

Unannounced Care Inspection Report 19 April 2018



Gortin Outreach Centre

Type of Service: Day Care Setting
Address: 63 Main Street, Gortin, Omagh, BT79 8NH
Tel No: 02881648867
Inspectors: Angela Graham and Marie McCann

www.rgia.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 provided care and day time activities for up to twelve service users with a learning disability. The day care setting is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Mr Niall Campbell
Person in charge at the time of inspection: Ms Geraldine McKenna, Senior Day Care Worker Mr Niall Campbell was present for part of the inspection process	Date manager registered: 19 February 2018
Number of registered places: 12	

4.0 Inspection summary

An unannounced inspection took place on 19 April 2018 from 09.40 to 15.30.

This inspection was underpinned by 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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, knowledge and competency in respect to safe care and risk management, valuing and respecting service users' and governance arrangements.

Two areas requiring improvement under the regulations was made in regards to fire safety and the internal environment, specifically flooring. One area for improvement under the standards was made in regards to engagement with service users during the review process.

The findings of this report will provide the day care setting 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	1

Details of the Quality Improvement Plan (QIP) were discussed with Ms Geraldine McKenna, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 4 May 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- unannounced care inspection report 04 May 2017
- incident notifications which evidenced that no incidents had been notified to RQIA since the last care inspection on 04 May 2017
- information and correspondence received from the registered manager and the Western Health and Social Care Trust (WHSCT)

During the inspection the inspectors met with the registered manager, one senior day care worker, one day care worker and four services users.

The following records were examined during the inspection:

- Three service users' care records
- Two staff personnel records
- The day centre's complaints/compliments record from May 2017 to 18 April 2018
- Staff rota information from 19 February 2018 to 13 April 2018
- Minutes of service users' (student council) meetings
- Minutes of staff meetings from October 2017 to February 2018
- Monthly safety checks from June 2017 to March 2018
- A sample of monthly quality monitoring visit reports from June 2017 to March 2018
- Whistleblowing Policy
- Management of Complaints Policy
- Incident Reporting Policy
- The Statement of Purpose April 2018
- The Service Users Guide April 2018

At the request of the inspectors, the registered manager 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.

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

The inspectors would like to thank the registered manager, 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 4 May 2017

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 4 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: : Regulation 26 (2) (d) Stated: First time	The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed: <ul style="list-style-type: none"> • Repaint the identified areas within the day centre (paintwork marked /chipped) • Replace the torn/damaged floor covering on the ground floor of the day centre 	Met
	Action taken as confirmed during the inspection: Inspectors confirmed that the identified areas within the day centre had been repainted. Observation of the environment evidenced that the identified floor covering had not been replaced. The registered manager advised	

	that remedial works to replace the flooring had been approved and were underway, completion of these works is anticipated by late summer 2018.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 9.5 Stated: Third time	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 the aspect of daily living.	Partially met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the provision of internet connection in the area is being explored by the WHSCT. The trust continue to experience difficulty achieving this area of improvement and reported on the connectivity issues currently within the geographical area. Assurance was provided that senior management continue to address this with the trust telecommunications department. This area of improvement is therefore removed from the quality improvement plan and has not been restated in this inspection report.	

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.

Discussion with the registered manager, staff and a review of the staff rota information confirmed that sufficiently competent and experienced persons were working in the day centre to meet the assessed needs of the service users. The duty rota detailed the staff working in the centre, the capacity in which they worked and who was in charge. It also confirmed that at least two members of staff were on duty in the day centre each day. The inspectors recommended that the full name of staff members and the exact hours worked is recorded on every staff rota entry. This will be reviewed during a future care inspection.

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 registered manager 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.

Observation of and discussion with staff on duty evidenced that staff were sufficiently trained, competent and experienced to meet the assessed needs of the service users present. Staff demonstrated a clear understanding of service users' needs and how those needs should be met. A review of staff training records demonstrated that staff had received mandatory training and other training relevant to their roles and responsibilities, such as communication awareness, epilepsy, dementia, and dysphasia and autism awareness. The registered manager advised that refresher Management of Actual or Potential Aggression (MAPA) training is planned for May 2018. Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. These records evidenced that two accidents that occurred in the setting since the last inspection and had been managed appropriately. These records were also forwarded to the WHSCT risk management department for review and audit purposes.

Discussion with registered manager confirmed that no restrictive practices were required for service users. While it was observed that the entrance door to the day centre is locked in order to prevent inappropriate access, the door can be opened from the inside by both staff and service users without restriction.

Records evidenced that staff are required to attend adult safeguarding training updates every two years. The registered manager confirmed that the most recent safeguarding training included the introduction of new regional guidance, namely: Adult Safeguarding Prevention and Protection in Partnership, July 2015 and the associated Operational Procedures September 2016. Discussion with the registered manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff confirmed that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The senior day care worker confirmed that a copy of the regional operational procedures is available to all staff. It was recommended that the induction programme and any other relevant documents are reviewed to incorporate the language within the new regional guidance, Adult Safeguarding Prevention and Protection in Partnership, July 2015.

The inspectors confirmed that systems were in place for managing service users' monies for lunch, activities and outings. Financial records confirmed that they were appropriately reviewed and that receipts were signed by two signatories. These receipts were accurately maintained and issued with an itemised record, of the monies paid and returned to service users and/or their relatives.

There were arrangements in place to ensure that staff are registered with the relevant regulatory bodies of the Northern Ireland Social Care Council (NISCC) or the Nursing and

Midwifery Council (NMC) as appropriate. The registered manager stated that information regarding registration details and renewal dates are maintained by the WHSCT social care governance department who generate an email to the registered manager advising when a staff member's renewal date is pending. Upon receipt of this email the registered manager liaises with staff to ensure that they have taken appropriate action after which renewal details are verified and recorded by the organisation's governance department.

Staff confirmed that they felt care was safe in this setting. Discussion with both staff and service users confirmed that service users have had access to a consistent staff team who have developed a holistic and effective understanding of service users' needs. Staff described how they give consideration to service users' holistic needs, for instance, they observe service users, noting any change in dependency, ability or behaviour and proactively take appropriate measures to promote and ensure the safety and wellbeing of the service user. Staff also demonstrated awareness of the need to continually risk assess to ensure that service users remain safe during outings or while engaging in activities within the setting. They recognised the importance of sharing relevant information with relatives and making referrals to other services/professionals as required. Staff commented on the good working relationships which exist with community support services and how they can access such support for service users. In addition staff had received training in first aid and fire safety.

Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire drills. Fire exits were observed to be clear of clutter and obstruction.

A fire risk assessment was undertaken in February 2017 and in March 2018. The inspectors noted that four recommendations contained within the February 2017 risk assessment had not been actioned and were therefore restated in the March 2018 fire risk assessment. On the day of inspection there was no evidence to demonstrate that the restated recommendations had been addressed. An area for improvement under the regulations in regards to fire safety was made.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, clean, fresh smelling and had suitable lighting. The activity room was noted to be well equipped with service users' craft work on display. Although the environment had been repainted, the floor covering on the ground floor had yet to be replaced. Assurance was provided by the registered manager that replacement of the floor covering had been approved by senior management and arrangements were in place to liaise with contractors to replace the floor covering. The registered manager further stated that completion of these works was anticipated by late summer 2018 and that RQIA would be notified once this renovation work has been carried out.

Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit, the "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall. Staff had effective access to gloves and aprons as required. Staff training records confirmed training has been undertaken with respect to infection prevention and control and Control of Substances Hazardous to Health (COSHH).

Discussion with both services users and staff with regards to the provision of safe care included the following comments:

Service users' comments:

- "I'm safe here. Kathleen is good to me."
- "The centre is always warm and clean."

Staff comments:

- "I really enjoy working here."
- "The training is very good."

Two relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge and competency in respect to safe care and risk management.

Areas for improvement

Two areas requiring improvement was made in regards to fire safety and the internal environment, specifically flooring.

	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 inspectors reviewed the agency'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 is outlined within the Statement of Purpose and Service User Guide. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose and Service User Guide. Service users had access to an easy read format of the Service User Guide with written and pictorial information. This document was noted to have been approved by service users.

A sample of service users care records were reviewed and contained individual service user risks assessments and care plans with details of an individual weekly timetable of activities based on their preferences and goals. A transport assessment and moving and handling assessment was also in place for each service user with evidence of regular review. An easy read care plan with illustrations was also available for service users. These were reviewed regularly and the date of review was documented. It was noted however, that the document was not signed by the staff, service user and/or their representative. Assurance was given by the senior day care worker that this would be addressed. Service users had access to an annual day care review and they were encouraged to decide who they wished to attend the review. However a review of service users' annual care review records highlighted limited detail with regards to service users' views and opinions. The need to ensure that such

information is sought and clearly recorded as part of a person centred annual review process was emphasised. An area of improvement was made in this regard.

Discussion with the senior day care worker and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. It was noted that not all staff signatures on service users' records was legible. Assurances were provided by the senior day care worker that this would be addressed and the need to ensure that all staff documentation remains legible was emphasised. This will be reviewed during a future care inspection.

Staff confidently described how they would escalate any concerns and provided examples of liaison with carers and other professionals to ensure the safety and wellbeing of service users.

Staff demonstrated a sound knowledge of individual services users' needs and behaviours and confirmed that a person centred approach underpinned their practice. They described how they focused on maximising opportunities for the mental and physical stimulation of service users by means of the individual activities programme which is available to the service users. The activities offered to service users also included working with the local college where service users could choose courses which they wished to undertake. This was a good example of how staff were responding to individual service users' needs and preferences and promoted choice. The day centre also maintained a working relationship with the local council to enable service users to avail of health promotion opportunities. In addition, staff described how service users were supported to enjoy walks within the local community in an effort to raise service users' awareness of the benefits arising from exercise and adopting a healthier lifestyle.

The day care setting's Statement of Purpose and Service User Guide provides information on how to make a complaint and the importance of ensuring that service users' opinions and feedback is heard and acted upon. Information is provided to service users regarding their right to advocacy support and the role of the patient client council.

Service users gave positive feedback regarding the activities and opportunities the day centre provided for them. The inspectors observed service users freely accessing their life books and eagerly sharing memories of their experiences and activities in the day centre.

Discussion with both services users and staff with regards to the provision of effective care included the following comments:

Service users' comments:

- "Great place to come. I like the music with Michelle."
- "I like the bus and going out on the bus to the shop."
- "I like the gardening and working in the polytunnel."
- "I go to my review with staff."
- "This is a good place to come and talk with everyone."
- "Everything here is grand; I can't think of anything more we need."

Staff comments:

- “Care plans and risk assessments are reviewed routinely.”
- “We risk assess daily for all activities.”

Two relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to individualised care planning and risk assessments, communication between service users, their relatives and/or representatives, staff and other key stakeholders.

Areas for improvement

An area for improvement under the standards was made in regards to service user participation in annual day care reviews.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with service users, staff and observation of interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence. Service users related positively to staff and each other. The atmosphere was relaxed; there was evidence of genuine warmth between service users and staff and service users moved freely around the day centre.

Discussion with staff demonstrated that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice. Staff acknowledged the need to ensure consent is obtained and that confidentiality is upheld. They discussed how they adapt to ensure consent is obtained with service users who have limited verbal communication. Staff were observed to be attentive to service users and they were able to understand service users with minimal verbal communication through recognition of non-verbal cues and gestures and respond appropriately. Observations of service users taking part in the music activity on the day of inspection showed participation was enthusiastic; staff assessed the need to support the service users and offered choice during the activity to enable them to be fully involved.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. This was evidenced in the planning of visit by the service users to Omagh Fire Station and a celebration meal in a local hotel for one of the services users.

Service users have a monthly meeting which they refer to as the “student council meeting.” Minutes of the meeting are taken by a service user and a review of the minutes evidenced that service users were able to raise issues. Consultation was evidenced with service users regarding the activities they took part in and their suggestions were sought in relation to possible venues for outings.

The registered manager advised that service users were also afforded the opportunity to engage in service user groups within the wider organisation. It was positive to note that the Service User Guide and care plans are provided in an easy read format for service users.

Discussion with both services users and staff with regards to the provision of compassionate care included the following comments:

Service users’ comments:

- “Good place. Staff are nice.”
- “Staff are very good to me, if I needed to talk to anyone about things that bother me I talk to staff.”

Staff comments:

- “I know the clients really well, I’m able to understand what they are trying to communicate, and they are able to make their wishes known.”
- “Clients have choice with agreeing activities and choice of meals.”

Two relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was compassionate.

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, valuing service users and respecting service users’ individual needs, interests and goals.

Areas for improvement

No areas for improvement were identified 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 registration certificate was up to date and displayed appropriately.

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. Discussion with the registered manager confirmed that they had a good understanding of their role and responsibilities under the legislation.

A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the senior day care worker and the registered manager.

There was evidence that staff meetings were held on a monthly basis and records were maintained. The records included the date of the meeting, names of those in attendance, a record of discussion and any agreed actions. It was positive to note that a set agenda item was reading and discussing relevant day care standards. There was also evidence that new or revised policies and procedures were discussed at the monthly meetings.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the senior day care worker and registered manager.

A complaints and compliments record was maintained in the day centre. There had been no complaints recorded since the previous inspection. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided. Discussions with staff confirmed that a robust complaints management process is in place within the setting which is overseen by the WHSCT complaints department. Service users are advised of what they can do if they are not happy with the service within the Service User Guide and the Statement of Purpose. A monthly audit of the complaints and compliments record was undertaken by the registered manager as part of the monthly health check. This was noted to be a comprehensive monthly audit tool which included monitoring of adult safeguarding incidents and referrals, plans for events in the forthcoming month, number of care reviews undertaken, number of visits by independent advocates and audit of staff training, supervision and appraisal in addition to other areas which contribute to the delivery of safe, effective and compassionate care.

The inspectors discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Three quality monitoring reports were examined from November 2017 to March 2018 and found to be satisfactory. The reports adhered to RQIA guidelines and evidenced engagement with service users, staff and professionals, with positive feedback recorded. It was positive to note that each report had a theme to review such as transport and financial management.

The registered manager and staff advised there were a range of policies and procedures in place to guide and inform staff. Policies were maintained in a manner that was easily accessible by staff in the office. The inspectors reviewed a sample of policies and procedures and they were noted to have been updated in accordance with timescales outlined in the minimum standards.

The registered manager has worked collaboratively to date with RQIA as appropriate.

Two relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care was well led in the day centre.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified 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 Geraldine McKenna, 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 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: 31 July 2018</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"> • Replace the torn/damaged floor covering on the ground floor of the day centre <p>Ref: 6.4</p>
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Response by registered person detailing the actions taken:
A minor capital work was submitted on the 31/5/17, estates services costed the replacing of this floor on 5/1/18. This will be completed by autum 2018.

<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall have in place a current written risk assessment and fire management plan which is revised and actioned when necessary or whenever the fire risk has changed.</p> <p>Ref: 6.4</p>
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Response by registered person detailing the actions taken:
Trust Fire Officer carried out a fire risk assessment on 18th May 2018. The centre manager will ensure the fire management plan is revised and actions whenever necessary.

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that service users' views and opinions about their care and support should be included during their annual care review.</p> <p>Ref: 6.5</p>
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Response by registered person detailing the actions taken:
The centre manager has made arrangements for staff to seek the views and opinions from service users about the services being provided by the centre. Information obtained will be included in the service users annual care review. (see memo was sent to all day care units on the 16/5/18).

Please ensure this document is completed in full and returned via Web Portal



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