centre was well run and managed. 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 the day centre has a dedicated, skilled and well managed staff team who work enthusiastically together.

Following discussions with service users, staff and an inspection of records, we confirmed that a high level of consultation takes place with service users and their representatives. This included: care planning, annual care reviews, service user meetings, monthly registered provider visits, meals provided and the activities in which service users participate.

Service users were keen to engage in the inspection process and spoke of their enjoyment in having friends at the centre, of the benefits they derive from attendance at the centre every Monday and taking part in the range of activities. Service users spoke about their concerns regarding the centres threat of closure and of the action they had taken to involve MLAs.

Is Care Effective? (Quality of Management)

Gortin 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. This includes staff supervision, annual appraisal and monthly registered provider monitoring visits conducted by the day care service manager.

A number of policies and procedures associated with this standard were not in place and one was in need of review. Whilst the day centre services manager referred to the trusts personal public involvement policy being relevant, this was not available for inspection and a recommendation has been made.

Care records were sampled by the service manager who also spoke individually to a number of service users during monthly registered provider visits. One monitoring report inspected was found to address the required range of issues. The service manager was advised to develop a system to confidentially identify all persons interviewed as part of the registered provider visit.

Staff confirmed that training on relevant aspects of care work was provided, in addition to the mandatory training for each year. The centre had been closed for training for a week in May 2015 and staff commented positively on the training delivered.

Service users participate in annual care reviews which evaluate the suitability of each service user's placement. Staff presented as being knowledgeable about the needs of service users and the methods to be employed in meeting these. Staff demonstrated knowledge of service users likes, dislikes and preferences.

Two service users' care records inspected 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. During the inspection, staff members were observed discretely sharing their observation of changes in service users and of their intention to liaise with either professionals or service user's representatives.

Service user meetings take place regularly and records inspected demonstrated that areas discussed included activities, transport, meals and the proposed closure of the day centre. The minutes of service user meetings and discussions with service users demonstrated that action had been taken to address suggestions made by service users. Service users spoke of the action they had taken to raise their concerns with the trust regarding the possible closure of the day centre.

Following discussions with service users and from an inspection of care records we confirmed that service users enjoyed fulfilling and rewarding activities within the centre. Service users confirmed that there was a well organised and supported involvement in a range of activities which were enjoyed. These included gentle exercises, quizzes, boccia, reading the local paper and bingo. On the day of the inspection the local nursery children visited and sang Christmas Carols. Service users were observed smiling, clapping and joining in.

Care and support provided is effective in terms of promoting each service user's independence, involvement, choice and wellbeing. Staff were observed informing service users that an RQIA inspector was conducting an inspection in the day centre and of seeking feedback from service users prior to and following activities.

Is Care Compassionate? (Quality of Care)

Service users and staff members presented a very positive view of the need and positive outcomes derived from attendance at the centre. Staff resented 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. Service users spoke of the warmth and kindness of staff members. Staff members spoken to were knowledgeable regarding the values which are required and underpin the delivery of compassionate care.

Areas for Improvement

One area for improvement was identified. This pertains to the development of a number of associated policies and procedures. The standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	1
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5.3 Additional Areas Examined

5.3.1 Service Users Views/Returned Questionnaires

We spoke to all service users together in a group and also individually to several. Most service users participated in the discussion. Service users made positive comments regarding the care and support delivered by staff, the range of activities made available to them, the quality of the food provided and the benefits derived from attendance at the centre. The transport service was reported to be 'excellent' with the manner of collection describes as 'kind and courteous.'

Some comments included:

- (The staff and the centre) "Couldn't be better".
- "The cups of tea and the staff are the good things".
- "The food is good".
- "We all love Mondays".
- "It's an ideal place, warm and everything".

i.5.2 Staff Views/Returned Questionnaires

Staff spoken to demonstrated their knowledge of service users, skills in delivering care and support in an effective and compassionate manner and of those values which underpin person centred practice. Staff expressed positive views in regard to training provided, of the suitability of the environment, of the involvement of service users in decision making and of the standard of care and support delivered. Two staff questionnaires were returned and responses indicated that the staff members were 'very satisfied' in all areas examined.

i.5.3 Complaints and Compliments

The registered manager confirmed that there had been no complaints received during the period 1 January 2014 to 31 March 2015. The registered manager stated that the service does not record compliments received. The registered manager was advised to develop a system for recording all compliments received.

i.5.4 Environment

The service was observed to be clean and furnished appropriately. Upon arrival service users were observed sitting with their coats on whilst having a cup of tea. Before lunch-time service users had taken their coats off. Staff and service users reported that this was the normal routine to allow the service users to feel sufficiently warm, following travel to the centre at this time of the year. The day centre was decorated for the Christmas season.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Evelyn Young, 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 home/agency/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 home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 18.1 Stated: First time To be Completed by: 31 March 2016	<p>The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed or reviewed and made available in the day centre in respect of:</p> <ul style="list-style-type: none"> • Consent • Involvement of service users in the running of the day care setting • Listening and responding to service users' views • Service Users Meetings and Forums • Safe and Healthy Working Practices • Service users' involvement in activities and events • Communications with carers and representatives. • Quality Improvement. 		
<p>Response by Registered Person(s) Detailing the Actions Taken: manager will ensure that all recommended policies or protocols are in place before the end of March 2016.</p>			
Registered Manager Completing QIP	Evelyn Young	Date Completed	7/01/2016
Registered Person Approving QIP	<i>Clara Hay</i>	Date Approved	15.1.16
RQIA Inspector Assessing Response	<i>Kylie Connors</i>	Date Approved	27/1/16

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address