

The Regulation and
Quality Improvement
Authority

Castlederg Outreach Centre
RQIA ID: 11296
Castlederg District Enterprise Centre
Castlederg
BT817PX

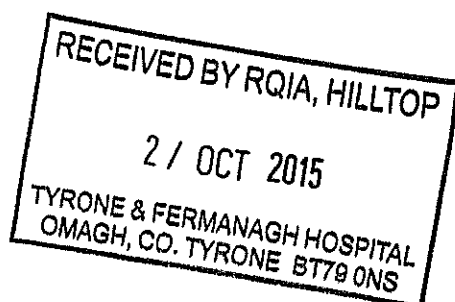
Inspector: Dermott Knox
Inspection ID: IN022806

Tel: 028 8167 9828
Email: niall.campbell@westerntrust.hscni.net

**Unannounced Care Inspection
of
Castlederg Outreach Centre**

18 May 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk



1. Summary of Inspection

An unannounced care inspection took place on 18 May 2015 from 10.45 to 17.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the Registered Manager, Mr Niall Campbell, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western HSC Trust Mrs Elaine Way CBE	Registered Manager: Mr Niall Campbell (Acting)
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Lavinia Harpur, Day Care Worker	Date Manager Registered: Acting Manager, pending resolution of the named manager's position.
Number of Service Users Accommodated on Day of Inspection: 13	Number of Registered Places: 18

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- Service user guide
- Record of notifications
- Quality Improvement Plan from previous inspection, including the provider's responses, approved by RQIA on 16 January 2015.

During the inspection the inspector met with:

- nine service users,
- the registered manager,
- the day care worker in charge on a day to day basis,
- two care staff,
- the mini-bus driver,
- a visiting activities co-ordinator
- a student nurse on placement.

The following records were examined during the inspection:

- Policies, procedures and protocols relevant to Standards 5 and 8 (see above)
- File records for four service users
- Minutes of three meetings of the service user self-advocacy group
- Monthly monitoring reports for the two months prior to the inspection
- Training records for three care staff
- Staff supervision records for two staff
- Records of two complaints
- The revised statement of purpose.

5. The Inspection

The registered manager was attending the centre on a routine visit at the commencement of this inspection and returned later in the day to receive feedback. There was evidence to show that the day care worker in charge on a day to day basis is qualified, experienced and competent in her designated role. The care assistant staff have many years' experience in social care roles, with one staff member having worked in the centre for over twenty years.

A number of service users were keen to meet with the inspector and spoke of their enjoyment in meeting friends at the centre and in taking part in a wide range of activities. Horticulture forms an important part of the activities for many service users, with the centre having contracts to provide hanging baskets annually to Strabane and to Derry City. A wide range of other activities is arranged and people showed their skills and enjoyment in craftwork, pool, art and music.

Discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to ensuring that the service provided is safe, effective and compassionate. There was evidence from discussions and in written records to indicate an excellent level of consultation with members and their representatives regarding their care plans and the programmes in which they participate. Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend. The management and staff are commended for maintaining high standards and for continually pursuing improvements to the service provided.

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 11 June 2014. The completed QIP was returned and approved by RQIA on 16 January 2015.

Areas to follow up are included under 6.2 below:

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20 (1) Ref; 13 (1) (b)	Arrangements for lunchtime arrangements to be reviewed in relation to staffing.	Met
	Action taken as confirmed during the inspection: Service users' lunches are provided under contract in a local café. Trust managers negotiated with the café business owner and the premises landlord to have a number of improvements carried out. Very positive outcomes were achieved through this process.	
Requirement 2 Ref: Regulation 20 (2)	Supervision to be arranged for part time staff member.	Met
	Action taken as confirmed during the inspection: Supervision for all staff is up to date and records show this to be satisfactory.	

Requirement 3 Ref: Regulation 13 (1)	Arrangements for lunch to be reviewed. (Urgent Action form sent to centre on 12 June 2014).	Met
	Action taken as confirmed during the inspection: As for Requirement 1, very positive outcomes were achieved through negotiation with the catering provider.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 15.3, Ref 7.4	Review to be held in change of circumstances.	Met
	Action taken as confirmed during the inspection: There was evidence in cases identified by the manager to confirm compliance with this Standard.	
Recommendation 2 Ref: Standard 17.15	Staff to receive training on DHSS Standards for Day Care.	Met
	Action taken as confirmed during the inspection: Training schedules were available for both the previous and the coming years and provided evidence of a satisfactory range of training being provided. Additionally, minutes of staff meetings showed that two standards were discussed at each meeting, to ensure staff members' understanding.	
Recommendation 3 Ref: Standard 15.1, Ref 7.4	All staff to receive training on the policy and procedure for review.	Met
	Action taken as confirmed during the inspection: Training records provided evidence of compliance with this recommendation.	
Recommendation 4 Ref: Standard 15.1	Advocacy services to be invited to the centre to talk to service users and their relatives about the services that are available to them.	Met
	Action taken as confirmed during the inspection: Information on Mencap Advocacy Service had been circulated to all service users and their families.	

Recommendation 5 Ref: Standard 21.9	Staff to complete an evaluation of all training undertaken and this to be maintained in staff files.	Met
	Action taken as confirmed during the inspection: The manager confirmed that evaluations of training were being completed. Records of these were not examined on this occasion.	
Recommendation 6 Ref: Standard 23.8	Staff meetings to be further developed.	Met
	Action taken as confirmed during the inspection: Records showed that staff meetings were held monthly and that well-detailed minutes were kept.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Continence promotion and support are required by only two people who attend the centre. Staff were familiar with their assessed needs and with the care plan objectives in this regard. Service users reported a high degree of satisfaction with the quality of the care provided by staff and with the extent to which each person's views and opinions are taken into account. Staff were clear in their accounts of the priorities in this work, citing privacy, dignity, safe and effective care as principal concerns.

Is Care Effective?

As stated above there is a low level of need currently for continence promotion and support in Castlederg Outreach Centre and there was evidence from discussions with staff to confirm that the care provided met the needs identified. This finding is supported by the review records for those service users who have continence care needs.

Is Care Compassionate?

Observations of staff's interactions with service users, throughout the inspection period, presented evidence of high quality compassionate care being delivered. Service users, who held discussions with the inspector, confirmed that they were always treated with respect and enjoyed very positive relationships with staff members. Staff confirmed that they were very confident of their colleagues caring practices and that any intimate personal care is always carried out by two staff members.

Areas for Improvement

At the time of this inspection the manager was making arrangements for staff to have training in continence promotion and support and this is commendable.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Evidence from observations, discussions and examination of records in the centre confirmed that service users were encouraged to make their views and feelings known. Staff and service user interactions were adult, respectful, purposeful and encouraging. Service users, who met with the inspector, confirmed that they felt safe in the centre and also on outside activities which were arranged for them.

Is Care Effective

Records held a range of accounts of service users enjoying fulfilling and rewarding activities, both within the centre and in many social, public areas, including local restaurants, the library, leisure centres and sporting venues. There was a notable confidence amongst the service user group in people's approach to others and in their expectations of participating in various events. Care in this centre is clearly effective in terms of individual's self-esteem, experience and social skills.

Is Care Compassionate?

Observations, discussions and written records provided good evidence of the provision of care services in a professional, purposeful and compassionate manner.

Areas for Improvement

One recommendation for improvement is discussed below at 6.5.1, relating principally to support for the development of service users' computer skills and the availability of communication methods that are in keeping with current good practice.

Number of Requirements	0	Number Recommendations:	1
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5.5 Additional Areas Examined

5.5.1

Intranet, internet and email

It was noted from discussions with service users and staff members that the centre does not have intranet, internet or email access and this is regarded as limiting and inconvenient for all. Several service users attended a computer class in Castlederg, on the morning of this inspection, but they did not then have satisfactory opportunities within the centre to consolidate their learning and to pursue their interests in this activity.

It is probable that many journeys to and from Omagh may be made by staff, for the purpose of delivering information that might otherwise be communicated electronically.

It is recommended that Castlederg Outreach Centre should be provided with connections and equipment to enable the use of intranet, internet and email, as this is now an everyday

communication, research and learning requirement for staff and is culturally and educationally appropriate for service users attending Castlederg Outreach Centre.

5.5.2

Service users' questionnaires

Nine completed service users' questionnaires were returned to the inspector. Analysis of these shows a high degree of satisfaction by all respondents with the quality of the care provided by staff and with the extent to which each service user's views and opinions are taken into account. Two service users indicated dissatisfaction with the staffing levels in the centre, while the other seven scored this provision at the highest level of satisfaction. All but one person indicated that they were either satisfied or very satisfied in feeling safe and secure in the centre. An explanation was found for one person being dissatisfied in this regard.

5.5.3

Staff questionnaires

Four completed staff questionnaires were returned, all of which indicated the highest possible levels of satisfaction in eleven of the sixteen matters in question. The greatest level of dissatisfaction related to "timely provision of equipment to meet assessed need". Overall the responses are very positive and confirm the wide ranging evidence of high quality service, from records, observations and discussions referenced in other parts of this report.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Niall Campbell, Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.


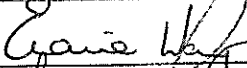
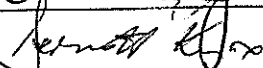
6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan			
Recommendations			
Recommendation 1	It is recommended that Castlederg Outreach Centre should be provided with connections and equipment to enable the use of intranet, internet and email, as this is now a normal, everyday, communication, research and learning requirement and is culturally appropriate in 2015 for service users attending Castlederg Outreach Centre.		
Ref: Standard 9.2			
Stated: First time			
To be Completed by: 30 October 2015	Response by Registered Person(s) Detailing the Actions Taken: Head of service for learning disability Margaret Dolan has agreed to make bring this recommendation to the trust senior management team.		
	Response by Registered Person(s) Detailing the Actions Taken: Minor capital works form has been completed and sent assistant director for approval to price work required to provide intranet, internet to Castlederg.		
Registered Manager Completing QIP		Date Completed	16/6/15
Registered Person Approving QIP		Date Approved	22.9.15
RQIA Inspector Assessing Response		Date Approved	06.10.15

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