



The Regulation and
Quality Improvement
Authority

Inspector: Dermott Knox
Inspection ID: IN023457

Gortin Outreach Centre
RQIA ID: 11306
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**Unannounced Care Inspection
of
Gortin Outreach Centre**

17 August 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 17 August 2015 from 10.30 to 15.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/ Enforcement Taken Following the Last Inspection

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

1.2 Actions/ Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

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

2. Service Details

Registered Organisation/ Registered Person: Elaine Way CBE	Registered Manager: Niall Campbell
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Arlene Coleman, DCW, initially, and then Mr Niall Campbell.	Date Manager Registered: Acting
Number of Service Users Accommodated on Day of Inspection: 8	Number of Registered Places: 12

3. Inspection Focus

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

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

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

4. Methods/ Process

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

Prior to inspection the following records were analysed:

- The statement of purpose
- The service user guide
- Record of incidents
- Report of the previous inspection
- Record of complaints
- A questionnaire completed by the manager

During the inspection, all eight service users talked with the inspector, describing their activities and the things that they enjoyed about attending the centre. Two staff members were on duty throughout the day and took time, individually, to discuss a wide range of matters relating to the inspection focus and other issues relevant to the operation of the centre and the provision of good quality care to service users. No family members or visiting professionals were present during the inspection. Staff's interactions with service users were observed during several periods in the course of the inspection.

The following records were examined during the inspection:

- Three files of service users' records, including assessments and care plans
- Two records of staff training
- Two records of staff supervision
- Two records of service user meetings
- Complaints record, which noted one complaint since the previous inspection
- The record of incidents
- Three Monthly Monitoring Reports
- The policy on Safeguarding vulnerable adults
- The policy on Whistleblowing
- The policy on Staff Supervision and Appraisal
- Guidelines for lone working (WHSCT).

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 04 September 2014. The completed QIP was returned and approved by the specialist inspector.

Areas to follow up were those set out in Paragraph 5.2, below.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 29 1 (d)	All accidents and/ or incidents to be reported to RQIA.	Met
	Action taken as confirmed during the inspection: The manager and the staff member in charge were clear in their understanding of events that must be reported to RQIA and/or other agencies.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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.	Met
	Action taken as confirmed during the inspection: The senior day care worker, who called at the centre in the afternoon, has responsibilities across three day centres. She confirmed that she had carried out a competence and capability assessment with the day care worker, who is usually in day to day charge of Gortin Outreach Centre.	
Recommendation 2 Ref: Standard 21.4	The training needs of individual staff for their roles and responsibilities are identified and arrangements are in place to meet them.	Met
	Action taken as confirmed during the inspection: Well-detailed records of staffs' training were kept in the centre, which verified the range of mandatory and other relevant training undertaken by staff. Training events were spread across the operational year and were scheduled to be completed by the end of March 2016. The records included written evaluations by staff members, of each training event attended.	

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

Is Care Safe?

Service users' personal records provided evidence of the consideration of personal care needs where relevant, though no current service users had any identified continence care needs. Staff members confirmed their confidence in following procedures for personal care provision, if necessary, and in respecting a service user's privacy and dignity. Review records for a sample of three service users showed that all relevant care matters had been addressed appropriately and to the satisfaction of a relative and/or a relevant professional.

Facilities for service users were good and were found to be clean and well maintained. Two staff members, who each completed a questionnaire during the inspection, confirmed that they were appropriately trained for personal care work and were supplied with adequate personal protection equipment. Two service users, who completed questionnaires, indicated that they were very satisfied that the service provided safe, effective and compassionate care. In discussions during the inspection, three service users confirmed that they had access to the facilities that they needed and that they liked the staff who worked with them.

The evidence examined during this inspection indicated that safe care was being provided.

Is Care Effective? (Quality of Management)

The day care worker stated that the centre did not have a written policy for continence promotion and the manager later confirmed that it is currently being developed by the Trust. At the time of the inspection, there was no service user who had assessed needs with regard to continence promotion. A policy on continence promotion is listed in Appendix 2 of the Minimum Standards for Day Care Settings, as necessary for each day care facility to hold and the WHSCT should ensure that a satisfactory policy is made available. As stated above there is no specific need currently for continence promotion and support in the day centre but there was evidence from discussions with staff and from written records to confirm that the care provided met other identified needs. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant and up to date.

Monitoring visits and reports were being completed regularly by peer managers from other Trust facilities. The monitoring officer usually met with a number of service users and with staff to ascertain their satisfaction with service outcomes and the operation of the centre and a sample of records was examined on each of these visits.

Is Care Compassionate?

Staff members, who were interviewed, emphasised the importance of understanding each person's individual needs and preferences with regard to day care and confirmed their confidence in the compassionate care practices of each of their colleagues. Observations of staffs' interactions with service users, throughout the inspection period, presented evidence of good quality compassionate care being delivered.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

There was written evidence to show that staff members were appropriately qualified and experienced in their designated roles. Both the manager and the day care worker have many years' experience in social care roles. Each of the staff, who met with the inspector, confirmed that they were confident in the practice of other members of the staff team.

Evidence from discussions and in written records indicated a high level of consultation with members and their representatives regarding their care plans and the programmes in which they participate. Meetings of the service user group were held every two months and records of these meetings indicated that service users were regularly encouraged to contribute their views.

A number of service users were keen to engage in the inspection process and spoke of their enjoyment in having friends at the centre and of taking part in a wide range of activities. The evidence confirmed that the service provided is safe, effective and compassionate with regard to this standard.

Is Care Effective? (Quality of Management)

The centre and the WHSCT have quality assurance systems in place, through which policies and procedures are reviewed and updated, the centre's operations are monitored and staffs' practice and performance is evaluated. Annual reviews evaluate the suitability of each placement. The manager and the senior day care worker were well informed on all aspects of the work in progress with each of the service users who attend the centre. Monitoring arrangements put in place by the Trust were satisfactory in terms of their regularity and the feedback from service users, relatives and staff members who were asked for their views. Two monitoring reports were examined and were found to address the required range of issues in good detail. Each monitoring report identified any improvement actions that needed to be taken and progress on these matters was checked at the subsequent monitoring visit. The manager confirmed that training on specific aspects of assessed needs, such as understanding epilepsy, had been provided and staff presented as being confident in providing support in all necessary aspects of the care service.

Three service users' files were examined and found to be well organised and to contain all of the required information. A record was kept of each service user's involvement and progress. Records were regularly audited by the manager and were sampled by the monitoring officer during monthly visits. Staff are commended for maintaining good quality records for the service users who attend the centre.

Observation of activities and the associated written records indicated that service users enjoyed fulfilling and rewarding activities, both within the centre and in various social outings, including to retail centres and leisure/ educational venues. Within the centre there was well organised and supported involvement in gardening, which service users engaged in enthusiastically. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and encouraging the sharing of their observations and opinions.

Is Care Compassionate? (Quality of Care)

There was a positive atmosphere amongst service users and staff members, who presented as being very committed to ensuring the best possible outcomes from their work. In all of the interactions observed, service users were engaged with warmth, respect and encouragement. Service users and staff continue to have lunch each day in a local restaurant where they are well known and well received.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend. The management and staff are commended for their commitment to positive outcomes for service users.

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

5.5.1. Activities for service users

The centre has a computer in the main activity room, but this has limited interest for service users, as there is currently no internet connection in the centre. Availability of internet connection would enhance both the activity range and the communication and learning opportunities for service users and staff members. A recommendation for this is included in the Quality Improvement Plan.

5.5.2. Recording practices

Centre staff complete a daily tick-box activity record sheet, in addition to both the pictorial and written timetables that are available in each service user's file and the written progress notes that are routinely completed for each person. This recording duplication does not appear to add usefully to accounts of the individual's activities and the time taken to complete it could be better used to support the actual activities in progress.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

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

The registered person/ manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/ manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any

future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

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

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

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

Quality Improvement Plan

Statutory Requirements

No requirements were made at this inspection.

Recommendations

Recommendation 1
 Ref: Standard 18.1
 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.

Stated: First time

To be Completed by:
 31 October 2015

Response by Registered Person(s) Detailing the Actions Taken:
 Lack of policy in this area has been identified and discussions have taken place with the Trust's Continence Team for the development of a policy.

Recommendation 2

Ref: Standard 9.5

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. (Ref:5.5.1)

Stated: First time

To be Completed by:
 30 November 2015

Response by Registered Person(s) Detailing the Actions Taken:
 A minor capital works form has been completed and sent to Rosaleen Harkin, Assistant Director for Adult for learning disability.

Recommendation 3

Ref: Standard 9.5

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. (Ref:5.5.2)

Stated: First time

To be Completed by
 30 September 2015

Response by Registered Person(s) Detailing the Actions Taken:
 A memo has been forwarded to all units within the service to inform staff of this recommendation. Manager and Senior Day Care Workers will work with each staff to manage this change.

Registered Manager Completing QIP	<i>Wendy Liffitt</i>	Date Completed	<i>1/9/15</i>
Registered Person Approving QIP	<i>Gaie Day</i>	Date Approved	<i>9.9.15</i>
RQIA Inspector Assessing Response	<i>Janet Keen</i>	Date Approved	<i>06.10.15</i>

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

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to day.care@rqia.org.uk from the authorised email address