

Unannounced Care Inspection Report 6 and 13 April 2017



The Omagh Centre

Type of service: Day Care Service
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Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Omagh Centre took place on 6 April 2017 from 10.20 hours to 16.30 hours and 13 April 2017 from 10.00 hours to 14.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection The Omagh Centre was found to be delivering safe care. There was positive feedback from seven service users about the delivery of safe care in the day centre. All staff members who were interviewed demonstrated a good understanding of safeguarding procedures. Staff members confirmed their confidence in the caring qualities and commitment of their colleagues and were confident that poor practice would be challenged and reported by team members. Observations of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

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

A requirement has been made in regard to the environment.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was safe. No issues or concerns were raised or indicated.

Is care effective?

On the day of the inspection it was established that the care in The Omagh Centre was effective. Observations of staff interactions with service users and discussion with seven service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports to verify that there are effective outcomes of the day care service in terms of benefits for service users. Staff demonstrated a high level of commitment to ensure service users received the right care at the right time. Staff spoken with understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was effective. No issues or concerns were raised or indicated.

Is care compassionate?

On the day of the inspection The Omagh Centre was found to be delivering compassionate care. The inspection of records, observations of practice and discussions with staff and seven service users confirmed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user.

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

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was compassionate. No issues or concerns were raised or indicated.

Is the service well led?

On the day of the inspection there was evidence of effective leadership and management in The Omagh Centre and a culture focused on the needs of service users. Documents and records demonstrated there were clear arrangements in place to promote quality improvement throughout the setting. Staff confirmed that they were well supported in their roles and that good training is provided.

A requirement has been made in regard to the reporting of incidents in line with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the service was well led. No issues or concerns were raised or indicated.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Niall Campbell, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 07/06/16.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust, Elaine Way, CBE	Registered manager: Niall Campbell (registration pending)
Person in charge of the service at the time of inspection: Niall Campbell	Date manager registered: Niall Campbell, application received - registration pending.

3.0 Methods/processes

Prior to inspection the following records were analysed:

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

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

- Discussion with the manager
- Discussion with the administrative officer
- Discussion with nine care staff
- Discussion with seven service users
- Examination of records
- File audits
- Evaluation and feedback

The manager was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Three staff, three relatives and five service users' 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 records
- Accident/untoward incident record
- Staff roster
- Staff supervision and appraisal records

- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Sample of activity records
- Minutes of three staff meetings
- Minutes of three service user meetings
- Three monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 06/10/2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 07/06/2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.5 Stated: Second time	The registered person should develop a more detailed and comprehensive policy and guidance on continence/incontinence care, with reference to current best practice.	Met
	Action taken as confirmed during the inspection: Discussion with the manager confirmed that a continence promotion policy had been developed. A continence promotion policy was available in the day care setting on the days of inspection.	

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 roster for weeks commencing 20 March 2017 until 4 April 2017 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. The staffing numbers and allocation of staff to roles and responsibilities was discussed with staff on duty during the two day inspection.

The staff described who was in charge in their area and the discussion provided assurance the service users' needs in each of the settings were being met by allocated staff or the staff group. These arrangements ensured the service users care plans and identified needs were being met.

Observation, discussion and inspection of the staff roster provided evidence there was sufficiently qualified, competent and experienced persons working in the centre to meet the assessed needs of service users on the days of the inspection. The staff distribution arrangements across this large setting took into account the size and layout of the premises, the number of service users and the service users care and support needs.

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.

Review of a completed induction record and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

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

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, first aid, moving and handling and dementia training.

During the inspection the staff detailed arrangements in place if they needed to seek support or advice; this ranged from daily discussions with the team, supervision with their senior to contacting the manager. Staff confirmed they had all worked well together to ensure service users' needs were met safely in the day care setting. Staff confirmed they had undertaken training to ensure their practice was safe regarding moving and handling, safeguarding and responding to behaviour.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. In summary the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. A number of areas within the day centre required repainting as the paintwork was marked and chipped. A requirement has been made in this regard. 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.

Five service users completed questionnaires for this inspection. These service users confirmed that they felt safe in the setting. These service users also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were worried about someone being treated badly. The service users reported the setting is comfortable and they knew what to do if the fire alarm sounded.

Three relatives returned questionnaires to RQIA post inspection. The relatives identified that they were very satisfied with the safe care in The Omagh Centre. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative’s needs and that they would report concerns to the manager.

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

Areas for improvement

One area of improvement was identified regarding repainting a number of areas within the day centre as the paintwork was marked and chipped.

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

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

Review of elements of three service users’ care records showed there was multi-professional input into the service users’ health and social care needs assessment. For example behaviour specialists, speech and language professionals and other medical professionals had contributed to assessing needs and were part of formulating a plan to meet these identified needs. The needs were clearly described and transferred into a comprehensive care plan. Discussion with staff regarding implementation of the care plans provided assurance they knew each individual’s needs. This knowledge was used successfully to communicate and engage with service users. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in The Omagh Centre.

Care recording for every five attendances was being maintained in the three care records inspected.

Review of elements of three service users’ care records confirmed annual reviews of the individual’s day care placement had taken place in the previous year. There was written evidence in review reports to verify that there are effective outcomes of the day care service in terms of benefits for service users.

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, accidents/incidents, complaints, supervision, appraisal 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, care 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 and each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the manager and review of records evidenced that service user meetings were generally held monthly. The last meeting was held on 8 March 2017 and minutes were made available.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Five service users' completed questionnaires. These service users confirmed that they were getting the right care at the right time and staff were communicating well with them. They also confirmed that their choices are listened to and they choose the activities they take part in. The service users reported that they had been involved in the annual review of their day centre placement.

Three relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were very satisfied with the effective care. They stated that their relative gets the right care, at the right time, in the right place. They also confirmed that they are satisfied with communication with staff, their awareness of their relative's needs, preferences and choices and that these are incorporated into the care they receive and that they are involved in their relative's annual review.

Three staff members returned questionnaires to RQIA post inspection. The staff members confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

Areas for improvement

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?

The manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

The Omagh Centre meets the needs of service users who have a learning disability, some who could take part in activities with little staff support; other service users required a higher level of staff support and a more restricted environment. Staff were observed enabling and empowering all service users to take part in activities. Discussion with staff revealed the key to achieving good outcomes was in the planning and responding to each individual's needs by providing person centred care. Observation of staff provided examples of staff promoting service users' independence, equality and choice when undertaking their activity schedule.

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 e.g. music session, computer session and arts and crafts. Observations of service users taking part in activities showed participation was good.

A review of activity records was undertaken and confirmed an extensive range of person centred activities including drama, cookery / baking, woodwork and gardening. Activities enjoyed within the local community included courses through the local college and sports programmes facilitated by the local council. Service users were also provided with a range of day trips / outings including visits to local hotels, shopping trips and theatres.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

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

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices.

Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

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:

- "This is a very good centre."
- "Staff are very kind to me. I feel they listen to what I have to say."
- "We went out to a hotel yesterday for our dinner. It was a lovely day."
- "Good place."
- "We have meetings and talk about what we would like to do and where we would like to go on trips."
- "The food is very nice."

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

Three relatives returned questionnaires to RQIA post inspection. The relatives confirmed that they were very satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

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

Areas for improvement

No areas for improvement were identified during the inspection.

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

The manager was present on the days of inspection and visible in the day care setting. The manager was observed communicating with service users regarding their wellbeing.

The manager provided examples of management and governance systems that were in place which ensured the setting was safe, well managed and service users' needs are met in compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards 2012. Examples included the bimonthly monitoring visits, supervision arrangements, the management of training and audit arrangements.

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.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

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

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

Discussion with the manager confirmed that staff meetings were held bimonthly, and records verified this. The last meeting was held on 8 March 2017 and minutes were available. The previous staff meeting had been undertaken on 21 January 2017. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

The manager confirmed that no complaints were received since the previous care inspection on 7 June 2016. Compliments records were also recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 3 March 2017. Three monitoring reports were reviewed from October 2016 to March 2017. The monitoring officer reported on the conduct of the day care setting and any improvements required were put into an action plan.

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

The inspector reviewed a sample of accident and incident records. Review identified two incidents that had not been reported to RQIA in line with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007. A requirement has been made to address this issue.

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

Five service users' questionnaires confirmed that the service was managed well. The service users also confirmed that staff had responded well to them and they are asked what they would like to do in the setting. The service users stated that they knew the manager and could talk to the manager if they had any concerns.

The returned relatives questionnaires confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide.

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

Areas for improvement

One area of improvement was identified regarding the reporting of incidents in line with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Niall Campbell, manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2017</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 issue must be addressed:</p> <ul style="list-style-type: none"> • Repaint the identified areas within the day centre (paintwork marked / chipped).
	<p>Response by registered provider detailing the actions taken: A request to Estates Service was made on the 28/4/17. Estates Services carried out an assessment of works on 2/5/17 and we currently await completion of works.</p>
<p>Requirement 2</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 20 April 2017</p>	<p>The registered person shall give notice to the Regulation and Improvement authority without delay of the occurrence of -</p> <p>(a) the death of any service user in the day care setting, including the circumstances of his death;</p> <p>(b) the outbreak in the day care setting of any infectious disease which in the opinion of any general medical practitioner is sufficiently serious to be so notified;</p> <p>(c) any serious injury to a service user in the day care setting;</p> <p>(d) any event in the day care setting which adversely affects the wellbeing or safety of any service user;</p> <p>(e) any theft or burglary in the day care setting;</p> <p>(f) any accident in the day care setting;</p> <p>(g) any allegation of misconduct by the registered person or any person who works in the day care setting.</p> <p>(2) Any notification made in accordance with this regulation which is given orally shall be confirmed in writing within 3 working days of the oral report.</p>
	<p>Response by registered provider detailing the actions taken: Regarding 2 incidents - 1 in Nov 16 and the other in Feb 17. Both these incidents were logged on the Omagh Centre system but no confirmation 'pop up' response was received from the RQIA system. This requirement has been actioned through a review of incident reporting at Omagh Centre. As an outcome all incidents will be logged through one IT source and a confirmation pop up response when received, will be printed and stored in an incident sent file within the main office of Omagh Centre.</p> <p>All other incidents during this period had received a 'pop up' response from RQIA.</p>



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