



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of establishment: Gortin Outreach Centre
Establishment no: 11306
Date of inspection: 04 September 2014
Inspector's name: Margaret Coary
Inspection no: 16582

**The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 544**

1.0 General information

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| Name of centre: | Gortin Outreach Centre |
| Address: | 63 Main Street Gortin Omagh BT79 8NH |
| Telephone number: | 028 8164 8867 |
| E mail Address: | eddie.mccrystal@westerntrust.hscni.net |
| Registered organisation/ registered provider: | Western HSC Trust Ms Elaine Way CBE |
| Registered manager: | Mr Edmund McCrystal |
| Person in charge of the home at the time of Inspection: | Mrs Geraldine McKenna, senior carer |
| Categories of care: | LD, LD(E) |
| Number of registered places: | 12 |
| Number of service users on the day of inspection: | 9 |
| Scale of charges (per week): | £ As per Trust agreement. |
| Date and type of previous inspection: | 04 July 2013 Primary announced inspection |
| Date and time of inspection: | 04 September 2014 10.45-15.00 |
| Name of inspector: | Margaret Coary |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the senior day care staff member
- Discussion with the acting registered manager
- Examination of records
- File audit
- Analysis of three returned staff questionnaires
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation process

During the course of the inspection, the inspector spoke to the following:

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| Service users | 8 |
| Staff | 2 |
| Relatives | 0 |
| Visiting Professionals | 0 |

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

| Issued To | Number issued | Number returned |
|-----------|---------------|-----------------|
| Staff | 3 | 3 |

6.0 Inspection focus

The inspection sought to assess progress since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance statements | | |
|---|--|--|
| Compliance statement | Definition | Resulting action in inspection report |
| 0 - Not applicable | | A reason must be clearly stated in the assessment contained within the inspection report |
| 1 - Unlikely to become compliant | | A reason must be clearly stated in the assessment contained within the inspection report |
| 2 - Not compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 3 - Moving towards compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report |
| 4 - Substantially compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

7.0 Profile of service

Gortin Outreach Centre is held in a small building situated on the main street in the village.

The centre comprises of a kitchen, activity room, office and toilet facilities on the ground floor and a recreational room and a TV room upstairs.

There is a poly tunnel to the rear of the building and this is used for gardening and “can crushing” activities.

The service users also enjoy outreach activities at Omagh each Wednesday and Friday, these include swimming, shopping and coffee and visits to the multi-sensory room at The Omagh Centre.

The service users have lunch at a restaurant across from the centre each day.

Service users come from a 12 mile radius of Gortin village and transport is provided.

8.0 Summary of inspection

This is the report for the primary unannounced inspection of Gortin Outreach Day Centre.

This unannounced inspection was carried out on 04 September 2014 from 10.45 hours to 15.00 hours. The aim of the inspection was to consider whether the services provided to service users were in compliance with legislative requirements and day care minimum standards.

The inspector was made welcome by Mrs Geraldine McKenna, the senior care worker in charge of the centre on the day of inspection.

The inspector explained the inspection process to Mrs McKenna and feedback was given at the end of the process. Mr Niall Campbell, acting manager joined the inspector for part of the inspection.

A completed self-assessment document was submitted for the inspection.

Evidence was validated during the inspection by the following methods:

- Review and scrutiny of a variety of records pertaining to each standard.
- Discussion with the acting registered manager and the senior day care staff member.
- Discreet observation of staff/service user interaction throughout the inspection process.
- Discussion with eight service users.
- Examination of three completed staff questionnaires.
- Verbal contribution from two staff members in relation to any other information that was requested.
- Tour of the premises.

The inspection sought to assess progress since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and themes for this year.

The inspector did not examine Theme 1 as restrictive practise is not used in this day centre, however, the inspector confirmed that appropriate policies and procedures were in place regarding Challenging Behaviour.

Standards inspected:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

The centre have appropriate policies and procedures in place which are accessible and available to staff, some examples of these were; Records Management, Consent for Accessing of Service Users files and case notes, Assessment, Care planning and Review, Day Care Communications Policy, Data Protection and Confidentiality and Staff Guidance on Confidentiality and Procedure for disposal of Confidential information.

The inspector had discussions with two staff members about their practise and opinions regarding Confidentiality and the management of service users' personal information. The inspector was satisfied that both staff members were informed and aware of their roles and responsibilities in this regard.

The inspector examined three service users' files and found that information was clear, detailed and person centred and reflected that Human Rights were respected at all times. The files evidenced good communication with other professionals and risk assessments and care plans were detailed and informative.

The inspector noted that whilst the centre has good systems in place for reporting incidents through to the Trust, communications are not sent through to RQIA. The inspector has made one requirement to ensure that all incidents and accidents are reported to RQIA.

The centre has achieved a substantially compliant level of achievement for Standard 7.

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The inspector found that there were robust arrangements in place to support and promote the delivery of quality care services and the acting manager and staff work well as a team to ensure best outcomes for service users.

Staff have been working at the centre for over ten years and demonstrated that they were experienced and skilled in their caring roles.

Observation of training records confirmed that mandatory training is up to date. The returned questionnaires reflected that staff are happy with training and ongoing managerial support, however, the inspector did note that one staff member who works "as and when" did sometimes miss out on additional training. The inspector has made a recommendation in this regard.

The inspector has made two recommendations from this theme, one regarding a competency and capability assessment for the staff member who has responsibility for the running of the centre in the absence of the acting manager and the second in relation to ensuring that training is available for those staff who work on an “as and when” basis.

The centre has attained a substantially compliant level of achievement for Theme 2.

Environment

The inspector toured the premises and found the facility to be welcoming, clean and comfortable.

Staffing

There were sufficient staff on duty to meet the needs of members and the duty rota reflected that staffing was satisfactory. The inspector observed staff to be caring and supportive and members were relaxed and comfortable in their surroundings.

There were three completed staff questionnaires and these reflected that staff were satisfied and positive about the centre and the training and supervision according to their individual roles.

There were eight service users present on the day of inspection. The inspector spent some time chatting with the service users as a group and they were excited to talk about their day centre, some were happy to show her their gardening project which is held in the poly tunnel at the rear of the building.

The inspector noted that the service users were happy and smiling and all obviously enjoy the day care experience.

The inspector commends the manager and staff for their ongoing encouragement and dedication which has enhanced and improved the lives of the service users at Gortin Outreach.

The inspector has made one requirement and two recommendations from the standard and theme inspected.

The inspector wishes to thank the staff and members for their cooperation and assistance with the inspection process.

9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 04 July 2014

| No. | Regulation Ref. | Requirements | Action taken - As confirmed during this inspection | Inspector's validation of compliance |
|-----|-----------------|--|--|--------------------------------------|
| | | No requirements were made as a result of this inspection | | |

| No. | Minimum Standard Ref. | Recommendations | Action taken - As confirmed during this inspection | Inspector's validation of compliance |
|-----|-----------------------|---|--|--------------------------------------|
| | | No recommendations were made as a result of this inspection | | |

10.0 Inspection Findings

| Standard 7 - Individual service user records and reporting arrangements: | |
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| Records are kept on each service user's situation, actions taken by staff and reports made to others. | |
| Criterion Assessed: | COMPLIANCE LEVEL |
| 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people. | |
| Provider's Self-Assessment: | |
| The legal and ethical duty of confidentiality, in respect of service user's personal information is maintained at Gortin Outreach Centre by adhering to WHSCT Policy/Procedure in Confidentiality and abiding by the principals of Data Protection and DHSSPS code of practice 2009 on protecting the confidentiality of service users. Staff within the centre have attended training in the areas of Data Protection/Confidentiality and Information Governance and Records Management | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| <p>The inspector confirmed that the centre had appropriate policies and procedures in place, examples of some of these included; Data Protection and Confidentiality Policy, Records Management, Consent for Accessing of Service User files, Staff Guidance on Confidentiality Incident Reporting Policy and Procedure, Assessment, Care planning and Review, Communications Policy, Human Rights;(Consent what you have a right to expect for people with Learning Difficulties and their Carers).</p> <p>This information was accessible for staff consultation and two staff confirmed that they would consult the policies and procedures for guidance.</p> <p>The inspector examined a selection of three files. The records reflected that information was recorded in line with guidance and all conveyed a person centred ethos ensuring that individual circumstances were included and appropriate risk assessments and follow-up information recorded in care plans. The inspector talked with two staff members, both commented on the importance of ensuring confidentiality within a small community.</p> <p>The inspector was satisfied that they were fully aware of the importance of confidentiality and their role regarding</p> | Complaint |

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| <p>quality recording and the management of service user information. The inspector noted that the Service Users Guide included information regarding confidentiality of service user records, personal information and access to records. The inspector found that the Statement of Purpose and the Service Users Guide reflected that the members’ human rights were considered at all times.</p> <p>The inspector concluded that recording practises and storage of information were reflective of current national guidelines.</p> | |
| <p>Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p> | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment:</p> | |
| <p>At Gortin Outreach Centre service users have access to their case notes/records as and when required, through advocacy meetings and at Person Centred Planning Meetings. Service user or their representative consent has been obtained for access to case records/notes and a copy is held in service user file. A record of all requests for access to individual case notes/records is maintained detailing, date of access,by whom, reason and outcome of access. Service users and or representatives are made aware of access sought.</p> | Moving towards complian |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>The inspector looked at policies and procedures relating to access to records and found that these were relevant and accessible for staff guidance. Some examples were Protocol for the electronic Transmission of Confidential Information, Internet Policy, and Code of Practise on Protecting the Confidentiality of Service Users, Policy on Consent for Accessing Service User files and Case notes.</p> <p>The inspector talked with two staff members and was satisfied that they understood the proper process to follow regarding access to records.</p> <p>The inspector noted that the centre maintain a record for accessing of service user files and case notes.</p> | Complaint |

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| <p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment:</p> | |
| <p>Individual person centered case notes from referral to closure, related to care and services provided within Gortin Outreach Centre are maintained for each service user. Notes contain information/documentation as per standard 7.4</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> <p>The inspector looked at a selection of three files, the inspector found that the records were person centred, detailed and informative incorporating communications and advice from allied health professionals.</p> <p>The inspector was pleased to note that information was regularly reviewed and appropriately signed off. The inspector also looked at a selection of monitoring inspection records and found that working practises were looked at as part of the monitoring visit.</p> <p>The inspector noted however, that whilst the centre report accidents and/ or incidents through to the Trust these are not referred to RQIA. There is a requirement in relation to this.</p> | <p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p> |

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| The inspector has made a requirement in relation to this. | |
| Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case. | COMPLIANCE LEVEL |
| Provider's Self-Assessment: | |
| A meaningful entry is made for each service user at least every five attendances when no recordable event has occurred. When a recordable event has occurred, this is documented on that day. | Compliant |
| Inspection Findings: | COMPLIANCE LEVEL |
| The inspector confirmed that regular entries were made for each service user in keeping with the standard. | Compliant. |

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| <p>Criterion Assessed:</p> <p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. | COMPLIANCE LEVEL |
| <p>Provider's Self-Assessment:</p> <p>All staff are made aware of and adhere to Trust and centre Policy/Procedure pertaining to matters which need to be reported or referrals made. This is also discussed during staff meetings, supervision sessions as appropriate, person centered planning meetings, Multi disciplinary team meetings and core group meetings. Staff also receive training on a yearly basis relating to incident reporting, Safeguarding of Vulnerable Adult issues and Complaints management.</p> | Compliant |
| <p>Inspection Findings:</p> <p>The inspector found that the files examined reflected that appropriate referrals were made to other professionals and advice recorded and followed up in assessments and care plans.</p> <p>The inspector confirmed that there were appropriate policies and procedures in place in relation to reporting, however, the inspector has made a previous requirement in relation to reporting of accidents and incidents to RQIA as stated in the Day Care Regulations. This was discussed with the staff and senior day care worker.</p> | COMPLIANCE LEVEL Substantially compliant |

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| <p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p> | |
| <p>Provider’s Self-Assessment: All records are legible ,accurate,up to date, signed and dated by the staff member making the entry. All records are periodically reviewed/audited by centre manager and SDCW and signed off. Records will also be reviewed during monthly service health checks. Service health checks have been recently common practice within the facility. A selection of service user files are audited monthly</p> | Compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>The inspector found that records were legible, accurate and up to date and signed appropriately.</p> | Compliant |

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| <p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Compliant</p> |
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| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Substantially Complaint</p> |
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| Theme 1: The use of restrictive practice within the context of protecting service user’s human rights | |
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| Theme of “overall human rights” assessment to include: | |
| <p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p> | COMPLIANCE LEVEL |
| Provider’s Self-Assessment: | |
| <p>Within Gortin Outreach Centre physical restraint is not used. Measures are in place to ensure the safety and welfare of each service user; eg Lap belts on wheelchairs and Seat belts while on buses. Staff have been apraised of the WHSCT policy on Restrictive Practice March 7th 2014. Restrictive intervention training is now planned for later part of 2014</p> | Substantially compliant |
| Inspection Findings: | |
| <p>Not inspected on this occasion.</p> | Not applicable |

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| <p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment:</p> <p>On any occasion on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. The details will then be reported to RQIA as soon as is practicable through form 1a statutory notificationof events form.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | <p>COMPLIANCE LEVEL</p> |
| <p>Not inspected on this occasion.</p> | <p>Not applicable</p> |

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| <p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Compliant</p> |
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| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL</p> <p>Not inspected on this occasion.</p> |
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| Theme 2 – Management and Control of Operations | COMPLIANCE LEVEL |
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| <p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p> | |
| <p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p> | |
| <p>Provider’s Self Assessment:</p> | |
| <p>The registered manager ensures that at all times, taking into account the size of the day care setting, the statement of purpose and number and needs of service users, that there are suitably qualified ,competent and experienced persons working in the day care setting, in such numbers as are appropriate for the care of service users. In Gortin Outreach Centre there is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | <p>COMPLIANCE LEVEL</p> |
| <p>The inspector looked at the Statement of Purpose and confirmed that the management structure was included.</p> <p>The inspector verified that there is a defined management structure in place, the current manager is on sick leave and Mr Niall Campbell is acting in his absence. The inspector verified that the acting manager was experienced and competent in the role.</p> | <p>Substantially compliant</p> |

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| <p>The inspector talked with Mrs Geraldine McKenna the staff member who has responsibility for the centre in the absence of the manager and was satisfied that she was aware and informed of her responsibilities; however, found that she has not completed a competency and capability assessment. The inspector has made a recommendation that a competency and capability assessment is carried out and maintained in the staff members’ file.</p> <p>The inspector also viewed the staff training record and noted that there had been a variety of training over the last 12 months some of which included training on Challenging Behaviour, Mappa Training and all mandatory training.</p> <p>The inspector talked with two staff members and verified that staff supervision is held on a regular basis and that staff appraisals have taken place.</p> <p>The inspector noted that Regulation 28 visits reflected that staffing was inspected and recorded as part of the inspection.</p> <p>The inspector also examined a number of copies of the staff duty rota and found that the rota was outlined in accordance with guidelines and there were sufficient staff on duty at all times. This was confirmed in discussion with two staff members.</p> | |
| <p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised | COMPLIANCE LEVEL |
| <p>Provider’s Self-Assessment:</p> | |
| <p>At Gortin Outreach Centre the Senior Day Care Worker, Day Care Worker receive supervision on a monthly basis. Care assistant staff receive supervision every 3 mths. Staff appraisals take place yearly.</p> | Substantially compliant |
| <p>Inspection Findings:</p> | COMPLIANCE LEVEL |
| <p>The inspector verified that staff have supervision on a regular basis and that staff appraisals have taken place. This was confirmed through discussion with two staff members and observation of staff supervision/appraisal records and returned staff questionnaires.</p> | Compliant. |

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| <p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work | <p>COMPLIANCE LEVEL</p> |
| <p>Provider’s Self-Assessment:</p> | |
| <p>Staff at Gortin Outreach Centre are suitably qualified or trained and have skills and experience necessary for such work Staffing at Gortin is as follows. 1xBand 7 Day Service Manager 37.5 Hrs (Based in Omagh) 1xBand 5 SDCW 37.5 Hrs (Based in Omagh) 1xBand 5 DCW 37.5Hrs 1xBand 3 Care Assistant 37.5 Hrs</p> | <p>Compliant</p> |
| <p>Inspection Findings:</p> | |
| <p>The inspector examined staff records and verified that staff had the relevant qualifications and training. The inspector talked with two staff both of whom stated that they could ask for additional training and it would be provided. The inspector was satisfied that both staff were experienced and knowledgeable and this had positive outcome for those in their care.</p> | <p>Compliant</p> |

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| <p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Substantially compliant</p> |
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| <p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p> | <p>COMPLIANCE LEVEL Substantially compliant</p> |
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11.0 Additional areas examined

The inspector looked at the complaints record and confirmed that this was maintained in accordance with guidelines.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Geraldine McKenna, senior carer, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Margaret Coary
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



The Regulation and
Quality Improvement
Authority

QUALITY IMPROVEMENT PLAN
PRIMARY UNANNOUNCED INSPECTION
GORTIN OUTREACH CENTRE

4 SEPTEMBER 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Geraldine McKenna, senior carer** either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

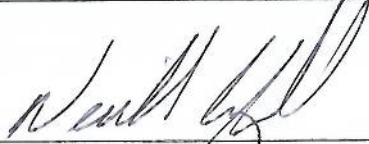
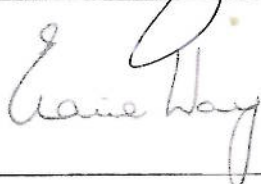
| No. | Regulation reference | Requirements | Number of times stated | Details of action taken by registered person(s) | Timescale |
|-----|----------------------|---|------------------------|---|-----------|
| 1 | 29 1(d) | All accidents and /or incidents to be reported to RQIA. | One | Staff and registered manager/senior daycare worker will ensure accidents and/or incidents are reported. | On-going |

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

| No. | Minimum Standard reference | Recommendations | Number of times stated | Details of action taken by registered person(s) | Timescale |
|-----|----------------------------|--|------------------------|---|--------------|
| 1 | 20.(1) 17.1 | A competency and capability assessment should be carried out on the senior staff member acting in the absence of the manager. This should be retained in the staff members file. | One | Competency and capacity assessment for senior day care worker has taken place and is held in Geraldine McKenna's personal file. | One month |
| 2 | 21.4 | The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them. | One | Training plan in place for 2014/15. | Three months |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|--|--|
| Name of Registered Manager Completing Qip |  |
| Name of Responsible Person / Identified Responsible Person Approving Qip |  |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|--|-----|-----------|------|
| Response assessed by inspector as acceptable | | | |
| Further information requested from provider | | | |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|------------------|------------------|
| Response assessed by inspector as acceptable | Yes | Maire Marley | 08 December 2014 |
| Further information requested from provider | | | |