

Unannounced Care Inspection Report 12 March 2018



Gortin Outreach Centre

Type of Service: Day Care Setting
Address: 63 Main Street, Gortin, Omagh, BT79 8NH
Tel No: 02881648867
Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 provides care and support for a maximum of 15 service users daily. A programme of day care and day time activities is delivered Monday to Friday for adults who are over 65.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Mrs Elaine Way CBE	Registered Manager: Evelyn Young
Person in charge at the time of inspection: Evelyn Young	Date manager registered: 29 November 2010
Number of registered places: 15 - DCS-I	

4.0 Inspection summary

An unannounced inspection took place on 12 March 2018 from 09.45 to 14.15.

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 knowledge and competency regarding safe care, risk management and the day care setting environment; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; governance arrangements, and maintaining good working relationships.

Areas requiring improvement were identified in relation to the service user survey and the annual report.

Service users said: its "lovely coming to see people, chatter and get a reasonably cheap dinner".

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
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Evelyn Young, 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 20 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 June 2016.

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
- information and correspondence received from the registered manager and Western Health and Social Care Trust (WHSCT)
- the last care inspection in June 2016
- unannounced care inspection report 20 June 2016

During the inspection the inspector met with:

- the registered manager
- Five service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by staff; and one was returned by a service user/ relative.

The following records were examined during the inspection:

- one individual staff competency record
- two service users' individual care files
- the complaints/issue of dissatisfaction record from April 2016 to March 2018
- a sample of incidents and accidents records from June 2016 to March 2018
- the staff rota arrangements during January, February and March 2018
- the minutes of service user meetings held in May, September and November 2017
- staff supervision dates for 2017 & 2018
- sample of the monthly monitoring reports from December 2017, January & February 2018
- the staff training information for 2017 & 2018
- the settings statement of purpose

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

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 June 2016

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 20 June 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 18.1 Stated: Second time	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 the following <ul style="list-style-type: none"> • Service Users Meetings and Forums • Safe and Healthy Working Practices • Service users' involvement in activities and events. • Quality Improvement 	Met
	Action taken as confirmed during the inspection: The policies and procedures were mostly available and up to date at the time of inspection. One policy selected was being finalised however the manager described the arrangements in place to ensure this was completed.	

<p>Area for improvement 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p>	<p>The registered provider should undertake review and update staff training records to ensure all names of staff who attended are recorded.</p> <p>Action taken as confirmed during the inspection: The staff training records were sampled and they were available and up to date at the time of inspection.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p>	<p>The registered manager should ensure that policies retained are subject to three year review as several were noted to be outside of the three year review date.</p> <ul style="list-style-type: none"> • A policy on Infection Prevention and control should be developed • The adult safe guarding policy was dated September 2010. This policy/procedure should be reviewed to ensure compliance with the new regional adult safeguarding policy entitled Adult Safeguarding Prevention Protection in Partnership (July 2015). The identified named champion for the organisation is to be established. <p>Action taken as confirmed during the inspection: The above policies were available and up to date at the time of inspection.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p>	<p>The registered provider must ensure that a competency and capability assessment is undertaken for one staff member who is to be in charge of the day care centre when the registered manager is absent.</p> <p>Action taken as confirmed during the inspection: The assessment was available and up to date at the time of inspection.</p>	Met
<p>Area for improvement 5</p> <p>Ref: 17.9</p> <p>Stated: First time</p>	<p>The registered manager should develop quality assurance methods including audit of care records and service user/representative satisfaction survey to ensure practice is consistent with day care setting's documented policies and procedures and DHSSPS minimum standards, and action taken when necessary.</p>	Met

	<p>Action taken as confirmed during the inspection: Progress regarding this improvement was evidenced by inspecting records which showed practice was consistent with the minimum standards.</p>	
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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 settings daily staff arrangements and records were inspected for January, February and March 2018. This provided evidence that the management role and responsibility was provided by the registered manager or in their absence, this was provided by the senior care worker. The record had been updated when staff absences occurred. On average the rota showed two staff and the manager were on duty daily. Observation on the day of the inspection showed service users' needs were being met, activities were being delivered and service users were being supported when needed within this staffing ratio.

A competency and capability assessment had been completed with the senior member of staff who had acted up in the manager's absence and was signed in September 2016. The record showed the staff member who may be in charge in the managers absence was willing to undertake management tasks, and their signature on the form confirmed they understood how to fulfil their role and responsibility in the absence of the manager.

Service users' needs were met during the inspection by staff organising and delivering activities that were chair based on the day of the inspection. Staff assisted service users to move around and helped orientate service users as needed. Observation of these arrangements showed staff were promoting and encouraging service users to be independent when it was safe and activities focused on developing their social skills and concentration.

Discussion with the staff revealed service users could move in and out of the setting freely to use the bathrooms or leave the building. The manager and staff described they provided activities that service users wanted to engage in and they said they have enough staff to meet service user's needs, to ensure they are communicated with compassionately and effectively. Their overall aim was to enable service users to feel settled and safe. The management and staff approach to safe care was described as supporting service users and preventing harm, furthermore the staff had enabled service users to safely take part in the activity schedule.

The settings training record showed that staff had received mandatory training and training relevant to their roles and responsibilities. Examples of training staff received in 2017 were safeguarding; infection prevention and control; COSHH; risk assessment; moving and handling; First Aid; challenging behaviours; dysphagia; medication; legionella awareness and fire evacuation. This range of staff training was consistent with ensuring staff were aware of

the needs of service users and best practice when meeting those needs, therefore ensuring practice in the setting was safe.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found one incident had been recorded. The recording showed safety issues and risks had been identified, recorded and managed. The record also included analysis of the incident to assess what could be put in place to prevent reoccurrence.

The inspection of the day care setting environment revealed care was being provided in areas that presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were sampled and it was noted fire exits were unobstructed. The last fire drill had been carried out in June 2018 and this did not reveal any concerns regarding the evacuation. The fire risk assessment was not due for review and the action plan was being addressed with the owners of the building.

The service users were asked if they felt safe in the day care setting and they responded they did. Service users said they felt safe because the day care part of the building was on one level and this was easier to get around. One service user said “everyone is wonderful, staff make it safe”; another said “what we want we get” and another said “help is always at hand”.

Staff were asked is care safe in this setting, they said care was safe because there’s a “good safe environment, with good staffing”. They described they keep areas of the day care setting clean and assist service users when they need it to move around. Staff identified their training had prepared them for their job. They identified if a safeguarding concern came to their attention they would speak to the staff in charge, they knew what areas of concern they needed to look out for and were aware of the trust whistleblowing policy which they confirmed they would use if they identified poor practice that was not being dealt with by the manager. Staff said they felt confident service users would say to staff if something was wrong however, they also would look out for changes in presentation or mood as an indicator they may need support. In conclusion staff presented as informed regarding safeguarding service users and providing safe care.

One service user returned a questionnaire to RQIA post inspection. They were “very satisfied” regarding the questions “is care safe” in this setting. By this they meant 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care, risk management and the day care setting environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

Two service users' care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. Written agreements were in place for each service user. There was evidence that files were audited during the monitoring visit and any areas for improvement were recorded for action.

Inspection revealed records were stored safely and securely in line with data protection. Staff discussion confirmed they had used these records to guide their practice and updated the information if they noted this needed changed. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Discussion with service users revealed they felt care delivered was effective in the day care setting, they discussed they had taken part in a number of activities and said "we can do what we want to do", for example bowls and bingo. Another service user said we "can do anything", another said they "would like a few more activities". Staff were observed noting service user suggestions and plans were discussed during the inspection to do some planting/ gardening when the weather improves.

Discussion with staff revealed they felt this was an effective service, staff said "service users needs must be met so they can have a good day". Staff said service users were encouraged to do what they want to do and staff were aware of their role to prevent hazards. Staff described they write reports daily, recording what they have done and if there was any new information/ observations regarding each individual which enabled them to monitor service users wellbeing. They said this helped them pick up on any changes or emerging concerns. Overall staff described their communication, approach and knowledge had ensured they provided safe and effective care. The staff confidently expressed their views and practice regarding effective care.

One service user returned a questionnaire to RQIA post inspection. They were "very satisfied" regarding questions on "is care effective" in this setting. By this they meant 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing the right care, in the right place, in the right time and activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect, staff also took care to promote service users independence during activities and when service users were moving around the setting. Service users confirmed they were asked their opinion regarding what they wanted to do in day care and their ideas were sought daily and during the service user meetings for the activity plan. The service user's meetings record was inspected and provided evidence the staff and service users met to discuss the settings delivery of care and support.

The service users' annual survey had been distributed and the response was analysed in a report however one comment in the responses regarding playing more music had not been acknowledged in an action plan. The purpose of the survey is to gather service users' views regarding the support they receive and to respond to any suggestions. This was not done in this example and a recommendation is made in this regard.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service said it was, they particularly commented on the dinners which provided them with one good meal a week, they said they were "well fed" and dinner was "tasty".

Discussion with staff revealed they felt care was compassionate because they listened to service users, approached them gently, talked, observed they were they ok and noted any changes, listened to service users and took a few minutes to reassure service users when they needed it. The inspection of this domain confirmed there were effective practices in place to promote compassionate care between service users and staff.

One service user returned a questionnaire to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness; staff ensured they were respected, their privacy and dignity was maintained; staff informed them about their care; and staff supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

One area for improvement was identified in relation to the service user survey during the inspection.

	Regulations	Standards
Total number of areas for improvement	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. Staff confirmed they had access to a range of policies and procedures in place that they would use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision on average every three months, however records were spread across three locations which staff worked in during the week. Advice was given for the manager to keep one record of supervision that she had completed for audit purposes. Staff meetings were held quarterly in 2017.

The complaints record was inspected and this showed four complaints had been recorded from 01 April 2016 to 31 March 2018. The records showed they were responded to and resolved in accordance with the settings complaints policy and all complainants were fully satisfied with the outcome.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were found to be outstanding during this inspection.

The annual report was inspected and this revealed the report was not consistent with schedule 3 of the day care setting regulations. The content also lacked an improvement focus therefore an improvement is made in this regard.

Discussion with service users revealed they knew who the manager and staff were who work in the setting and they said they would speak to them if they had any concerns about the setting or their care, they also mentioned there was a suggestion box but it wasn't used.

The staff were asked what their opinion was regarding leadership in the setting, they said they work well together and talk as a team to make sure they are all up to date regarding service users care needs particularly as they worked across three day care settings each week.

One service user returned a questionnaire to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care well led" in this setting. They identified they knew who was in charge; the service was well managed; their views were sought about their care and quality of service; and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, and maintaining good working relationships.

Areas for improvement

One area for improvement was identified regarding the annual report.

	Regulations	Standards
Total number of areas for improvement	1	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Evelyn Young, 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.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 17.1 & Schedule 3</p> <p>Stated: First time</p> <p>To be completed by: 07 May 2018</p>	<p>The registered person shall improve future annual reports, they should have an improvement focus and areas reported on should be consistent with schedule 3.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registerd Manager will ensure that all future Annual Reports will be consistent with schedule 3 and include Actions for Improvement. It will be presented in the correct format and template which is currently being agreed with RQIA Inspectors.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be completed by: 07 May 2018</p>	<p>The registered person shall improve the arrangements to complete the service users' annual survey and ensure an action plan is included that when appropriate actions service users suggestions.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Manager will ensure that Service Users Annual Surveys will be completed within timeframe as set out in QIP. All Service Users suggestions or Actions Required will be completed and incorporated into the survey</p>

Please ensure this document is completed in full and returned to RQIA's Office



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