

Unannounced Care Inspection Report 31 July 2019



Castleberg Outreach Centre

Type of Service: Day Care Service

**Address: Castleberg District Enterprise Centre, Drumquin Road,
Castleberg, BT81 7PX**

Tel No: 028 8167 9828

Inspector: Angela Graham

www.rqia.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 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: Senior Day Care Worker	Date manager registered: 19 February 2018
Number of registered places: 18	

4.0 Inspection summary

An unannounced inspection took place on 31 July 2019 from 09.10 to 15.10.

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.

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.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care reviews, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal, quality improvement and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Areas requiring improvement were identified regarding the environment and the fire risk assessment.

Service users' comments are included throughout the report.

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with the senior day care worker and day care worker 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 11 October 2018

No further actions were required to be taken following the most recent inspection on 11 October 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 by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 11 October 2018
- unannounced care inspection and report dated 11 October 2018.

During the inspection, the inspector met with the senior day care worker, the day care worker and two support workers. Introductions were made to all service users while walking around the setting with individual interaction with 10 service users.

Ten service user and/or relatives' questionnaires were provided for distribution; three service users and three relatives' questionnaires were returned to RQIA within the timeframe for inclusion in this report.

All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

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

The inspector requested that the day care worker place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'How can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

The inspector would like to thank the senior day care worker, service users and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 11 October 2018

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 October 2018

There were no areas for improvement made as a result of the last care inspection.

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 inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The day care worker described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of

purpose. A review of the staffing roster for weeks commencing 28 June 2019 until 31 July 2019 evidenced that the planned staffing levels were adhered to.

Discussions with staff and service users confirmed that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

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 senior day care worker confirmed that all staff are currently registered with NISCC.

The senior day care worker confirmed that staff employment records were held within the WHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The senior day care worker confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding. It was positive to note that an induction process was in place for staff covering at short notice due to unplanned absence.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. 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, first aid, moving and handling and infection prevention and control.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the WHSCT governance department. Discussion with the senior day care worker and review of sample of records since October 2018 evidenced that there is a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. This includes consideration of any lessons learnt. Review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the senior day care worker evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussion with the staff and the senior day care worker confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements.

This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the senior day care worker to liaise with WHSCT senior management regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the WHSCT whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

The day care worker reported that there were no restrictive practices in place within the setting other than the use of lap belts for specific service users who use wheelchairs. The decision to use lap belts in these cases had been made following assessment by the Occupational Therapist in agreement with the service user and their representative. The day care worker demonstrated knowledge and understanding that the use of such interventions requires referral to the multi-disciplinary team to ensure that any restriction is appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. A number of areas within the day centre required repainting as the paintwork was marked and chipped, the ceiling in the activity room was stained and the exterior woodwork required repainting as the paintwork was chipped and peeling. An area for improvement has been made in this regard.

Discussion with the senior day care worker and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 25 February 2019. Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 24 August 2018. Review of the fire risk assessment confirmed that two significant findings had not been addressed within the specified timeframe. An area for improvement has been made in this regard.

Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and weekly fire alarm tests.

Discussion with service users and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "I am happy here. I like coming to the centre."
- "Everything is fine here. We are kept safe and well."
- "Good place."

Staff comments:

- “Excellent training offered and regular supervision which supports safe care. I am aware of what to do regarding an adult safeguarding concern.”
- “The staffing levels meet the service users’ needs and if things change we review them.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control practices, staff training and risk management.

Areas for improvement

Two areas for improvement were identified in regard to the environment and the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

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

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

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.

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 records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs and video material, access to care records and consultation/involvement in care planning and risk assessments.

The day care worker advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. It was positive to note that service users’ previous objectives were

reviewed and new objective's set and agreed at the care reviews. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote / ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "We have meetings and can talk about things we do here."
- "Staff are nice and are good to me."

Staff comments:

- "Care is very effective and we refer service users as appropriate to other professionals as the need arises. Care records are always updated."
- "Care is excellent. We promote all the service users rights and support them to make decisions."
- "Service users' privacy and dignity is respected at all times."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain 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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff approaches and responses to service users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users spoken to confirmed that they liked the activities on offer in the setting and staff were always willing to review the activity programme at their request. They described how they had learnt new skills, with some individuals enjoying cookery for the first time. Several service users took pride in showing the inspector some of their art work on display.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in which included: gardening, bowling, arts and crafts, pottery, photography and outings to local restaurants and shops. A programme of planned activities and events were displayed within the day centre. The activity programme was noted as developing social and education opportunities for service users as well as their hobbies and interests.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as quarterly service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The day care worker confirmed that service user meetings are generally held monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes

for meetings in April, May and June 2019 evidenced service user feedback being sought in regards to transport, service user safety, meals, activities and outings.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

Discussion with service users and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- “Staff always talk to me and see how I am.”
- “We are treated very well here and I can choose what I want to do when I am here.”

Staff comments:

- “We promote independence and encourage service users to be involved in the running of the centre.”
- “We are kind and thoughtful to all service users and treat them equally.”
- “Care is respectful and compassionate. Service users' needs always take priority.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability.

The registration certificate was up to date and displayed appropriately.

The senior day care worker and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the senior day care worker and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and annual appraisals.

Review of the minutes of staff meetings identified that these meetings were held at least quarterly. The last staff meeting was held on 2 July 2019 and minutes were available. Previous staff meetings had been undertaken on 8 May and 4 April 2019. Areas discussed included staff training opportunities, service users' needs, service users' activities and outings and care records. It was positive to note that a standard from the Day Care Settings Minimum Standards, 2012 was discussed each month at the staff meetings. The day care worker confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken bimonthly by a senior manager within the organisation, who demonstrated a good understanding of the setting. A sample of reports viewed for March 2019 to May 2019 provided evidence that the visits included engagement with service users, professionals and staff; a review on the conduct of the day care setting and development of action points and review of previous action points.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The senior day care worker confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- "If I had a complaint I could talk to the staff."
- "This is a happy place, no complaints."

Staff comments:

- "This is a well-managed centre with a great team. Good communication between staff and other professionals."
- "I have regular supervision and we have team meetings that are for all staff to share their views. Well run centre."
- "I have access to all policies and procedures. Good team work and good management support."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain 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 senior day care worker and 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 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 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<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) • Determine the cause of the staining on the activity room ceiling and eradicate same • Repaint the exterior woodwork (paintwork chipped / peeling). <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Landlord of property has appointed a contractor to carryout work to determine and remedy staining on activity room ceiling this work has commenced.</p> <p>A request to repaint chip marks and repaint exterior woodwork has been processed through to the Trust Estates Service Department.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: On completion of QIP</p>	<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: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Landlord of property has agreed to appoint a contractor to follow up on findings highlighted within the fire risk assessment.</p>



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