

# Unannounced Care Inspection Report 15 October 2018



## Gortin Day Centre

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

[www.rqia.org.uk](http://www.rqia.org.uk)

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 on Monday each week for adults who are over 65.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western HSC Trust  <b>Responsible Individual(s):</b> Dr Anne Kilgallen	<b>Registered Manager:</b> Evelyn Young
<b>Person in charge at the time of inspection:</b> Evelyn Young	<b>Date manager registered:</b> 29 November 2010
<b>Number of registered places:</b> 15	

### 4.0 Inspection summary

An unannounced inspection took place on 15 October 2018 from 11.00 to 15.30.

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 staffing arrangements; staff training; ensuring the environment is safe; providing the right care, in the right place, in the right time; activities; the ethos of the day care setting; listening to service users; management support; consultation with staff; monitoring and maintaining good working relationships.

Two areas requiring improvement were identified in relation to improving the frequency of the review and updating the care plan.

Service users were asked to describe what they felt about attending this day centre, they said: "we love this place"; "if I wasn't coming here I don't know where I would go"; "when here it's enjoyment".

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
<b>Total number of areas for improvement</b>	0	2

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 12 March 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 March 2018.

#### **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 March 2018
- unannounced care inspection report 12 March 2018

During the inspection the inspector met with:

- the registered manager
- three service users
- two care staff and spoke individually with one member of staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by staff; three were returned by service user's or relatives.

The following records were examined during the inspection:

- the staff rota for June, July, August, September and October 2018
- the staff training records for 2017 and 2018
- the incidents and accidents record for 2018
- the settings fire safety records
- three service users' individual care files
- the minutes of service user meetings held in May and August 2018
- the settings statement of purpose
- staff meeting records for February, May and August 2018
- the complaints/issue of dissatisfaction record from April 2017 to October 2018
- sample of the monthly monitoring reports from July and August 2018

Two 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 5 March 2018**

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 5 March 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 17.1 & Schedule 3  <b>Stated:</b> First time	The registered person shall improve future annual reports, they should have an improvement focus and areas reported on should be consistent with schedule 3.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the most recent annual report had been written for January to December 2017. This was available and up to date at the time of inspection.	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 8.5  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The service user survey was available and improvement noted in regard to incorporating service users suggestions and actions required.	

### 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 from June to October 2018. This showed the management role and responsibility was provided by the registered manager and when she had been absent, this was provided by the senior care worker. The record was 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.

Service users' needs were met during the inspection by staff organising and delivering activities that were chair based on the day of the inspection, and by staff providing care and support as specified in each individual care plan. 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, concentration and their enjoyment.

Discussion with the staff revealed service users were free to move in and out of the setting to use the bathrooms or leave the building however it was also recorded one service user should be supported by staff to move around the setting due to risk of falls. The assessment and plan in this regard was inspected and showed this plan was proportionate in relation to the assessed risk of the service user falling. Furthermore the service user was recorded as in agreement with the plan.

The manager and staff described they were continuing to provide activities that service users wanted to engage in, they acknowledged the number of service users was low and they were less active than previous groups, therefore the activity plan included more chair based activities that it had previously. The staff confirmed there was enough staff to meet the service user's needs as well as ensure there was compassionate and effective support and communication to ensure service users were satisfied with the activities on offer. The inspection found the aim of the day was to enable service users to take part in stimulating activities that were safe, appropriate for their assessed needs and consistent with service user's preferences. Furthermore, the staff were observed enabling 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 and 2018 were safeguarding; infection prevention and control; COSHH; risk assessment; moving and handling; First Aid; challenging behaviours; slips, trips and falls; visual awareness; dysphagia; medication; legionella awareness and fire evacuation. This range of staff training had ensured staff were aware of service users' needs and best practice when meeting those needs, therefore promoting safe practice in the setting.



The examination of the settings incidents, accidents and notifications forwarded to RQIA found no incidents had been recorded. This was verified when the settings incident, accident and notification record was inspected. No safety issues or risks were identified during this inspection.

The inspection of the day care setting environment revealed care was being provided in a large group room which presented as clean and tidy, furthermore furniture, aids and appliances presented as fit for purpose. Fire safety matters were monitored by the manager and it was noted fire exits were unobstructed. The last fire drill had been carried out in July 2018 and this did not reveal any concerns regarding the evacuation. The fire risk assessment was not due for review and the action plan had been 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 there was enough staff; the furniture met their needs for comfort and positioning. They said there was “comfy chairs”, they could “freely move around”, “there was help to stop falling”, and “staff know what they’re doing”. These comments showed service users’ experience of safe care in this day care setting was consistent with the findings of this inspection.

Staff were asked is care safe in this setting, they said care was safe because they maintain a safe environment, they provide safe care, promote service users rights and promote their health by supporting them to make safe choices and seek care when needed. Staff identified they received training such as safeguarding training which assisted them in promoting and delivering safe care for service users.

Overall discussion with service users and staff provided evidence that they felt the care provided was safe.

Three service users returned questionnaires to RQIA post inspection. Two were “very satisfied” and one was neutral regarding the questions “is care safe” in this setting. One respondent wrote “I am very satisfied with all staff, I like my Monday afternoon event, very good”.

### **Areas of good practice**

There were examples of good practice found during the inspection in relation to staffing arrangements, staff training and ensuring the environment is safe.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

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

Three service users' individual 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. The inspection found the review frequency in two of the service user's records was not consistent with the standard and one care plan had not been updated following a change in support needs. These areas for improvement are significant because service users' needs can change over time therefore the assessments and plans should be reviewed in a timely manner to ensure information recorded is current and the right care is provided. Furthermore the right information must be recorded in care plans to ensure the right care is provided by all staff. Two improvements are recorded in the QIP in this regard.

The inspection revealed service user's individual records were stored safely and securely in line with data protection and staff discussion confirmed they used the records to guide their practice. However, they also identified they had low numbers of service users, were familiar with their needs and how they had changed therefore they did not need to refer to the care plans or assessment information daily. Overall the inspection found the staff recognised service users' needs and respond to them effectively however, records must be kept current for all staff to refer to.

Discussion with service users revealed they felt care delivered was effective in the day care setting, they discussed they had taken part in their review and overall described the care as "excellent", "couldn't get better", "I'm happy to get away from home".

Discussion with staff revealed they felt this was an effective service, staff said "we treat service users like family", they said they "listen, are open and honest". Staff described they would report any concerns but let service users know the process and that they were doing this to help safeguard them, they would listen to the service users feelings and act accordingly depending on the situation. Overall staff described their communication, approach and knowledge was focussed on providing safe and effective care.

In summary discussion with service users and staff provided evidence that they felt the care provided was effective and this was consistent with the inspection findings.

Three service users returned questionnaires to RQIA post inspection. Two responded they were "very satisfied" and one responded they were neutral regarding questions on "is care effective" in this setting.

### 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

Two improvements were identified in relation to improving the frequency of the review and updating the care plan.



No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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, the staff on duty and observation of the activities and care provided found examples of service users being treated with dignity and respect. Staff took care to promote service users involvement and where possible service users independence during activities, for example 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 as well as during the service user meetings.

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 minutes showed the discussions included service user’s thoughts and preferences regarding the activities, food, their comfort, transport and the staff. If actions were needed a plan was put in place to ensure they were achieved.

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved, they said it was. They made the following comments: “we tell staff what we want to do”; “we like boccia, reading, talking”; when we chat there’s laughter”; “we’ve never had a problem”. Service users agreed they had not problems or concerns in relation to the day care setting. The service users identified they have a suggestion box and can talk to staff at any time.

Discussion with staff revealed they felt care was compassionate because they knew the service users well, they were a small group so were familiar with each of them. They identified sometimes the group needed to be tolerant of each other’s opinions but if an unpopular opinion was expressed there was also an opportunity for group discussion to help the group understand they may not all feel the same.

In summary discussion with service users and staff provided evidence that they felt the care provided was compassionate which was consistent with the inspection findings that there was effective practices in place that promoted compassionate care by staff.

Three service users returned questionnaires to RQIA post inspection. Two identified they were “very satisfied” and one reported a neutral response in relation to questions on “is care compassionate” in this setting.

**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

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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 Statement of Purpose for the day care service was reviewed and updated by the provider following inspection to include the right information regarding the monitoring visits. A copy was forwarded to RQIA following the inspection and was found to be satisfactory. The document clearly described the nature and range of the service to be provided and addressed the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

During the discussions with staff the staff demonstrated awareness of their role, responsibilities and accountability to ensure service users were safe and care was effective. Discussion with the manager/staff confirmed that they had a good understanding of their role and responsibilities under the legislation.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this was achieved through effective communication, support from management and the manager had an open door approach which had facilitated ongoing discussion to improve care and been a supportive measure for staff.

Staff meetings records showed they were held on a three monthly basis and minutes were maintained for staff reference. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There had been one area of dissatisfaction recorded since the previous inspection which had been responded to locally and addressed the complainants concern.

The inspection of the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 found the monthly quality monitoring reports were completed and were available for inspection. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The monthly quality monitoring reports included an audit of service user's files. Samples of reports were reviewed for July 2018 and August 2018. The reports adhered to the legislation, standards, RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in an organised manner that was easily accessible by staff in the office.

The inspector discussed arrangements in place that related to the equality of opportunity for service users and staff awareness of the same with the manager and staff. Areas of equality awareness identified during the inspection were:

- effective communication
- service user involvement
- adult Safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness
- promotion of service users independence

Discussion with service users and staff provided evidence that they felt the care provided was well led which was consistent with the findings of this inspection.

Three service users and/or relatives returned questionnaires to RQIA. Two responses indicated that they were “very satisfied” and one response was neutral regarding questions on “is care well led” in this setting.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to management support, consultation with staff, monitoring and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 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 Settings Minimum Standards, 2012

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 15.3  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December 2018	The registered person shall improve the frequency of service users review's to ensure they are consistent with this standard  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> One review remains outstanding due to service user being absent due to illness. All other reviews are now up to date.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be completed by:</b> 10 December 2018	The registered person shall improve the process of updating of the care plans when there is a change in support needs. Processes in place must ensure the care plan clearly describes the changes in how care will be provided to meet the needs identified in the revised assessment.  Ref: 6.5
	<b>Response by registered person detailing the actions taken:</b> This information which was already included in the transport care plan has now been updated to include the changing needs.

*\*Please ensure this document is completed in full and returned via Web Portal\**



The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)