

Unannounced Care Inspection Report 23 November 2016



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

1.0 Summary

An unannounced inspection of Castlederg Outreach Centre took place on 23 November 2016 from 09.30 to 16.00 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

On the day of the inspection Castlederg Outreach Centre was found to be delivering safe care. There was positive feedback from all service users and a service user's representative spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

The staff in Castlederg Outreach Centre were observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety.

A recommendation has been made that copies of staff duty rotas are retained within the day care setting.

Is care effective?

On the day of the inspection it was established that the care in Castlederg Outreach Centre was effective. Observations of staff interactions with service users and discussions with a total of seven service users and a service user's representative evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The inspection of elements of three service users care records; incident recording; complaints recording; discussion with the service users, a service user's representative and staff concluded care was being delivered at the right time, in the right place, and with the best outcome.

A recommendation has been made that the recording of the minutes of service users meetings are improved upon.

Is care compassionate?

On the day of the inspection Castlederg Outreach Centre was found to be delivering compassionate care. The inspection of records, observations of practice and discussions with staff, service users and a service user's representative confirmed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support.

Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and a service user's representative and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner.

No areas for quality improvement relating to compassionate care were identified during this inspection.

Is the service well led?

On the day of the inspection there was evidence of effective leadership and management in Castledearg Outreach Centre and a culture focused on the needs of service users. Staff confirmed that they were well supported in their roles and that good training is provided.

A recommendation has been stated for the second time in regard to the provision of an internet connection within the day care setting to provide service users with learning opportunities in this aspect of daily living.

A requirement has been made that the registered provider ensures the monitoring visits are carried out in compliance with the trusts written agreement with RQIA and a report must be written for the visit carried out.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maire Cairns, Senior 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.

1.2 Actions/enforcement taken following the most recent premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 10/03/16.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust	Registered manager: Niall Campbell (Acting)
Person in charge of the service at the time of inspection: Niall Campbell, Manager (Acting) and Maire Cairns, Senior Day Care Worker	Date manager registered: 23 June 2014 - application not yet submitted

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and quality improvement plan (QIP).

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

- Discussion with the manager
- Discussion with three care staff
- Discussion with seven service users
- Discussion with a service user's representative
- Examination of records
- File audits
- Evaluation and feedback.

The senior day care worker was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Three staff questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Two monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10/03/16

The most recent inspection of the day care setting was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18/05/15

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p>	<p>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.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The manager informed the inspector that this recommendation had not been fully addressed. The manager informed the inspector that due to the rural location of the day care setting some difficulties existed with accessing internet connection however consideration was being given to the purchase of a device that should assist with the provision of internet access.</p> <p>This recommendation has not been addressed and has been stated for a second time in this report.</p>	

4.3 Is care safe?

The manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing rota for weeks commencing 27 October until 10 November 2016 evidenced that the planned staffing levels were adhered to.

Copies of the staffing rotas for the period of 11 November to 23 November 2016 were not available in the day centre on the day of inspection. Discussion with the manager confirmed that copies of the staffing rotas were maintained in The Omagh Centre and copies had not been provided to the day centre. A recommendation has been made that copies of staff duty rotas are retained within the day care setting.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the manager; records of competency and capability assessments were retained.

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.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs, how those needs will be met. They knew who may need additional time to manage and support their behaviour; and gave examples of how they respond in a safe way to calm and redirect service users. Overall the staff described their aim was for service users to enjoy their time in day care by undertaking stimulating activities, for service users to feel comfortable and safe in the group environment. The staff confirmed if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team; whom they advised were accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The manager stated that there were no current safeguarding concerns ongoing.

Discussion with staff confirmed that they had attended safeguarding vulnerable adults training.

There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Three staff members returned questionnaires. Staff confirmed the care was safe, they had received training in safeguarding vulnerable adults, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities

Areas for improvement

A recommendation has been made that copies of staff duty rotas are retained within the day care setting.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

Review of elements of three service users' care records reflected there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process. Care recording for every five attendances was being maintained.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, complaints and compliments, service users' monies, staff training and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, service users and staff meetings.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the senior day care worker and review of records evidenced that service user meetings were held generally monthly. The minutes of the three most recent service users meetings were reviewed during this inspection. The meetings had taken place on: 17 October 2016; 09 September 2016 and 16 August 2016. The minutes of meetings reflected service users' views and opinions were sought and form the basis of all discussions. They contained the names of the service users who attended and a summary of the discussions. The minutes did not contain an agenda; detail if any action is needed with details of who is responsible for this. A recommendation has been made to address this issue.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

Discussions with seven service users, three care staff and a service user’s representative concluded the care in Castledearg Outreach Centre was effective.

Three staff questionnaire confirmed service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

A recommendation has been made that the recording of the minutes of service users meeting are improved upon.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The manager confirmed they promote a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

Staff were aware of each service user’s individual needs and were observed responding positively and warmly. During discussion staff presented as knowledgeable and informed regarding each service user’s needs.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Discussions with service users, a service user’s representative and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt, courteous and supportive manner by staff and the manager.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users’ meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Castledearg Outreach Centre. The manager confirmed the findings from the annual survey had been collated into an evaluation/summary report.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- “I am going out to work this morning.”
- ”I like it here.”
- “Staff are good to me.”
- “I like the new place where I go for my dinner. The food is good.”
- “I like making cards.”
- “We are having a Christmas party soon with music and dancing.”
- “Staff are nice and friendly.”

Consultation with service users regarding compassionate care confirmed they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions.

The inspector met with one service user’s representative. The service user’s representative spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the service user’s representative are listed below:

- “Staff keep me up to date in regard to my relative’s care.”
- “This is an excellent service and I’m very grateful to staff who are at all times kind and caring.”
- “I feel you could not improve this service.”

Three completed staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre’s policies and procedures.

A recommendation made in the report of the previous care inspection in regard to the provision of an internet connection within the day care setting to provide service users with learning opportunities in this aspect of daily living has not been addressed and is stated for the second time in this report.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Discussion with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

A review of the schedule confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the manager confirmed that staff meetings were held generally monthly, and records verified this. The last meeting was held on 11 October 2016 and minutes were available. Previous staff meetings had been undertaken on 16 September and 27 July 2016. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 29 September 2015.

The inspector reviewed the monitoring reports from March to September 2016. The reports evidenced visits had taken place on 22 March, 28 July and 27 September 2016. A visit had not been undertaken in May 2016. Since March the visits had not achieved compliance with the once every two month monitoring frequency which was proposed by the trust and agreed with RQIA. A requirement has been made to address this issue.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Based on the findings of this care inspection RQIA concluded the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in Castlederg Outreach Centre which were focused on the needs of service users.

Three staff questionnaires confirmed the service is managed well, the service is monitored, and communication between the staff and management is effective.

Areas for improvement

A recommendation made in the report of the previous care inspection in regard to the provision of an internet connection within the day care setting to provide service users with

learning opportunities in this aspect of daily living has not been addressed and is stated for the second time in this report.

A requirement has been made that the registered provider must ensure the monitoring visits are carried out in compliance with the trusts written agreement with RQIA and a report must be written for the visit carried out.

Number of requirements	1	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie Cairns, Senior Day Care Worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 28 Stated: First time To be completed by: 31 December 2016	<p>The registered provider must ensure the monitoring visits are carried out in compliance with the trusts written agreement with RQIA and a report must be written for the visit carried out.</p> <p>Response by registered provider detailing the actions taken: Future monitoring visits will be carried out in compliance with the Trusts written agreement with RQIA.</p>
Recommendations	
Recommendation 1 Ref: Standard 23.7 Stated: First time To be completed by: 31 December 2016	<p>The registered provider should ensure that copies of the staff duty rotas are retained within the day care setting.</p> <p>Response by registered provider detailing the actions taken: Copies of the staff duty rotas will be retained in a centre office.</p>
Recommendation 2 Ref: Standard 8.3 Stated: First time To be completed by: 31 December 2016	<p>The registered provider should ensure that the minutes of service users' meetings include:</p> <ul style="list-style-type: none"> • The names of those attending; • An agenda; • The outcomes of action taken since the previous meeting; • A summary of discussions; • The action to be taken on service users' comments and suggestions and the name/s of the person/s responsible for taking action on any matters arising. <p>Response by registered provider detailing the actions taken: This recommendation has been put in place.</p>
Recommendation 3 Ref: Standard 9.2 Stated: Second time To be completed by: 28 February 2017	<p>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.</p> <p>Response by registered provider detailing the actions taken: Assistant director for learning disability has signed off a minor capital works form for this work to be completed, the trust IT department have this work priced and are awaiting approval for this work to be completed. The trust is working on solution with our ICT colleagues.</p>

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