

Inspection Report

8 June 2021



Castlederg Outreach Centre

Type of service: Day Care Services
Address: Castlederg District Enterprise Centre, Drumquin Road,
Castlederg, BT81 7PX
Telephone number: 028 8167 9828

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT). Dr Anne Kilgallen Responsible Individual: Dr Anne Kilgallen	Registered Manager: Mr Niall Campbell Date registered: 19 February 2018
Person in charge at the time of inspection: Registered manager	
Brief description of the accommodation/how the service operates: 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).	

2.0 Inspection summary

An announced inspection took place on 8 June 2021 at 09-30am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff are supplied to the day care setting. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service

- Reviewing a range of relevant documents, policies and procedures relating to the day care settings governance and management arrangements

4.0 What people told us about the service?

We spoke with a number of service users and care staff as well as the manager.

Comments received during the inspection process:

Service users' comments:

- "Good activities."
- "Good staff."
- "No complaints."
- "Staff listen to me."
- "We have a good time here."
- "We enjoy the Centre."

Staff comments:

- "I feel safe and secure with PPE guidance."
- "Supervision is regular and is a good space to discuss all areas."
- "We provide a wide variety of activities."
- "The induction process is comprehensive and helps prepare you for the role."
- "The manager is excellent and has an open door policy for everyone."
- "Good staff communication."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

During the previous inspection of the 31 March 2020 two areas for improvement were issued. These were reviewed and have been met.

Areas for improvement from the last inspection on 31 July 2019		
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	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) 	Met

To be completed by: 30 November 2019	<ul style="list-style-type: none"> Determine the cause of the staining on the activity room ceiling and eradicate same Repaint the exterior woodwork (paintwork chipped / peeling). Ref: 6.4	
Area for improvement 2 Ref: Regulation 26 (4) (a) Stated: First time To be completed by: On completion of QIP	Action taken as confirmed during the inspection: The work has been completed and viewed by the inspector. 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. Ref: 6.4 Action taken as confirmed during the inspection: The required data sheet in place and was reviewed. This now forms part of the required fire risk assessment.	Met

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The centre's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report was not available for review but was discussed with the manager to action with the HSC Trust.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. Records reviewed clarified all training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for recording referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

All staff had completed DoLS training appropriate to their job roles. Records reviewed clarified all training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that the day care setting does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices. We noted comprehensive risk assessments in place for each individual service user. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day centres staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives and staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users, staff, relatives and HSC trust staff during the monthly quality monitoring:

Service users:

- “Without the centre i would be lonely.”
- “I’m happy attending the centre.”
- “I’m happy and content here.”

Staff:

- “We enjoy working with the service users.”
- “A good high standard of care.”
- “Full compliance with PPE.”

Relatives:

- “I’m happy with the service.”
- “Good support from the centre.”
- “I’m very satisfied with the standard of care.”

HSC Trust Staff:

- “I’m happy with the service quality.”
- “More than satisfied.”
- “Good person centred care.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection. This was supported during the inspector discussions with service users.

The manager confirmed that the centre had received specific recommendations from the Speech and Language Therapist (SALT) in relation to two service user’s dysphagia needs to ensure the care received in the service was safe and effective. These were reviewed and were satisfactory.

Staff described their role in relation to reporting poor practice and their understanding of the centres policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI’s)/Significant Event Analysis’s (SEA’s) or Early Alert’s (EA’s).

6.0 Conclusion

Based on the inspection findings and discussions held with the service manager, staff and service users, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.



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
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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