

Unannounced Care Inspection Report 4 September 2020



Castlederg Outreach Centre

Type of Service: Day Care Service

Address: Castlederg District Enterprise Centre, Drumquin Road,
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Tel No: 028 8167 9828

Inspector: Angela Graham

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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 provider 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 day time activities for up to 18 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).

3.0 Service details

| | |
|---|---|
| Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen | Registered Manager: Niall Campbell |
| Person in charge at the time of inspection: Day Care Worker | Date manager registered: 19 February 2018 |

4.0 Inspection summary

An unannounced inspection took place on 4 September 2020 from 11.15 to 15.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Two areas requiring improvement were identified regarding the environment and the service's fire risk assessment.

Evidence of good practice was found in relation to compliance with Covid-19 guidance, staff training, staff registrations with NISCC, care records and reviews, infection prevention and control and risk management.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "A great day centre, I missed coming here when it was closed", "I like it here", "We clean our hands when we come in to the centre and lots afterwards" and "Staff wear masks and aprons all the time."

A service user's relative also provided the following comments: "Staff are always in PPE when I leave Xxxx at the centre". "Communication is good and staff always keep me updated, even more so given the changes within the centre due to Covid-19."

The findings of this report will provide the day care setting 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 | 2 | 0 |

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the day care worker, as part of the inspection process and with the registered manager, post inspection, on 7 September 2020. 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 31 July 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 31 July 2019.

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 agency
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 31 July 2019
- unannounced care inspection report and QIP dated 31 July 2019.

During the inspection, the inspector met with a day care worker, a support worker, a relative and five service users.

Ten service user and/or relatives' questionnaires were provided for distribution; seven responses were received.

'Tell us' cards were provided to give service users and those who visit them the opportunity to contact RQIA after the inspection with views of the agency; no responses were received.

At the request of the inspector, the day care worker was asked to display a poster within the agency. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

The following records were examined during the inspection:

- records confirming registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- elements of three service users' care records
- a sample of governance audits/records
- a sample of policies and procedures

- a monthly monitoring report
- Covid-19 guidance
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as partially met or not met.

The inspector would like to thank the registered manager, service users, relative and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the day care worker at the conclusion of the inspection. The findings of the inspection were also provided to the registered manager on 7 September 2020 during a subsequent telephone call.

6.0 The inspection

| Areas for improvement from the last care inspection | | |
|--|--|--------------------------|
| Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: First time To be completed by: 30 November 2019 | The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed: <ul style="list-style-type: none"> • Repaint the identified areas within the day centre (paintwork marked / chipped) • Determine the cause of the staining on the activity room ceiling and eradicate same • Repaint the exterior woodwork (paintwork chipped / peeling). | Partially met |
| | Action taken as confirmed during the inspection: Review of the environment and discussion with the registered manager confirmed that the cause of the staining on the activity room ceiling had been eradicated. Repainting of the interior and exterior of the day centre had not been undertaken. This area for improvement has been partially met and will be stated for a second time. | |
| Area for improvement 2 Ref: Regulation 26 (4) (a) | The registered person shall provide details of the action taken to address the significant findings highlighted in the fire risk assessment dated 24 August 2018. | Not met |

| | | |
|---|---|--|
| <p>Stated: First time</p> <p>To be completed by: On completion of QIP</p> | <p>Action taken as confirmed during the inspection:</p> <p>Discussion with the registered manager confirmed that he and a representative from the WHSCT, contracts department have been liaising with the landlord to address this area for improvement. However, to date the landlord has not addressed this matter.</p> <p>This area for improvement will be stated for a second time.</p> | |
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6.1 Inspection findings

The day care worker confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The day care worker advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The day care worker confirmed that all staff are currently registered with NISCC.

The inspector viewed the system in place to ensure that all staff receive appropriate training to fulfil the duties of their role. Staff were noted to maintain individual training files; a sample of these records viewed evidenced a training log, certificates obtained and an evaluation of training. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, moving and handling and infection prevention and control including Covid-19.

Discussion with the registered manager and staff confirmed that mandatory staff training was up to date. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role.

The inspector reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. It was also positive to note that individual risk assessments and care plans were in place in relation to Covid-19.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The day care worker described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users

had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding attendance at the day centre.

Observations of the environment concluded that it was fresh smelling and clean throughout. A number of areas within the day centre required repainting as the paintwork was marked and chipped and the exterior woodwork required repainting as the paintwork was chipped and peeling. This issue was raised as an area for improvement within the previous care inspection report and will be stated for a second time within this report.

Review of the service's fire risk assessment concluded that matters remain outstanding from the report of 24 August 2018. This issue was raised as an area for improvement within the previous care inspection report and will be stated for a second time within this report.

Discussion with service users, a relative and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Service users' comments:

- "I like coming here and the staff are very good to me."
- "With Covid staff are always telling us to wash our hands."
- "Staff are nice and kind."
- "I can talk to the staff about anything and they will help me."

Staff comments:

- "We have had very detailed training and guidance regarding Covid-19. A Covid-19 file is available in the office for staff to refer to."
- "The manager is very supportive and always available if you have a query."
- "We work well as a team and there is good communication."
- "I have had training in donning and doffing and there is lots of personal protective equipment (PPE) available."
- "We have developed individual risk assessments and care plans regarding Covid-19 for each service user."

Relative's comments:

- "Staff are kind and respectful."
- "It is my view that Xxxx is well cared for in the centre."

All of the completed service user/relatives' questionnaires returned to RQIA indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. Comments included: "Good day centre" and "Happy with the centre".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, staff registrations with NISCC, care records and reviews, infection prevention and control and risk management.

Areas for improvement

Two areas requiring improvement were identified regarding the environment and the service's fire risk assessment.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 2 | 0 |

Covid-19

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose.

Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

The inspector spoke with the registered manager and to two staff members, who were knowledgeable in relation to their responsibility related to Covid-19. Staff advised they were aware of the guidance in relation to the use of PPE for activities that brought them within two metres of service users. Staff were also aware of guidance in relation to replacing PPE and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance.

The inspector reviewed records relating to infection prevention and control policies which were in line with the guidance. A Covid-19 file was available and included current guidance documents from the WHSCT, the Public Health Agency and the Department of Health. Policies and guidance were available to all staff in hard copy within the staff office.

It was positive to note that easy read format guidance was available to service users which included NHS easy read guide How to keep your hands clean and Coronavirus (Covid-19) How to keep safe.

The inspector reviewed monitoring records that indicated that service users and staff have their temperatures monitored in accordance with the guidance. Monitoring records also included a symptom check, such as fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

There was evidence that clear guidance with regards to infection prevention and control, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to infection prevention and control including donning and doffing.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The registered manager discussed the procedures that both he and the monitoring officer spot check the use of PPE by staff.

It was positive to note that Covid-19 monitoring arrangements were included in the service's monthly quality monitoring report.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the day centre.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to compliance with Covid-19 guidance, infection prevention and control staff training and easy read information for service users pertaining to Covid-19.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 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 the day care worker, 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 agency. 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 Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 | |
| Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: Second time To be completed by: 31 January 2021 | <p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Repaint the identified areas within the day centre (paintwork marked/chipped) • Repaint the exterior woodwork (paintwork chipped/peeling). <p>Ref: 6.1</p> |
| | <p>Response by registered person detailing the actions taken: Estates services have visited Castlederg Unit to assess the painting that needs completing and have advised that this work will be taken forward within the next 6-8 weeks.</p> |
| Area for improvement 2 Ref: Regulation 26 (4) (a) Stated: Second time To be completed by: On completion of QIP | <p>The registered person shall provide details of the action taken to address the significant findings highlighted in the fire risk assessment dated 24 August 2018.</p> <p>Ref: 6.1</p> |
| | <p>Response by registered person detailing the actions taken: The Trust's contract department is liaising with the landlord of the Castlederg unit to ensure an action plan is in place to address the finding in the fire risk assessment.</p> |



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