

Unannounced Care Inspection Report 20 June 2016



Gortin Day Centre

Type of Service: Day Care
Address: Owenkillew, 62 Main Street, Gortin, BT79 0NH
Tel No: 02881648988
Inspector: Priscilla Clayton

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Gortin Day Centre took place on 20 June 2016 from 10.00 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Three recommendations were made in respect of “is care safe” domain. Improvement related to the following areas:

- review staff training records to ensure all staff names who attended training are recorded.
- undertaking of a competency and capability assessment of one staff member who is to be in charge of the centre when the manager is not in the centre.
- development of a policy/procedure on Infection prevention and control.

There was good supporting evidence of planned care and attention given to service users with resources in place to ensure safety of service users. Positive feedback was provided from service users and staff on the day of inspection and from completed satisfaction surveys returned to RQIA following the inspection.

Is care effective?

One recommendation identified for improvement was made from inspection of the “is care effective” domain related to the development of quality assurance methods including audit of care records and service user/representative satisfaction survey.

Service users and staff gave positive responses in regard to effective care during the inspection and completed satisfaction questionnaires returned to RQIA.

Is care compassionate?

No requirements or recommendations were made from inspection of the “compassionate” care domain.

Service users were observed to be treated with dignity and respect and fully engaged in the scheduled activities which they choose to participate in. Discussions with service users confirmed they were fully involved in decisions affecting their care and support.

Is the service well led?

Two recommendations were made in respect of “is the service well led”. These related to the following areas:

- Review and revision of policies and procedures to ensure these are current with systematic review undertaken every three years
- Development of four policies reiterated from the previous care inspection.

Discussion with staff confirmed that there were good team working relationships and that the manager had an “open door” approach so that they could speak with her about any issues or concerns. Staff demonstrated awareness of the adult safeguarding procedures and mandatory training was provided.

Questionnaires returned to RQIA following the inspection confirmed that staff and service users felt the service was “well led”.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

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

2.0 Service details

Registered organisation / registered provider: Western HSC Trust/Elaine Way CBE	Registered manager: Evelyn Young
Person in charge of the day care setting at the time of inspection: Evelyn Young	Date manager registered: 29 November 2010
Number of service users accommodated on day of inspection: 12	Number of registered places: 15

3.0 Methods/processes

Prior to inspection following records were analysed:

- Registration status of the setting
- Review of previous inspection report/QIP dated 16 October 2015
- Check of notifications of accidents/incidents – none required
- Written and verbal communication received since the previous care inspection did not reveal any concerns.

During the inspection the inspector met with four service users, two care staff and the registered manager. No professionals or service users' visitors/representatives visited the centre during the inspection.

A total of 15 satisfaction questionnaires were provided for distribution to staff, service users and representatives for completion and return to RQIA. Six were completed and returned to RQIA within the timescale.

The following records were examined during the inspection:

- Statement of Purpose
- Service user Guide
- Policies/Procedures
- Three service users care records
- Complaints records which contained one complaint.
- Accident/incident records
- Service User meetings
- Staff meetings
- Staff training records
- Supervision/appraisal records
- Equipment records
- Fire risk assessment
- Monthly visits made on behalf of the registered provider
- Audits

- Service user individual agreements
- Activities programme.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 December 2015

The most recent inspection of the day care centre was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 07 December 2015

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p>	<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>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Four of the eight policies and procedures listed have been developed (June 2016). The registered manager explained that the development of the remaining four policies and procedures was work in progress and expected that these would be available soon.</p> <p>This recommendation is restated for a second time.</p>	

4.3 Is care safe?

On the day of inspection staff on duty included the registered manager and two care assistants.

The registered manager and staff confirmed that staffing levels for the centre were satisfactory and that these were subject to regular review to ensure the assessed needs of the service users were met. Staff names were recorded within duty roster alongside time worked.

The registered manager 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 of time in the absence of the manager. Records of competency and capability assessments were retained within another facility where she was registered manager and the staff member also worked. Assessment of one new experienced staff member, who is to be in charge of the centre when the manager is absent, is necessary. One recommendation was made in this regard.

Review of staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff satisfaction questionnaires confirmed that mandatory training and other professional development training was provided. Staff confirmed they were well supported in their role and responsibilities by the provision of three monthly individual staff supervision and annual appraisal.

Review of the home's recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b); Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of the principles of adult safeguarding, aware of their obligations to raise concerns about poor practice and to whistleblowing.

Discussion with the registered manager and staff regarding accident and incidents, and complaints evidenced appropriate management processes were in place to record, monitor and where necessary lessons learned. The registered manager demonstrated good knowledge of the procedure to follow if a suspected, alleged or actual incident of abuse is received and that prompt referral to the relevant persons and agencies for investigation would take place and written records would be retained.

The registered manager confirmed that staff had received training in Infection Prevention and Control (IPC) in line with their roles and responsibilities. Records were being retained within another day care setting where they worked the more of days each week. Staff training is planned for September 2016. Discussion with staff established that they were knowledgeable and had understanding of IPC procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels. As the centre did not have a policy on Infection prevention and control one recommendation was made in this regard.

Observation of care practice provided by staff evidenced that hand hygiene was a priority for the centre and efforts were applied to promoting high standards of hand hygiene among service users, staff and visitors.

A general inspection of the centre including all facilities was undertaken. All areas were observed to be clean, tidy, organised and fresh smelling throughout. No visual hazards were observed.

Staff confirmed that there were risk management procedures in place relating to the safety of individual service users. Discussion with staff identified that the centre did not accommodate any individuals whose needs could not be met. Review of care records identified that care needs assessment were complemented with risk assessments, care plans developed and evaluations recorded. Care needs assessments and risk assessments, for example manual handling and falls had been reviewed and updated annually or as changes occurred.

The registered manager explained review and revision of the day care policies and procedures were currently being undertaken by a working group within the WHSC Trust. Further information in this regard is cited within section 4.6 of this report.

The registered manager confirmed that equipment in use in the centre was well maintained and regularly serviced. Records were maintained.

The registered manager reported that the fire risk assessment was undertaken on 16 June 2016 and she was waiting for the report. Review of staff training records confirmed that staff had completed fire safety training. Records of fire drills conducted showed the last date this practice undertaken was 08 September 2015. Fire safety records identified that fire-fighting equipment; fire alarm systems, emergency lighting and means of escape were checked as required and were regularly maintained.

Discussions with service users in respect of the provision of safe care confirmed that they were very satisfied and described the care as very good. No issues or concerns were raised or indicated during the inspection.

Satisfaction questionnaires were completed and returned to RQIA following the inspection from staff and service users. Respondents indicated positive responses. No issues or concerns were recorded.

Areas for improvement.

One recommendation made from inspection of the “safe care” domain included:

- Review staff training records to ensure all staff names who attended training are recorded.

Number of requirements	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the service responded appropriately to and met the assessed needs of the service users.

An examination of three care records confirmed that these were maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care records were updated regularly to reflect changing needs. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Assessments and care plans examined were signed by the service user or their representative. Discussion with staff confirmed that a person centred approach underpinned practice which demonstrates evidence of partnership between staff to ensure the care planned and provided respects individual resident needs and preferences.

The care records examined reflected multi-professional input into the service users' health and social care needs.

Care records were observed to be stored safely and securely in line with data protection.

The registered manager explained that no quality assurance audits or satisfaction surveys were currently undertaken within the centre. One recommendation was made in this regard as the data produced would provide the manager with information on the standard of effectiveness and overall quality of care/services provided. Where necessary action plans should be developed to address shortfalls. Initial audits recommended include care records (needs assessments, risk assessments, care plans and care review. Annual service user satisfaction surveys should also be established in order to seek the views of service users/representatives so that any areas requiring to be improved can be identified and acted on.

Discussions were held with service users who were able to respond. One service user stated that he was hardly able to move about prior to attending the day centre and "staff had given him a new lease of life as he can now move about independently".

Service users meeting are held on a regular basis with minutes recorded. Minutes evidenced of involvement of service users in the running of the centre.

Staff meetings are held on a quarterly basis with notes recorded and retained.

Satisfaction questionnaires returned to RQIA following the inspection from staff and service users indicated positive responses in this domain. No issues or concerns were recorded.

Areas for improvement

One recommendation is made relating to the "is effective care" domain regarding the quality assurance methods including, audit of care records and development of service user/representative satisfaction survey.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

The registered manager, staff and service users confirmed that consent was always sought in relation to care and treatment. Observation of staff interactions with service users demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected, for example and as observed, when matters are being discussed with a service user about their care this is conducted in a private room; assistance with personal care is provided in a private room and care records are confidential and only shared with consent and with those who need to know.

Discussion with staff, service users and observation of practice and review of care records confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

The registered manager confirmed that service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their planned day care.

There were systems in place to ensure that the views and opinions of service users, and or their representatives, were sought and taken into account in all matters affecting them. For example consultations recorded within care records, recorded consent, reviews, and monthly monitoring reports and service user meetings.

Service users confirmed that their views and opinions were taken into account in all matters affecting them. Completed satisfaction questionnaires returned to RQIA following the inspection from service users and staff were positive. No questions were returned from relatives.

No areas for improvement were identified from the inspection of the compassionate domain.

Areas for improvement

Number of requirements	0	Number of recommendations:	1
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4.6 Is the service well led?

The registered manager confirmed that there were good governance systems and processes in place to meet the needs of service users. This centre is open on Monday each week.

The registered manager described the organisational structure and all staff was aware of their roles, responsibility and accountability. The structure was reflected within the statement of purpose.

Staff spoken with confirmed they were familiar with organisational and management structure and their lines of professional accountability. Staff demonstrated awareness of their individual responsibility in relation to raising concerns. Service users were aware of the roles of staff within the day centre and who to speak with if they wanted advice or had any issues or concerns.

The registered manager and staff confirmed the health and social care needs of service users were being met in accordance with the centre's statement of purpose.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager explained that policies as listed within the DHSSPS Day Care Settings Minimum Standards (2012) were being reviewed as several were noted to be outside of the three year review date. For example; Complaints (2011), Fire Safety (2011), Whistleblowing (2011) Adult safeguarding policy should be reviewed and revised to include new regional DHSSPS policy. A policy on infection prevention and control should be available to staff in the centre.

The manager explained that the development of four policies, made at the previous inspection, was work in progress. This recommendation is reiterated for a second time.

The centre had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Service users and their representatives were made aware of the process of how to make a complaint by way of the service user guide. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from service users and any other interested parties. The registered manager had received one complaint since the previous inspection. This was recorded showing investigation, outcome and resolution.

The registered manager confirmed the day care centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that no accidents/incidents had occurred since the previous inspection.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff through training and availability of various published documents. Staff confirmed they were provided with mandatory training and additional training opportunities relevant to any specific needs of service users. Examination of staff training records evidenced that these should be updated to show names of staff attendance. Mandatory training for 2016 is scheduled to take place during an identified week in September.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and available for service users, their representatives, staff, trust representatives and RQIA.

The registered manager confirmed that the centre operated in accordance with the regulatory framework. Inspection of the premises confirmed that the centre's certificate of registration with RQIA was displayed.

Review of records and discussion with the staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place.

The registered manager confirmed that staff could readily access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. A policy on disciplinary action was in place. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Completion and return of the RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner

Areas for improvement

Three recommendations for improvement were made from inspection of this domain included:

- Review and update staff training records to include the names of staff who attended
- Review and revision of policies and procedures to ensure these are current.
- Development of four policies reiterated from the previous care inspection
- Recommendation in regard to the development of four policies was restated for a second time.

Number of requirements	0	Number of recommendations:	4
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider 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 the day care centre. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2016</p>	<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 the following</p> <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. <p>Response by registered provider detailing the actions taken: These policies will be in place by 30th September 2016. The Policy Steering Group have them away for printing.</p>
<p>Recommendation 2</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</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>Response by registered provider detailing the actions taken: Centre Manager has now reviewed and updated all staff training records as requested.</p>
<p>Recommendation 3</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</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>Response by registered provider detailing the actions taken: Infection Prevention and Control Policy is now in place. The Adult Safe Guarding Policy is now in place (July 2015)</p>
<p>Recommendation 4</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2016</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>Response by registered provider detailing the actions taken: The Centre Manger has completed a new competency and capability assessment with the relevant staff member.</p>

<p>Recommendation 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>
<p>To be completed by: 30 September 2016</p>	<p>Response by registered provider detailing the actions taken: Service User Questionnaires are now complete. All other audits are ongoing.</p>

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



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