

Unannounced Care Inspection Report 07 July 2016



Gortin Outreach Centre

Type of Service: Day Care Setting
Address: 63 Main Street, Gortin, BT79 8NH
Tel No: 028 8164 8867
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Gortin Outreach Centre took place on 07 July 2016 from 09.30 to 15.15 hours.

The inspection sought to assess progress with any issues raised during and since the previous 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 Gortin Outreach Centre was found to be delivering safe care. There was positive feedback from all service users, 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. No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection it was assessed that the care in Gortin Outreach Centre was effective. Observations of staff interactions with service users and discussions with a total of four service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. No areas for quality improvement relating to effective care were identified during this inspection.

Is care compassionate?

On the day of the inspection Gortin Outreach Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner. No areas for quality improvement were identified.

Is the service well led?

On the day of the inspection there was evidence of effective leadership and management in Gortin 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.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

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

This inspection resulted in no requirements and one recommendation that has been stated for the second time. Findings of the inspection were discussed with Mr Niall Campbell, Manager (Acting) as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

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

2.0 Service details

Registered organisation / registered provider: Western Health and Social Care Trust	Registered manager Mr Niall Campbell (Acting)
Person in charge of the day care setting at the time of inspection: Mr Niall Campbell, Manager (Acting) and Ms Geraldine McKenna, Senior Day Care Worker	Date manager registered: 23 June 2014

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 QIP.

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

- Discussion with the manager
- Discussion with three care staff
- Discussion with four service users
- Examination of records
- File audits
- Evaluation and feedback.

The day care worker was provided with five questionnaires to distribute to service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requesting their return to RQIA. Two staff and three service users' representative 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 two 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
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 17 August 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed Quality Improvement Plan (QIP) was returned and approved by the care inspector.

4.2 Review of recommendations from the last care inspection dated 17 August 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.1 Stated: First time	The registered person should ensure that a satisfactory policy on continence promotion is made available to day care staff at the earliest possible date and no later than 31 October 2015.	Met
	Action taken as confirmed during the inspection: A policy on continence promotion had been developed and was available for inspection. Staff confirmed that they had access to the day centre's policies and procedures including the continence policy.	

<p>Recommendation 2</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p>	<p>It is recommended that an internet connection should be provided for the centre, to enhance communications and to provide service users with learning opportunities in this aspect of daily living.</p>	<p style="text-align: center;">Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager informed the inspector that this recommendation had not been 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>		
<p>Recommendation 3</p> <p>Ref: Standard 9.5</p> <p>Stated: First time</p>	<p>The apparent duplication of activity records, as discussed with the manager, is unnecessary and the time used by staff in keeping this tick-box record should be reallocated.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The manager and day care worker confirmed that the identified activity record was no longer in use.</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 23 June until 07 July 2016 evidenced that the planned staffing levels were adhered to.

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.

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 monthly basis, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

The senior day care worker 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 inspection.

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.

Three service users' representatives returned questionnaires. Review of the questionnaires asking for opinions on how safe the care is concluded all of the responses were positive. The service users' representatives stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relatives needs and they would report concerns to the manager.

Review of the completed staff questionnaires asking for opinions on how safe the care is, concluded all of the responses were positive.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. 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.

Inspection of the internal and external environment identified that, on the day of inspection, the day care setting and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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

The day care worker informed the inspector since the previous inspection she had continued to develop opportunities to increase service users' independence by engaging them with work opportunities, engaging with community groups, sports projects and ensuring service users' outcomes are improved. The inspector reviewed elements of two service users' care records

and viewed evidence in the assessment, care planning and attendance recording that staff had worked proactively with service users to improve outcomes for them.

Review of elements of two 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 two 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, staff training, complaints and compliments 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 healthcare professionals.

Discussion with the senior day care worker confirmed that staff meetings were held on a monthly basis, and records verified this. The last meeting was held on 17 June 2016 and the senior day care worker confirmed that the minutes of the meeting were made available for staff to consult.

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

Review of the completed service users' representatives questionnaires asking for opinions on how effective the care is, concluded all of the responses were positive. All service users' representatives agreed the service user got the right care, at the right time, with the best outcome for them. The service users' representatives also confirmed they are satisfied with communication with staff, staffs awareness of their relatives' needs, their relatives' preferences and choices are incorporated into the care they receive and their involvement in their relatives' annual review.

Review of the completed staff questionnaires asking for opinions on how effective the care is, concluded all of the responses were positive. These staff confirmed service users are involved in the development of their care plan and service users are responded to in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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.

The inspector observed staff assisting service users to express their views and choices using encouraging and enabling communication methods, service users responded by communicating their views. Staff were aware of each service user's individual communication needs and were observed responding positively and warmly which had the outcome of empowering service users to communicate. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. For example, one care staff member was overheard offering a service user a choice of activity.

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. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

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 Gortin Outreach Centre. 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:

- "Good place."
- "Staff are very good to me. I can talk to them if I wasn't happy about things."
- "I like working in the poly tunnel."

Review of the completed service users' representatives and staff questionnaires asking for opinions on how compassionate the care is, concluded all of the responses were positive.

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.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the day care setting. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities.

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

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. Staff 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.

Review of the completed service users' representatives' questionnaires asking for opinions in regard to the management of the service concluded all of the responses were positive. The service users' representatives confirmed the service is managed well and the manager is approachable, friendly, professional and caring.

Review of the completed staff questionnaires asking for opinions in regard to the management of the service concluded all of the responses were positive. Staff confirmed that the service is managed well, the service is monitored, there are staff meetings and communication between the staff and management is effective.

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 Gortin Outreach Centre which were focused on the needs of service users.

Areas for improvement

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.

Number of requirements	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Niall Campbell, Manager (Acting) 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 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.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 9.5</p> <p>Stated: Second time</p> <p>To be completed by: 30 September 2016</p>	<p>It is recommended that an internet connection should be provided for the centre, to enhance communications and to provide service users with learning opportunities in this aspect of daily living.</p> <p>Response by registered person detailing the actions taken: A minor capital works proforma had been forwarded to Mrs Rosaleen Harkin assistant director of the learning disability programme on the 1/9/15, Mrs Harkin had approved the Minor capital works form on the 4/9/15 are service is still awaiting a date from the estates department as for this work to be completed. A further request has been submitted to estates service on the 12/8/16 requesting this work to be completed ASAP.</p>



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