

Unannounced Care Inspection Report 07 June 2016



THE OMAGH CENTRE

Type of Service: Day Care Setting
Address: 4a Deverney Road, Omagh, BT79 0JJ
Tel No: 028 8224 4001
Inspector: Dermott Knox

1.0 Summary

An unannounced inspection of The Omagh Centre took place on 07 June 2016 from 10.45 to 16.30.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding procedures were understood by staff who were interviewed. Observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. Detailed risk assessments were being carried out routinely in an effort to minimize risks. Evidence presented at this inspection indicated that safe care is provided in The Omagh Centre.

Is care effective?

Well-structured and detailed assessments and care plans for each service user contributed to the delivery of effective care for those service users whose circumstances and records were examined at this inspection. Positive outcomes were noted for service users and good quality care was affirmed by all of the questionnaire respondents. Staff were deployed in a manner that made good use of their skills and experience and enabled the unit teams to function efficiently and effectively. Evidence presented at this inspection indicated that effective care is provided in The Omagh Centre.

Is care compassionate?

There was strong evidence of compassionate care being provided in the centre, including the respectful and caring tones of interactions between staff members and service users and the discrete manner in which personal care and confidential matters were dealt with. The caring practices that were observed were also reflected in progress records, staff meeting minutes and review reports. Several staff members spoke highly of the qualities of their colleagues. Two service users commented positively on their enjoyment of attending the centre. Evidence presented at this inspection indicated that compassionate care is provided in The Omagh Centre.

Is the service well led?

The centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. New staff work through a detailed induction programme and are supervised and supported closely in their first weeks. One student, currently on placement, confirmed that he has a clear placement plan and is well supported. Evidence from discussions with staff indicate that the acting manager has positive working relationships with members of the staff team and that they, in turn, have the confidence and support of their colleagues. Positive outcomes for five service users in the centre were evident from their records and reflect good working practices. Evidence presented at this inspection indicated that The Omagh Centre's service is well led.

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

1.1 Inspection outcome

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

This inspection resulted in no requirements and one recommendation being made. Findings of the inspection were discussed with Mr Niall Campbell, Acting Manager, as part of the inspection process and can be found in the main body of the report.

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

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

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

2.0 Service details

Registered organisation / registered provider: Western Health and Social Care Trust	Registered manager: Niall Campbell
Person in charge of the day care setting at the time of inspection: Niall Campbell	Date manager registered: Acting
Number of service users accommodated on day of inspection: 43	Number of registered places: 65

3.0 Methods/processes

Prior to inspection following records were analysed:

- Record of notifications of events. Sixteen events had been notified to RQIA in the year preceding this inspection.
- Record of complaints. No complaints had been recorded in the year preceding this inspection.
- Quality Improvement Plan from the previous inspection on 12 May 2015.

During the inspection the inspector met with:

- Two service users in private and four service users in group settings
- Four care staff for individual discussions
- One nursing student, on placement in the centre
- One driver of a contracted company bus

The following records were examined during the inspection:

- File records for five service users, including care plans and review reports
- Progress notes for five service users
- Three monitoring reports for December 2015, February and April 2016
- Record of notifications of events
- Record of complaints
- Minutes of two full staff meetings, in February and in May 2016
- Minutes of two Unit staff meetings. Each of the five units holds monthly meetings
- Training records for the staff team and individually for two staff
- Two Team Health Checks, completed monthly to audit records and practices
- A sample of written policy and procedures documents, including the Trust's Policy on Safeguarding Vulnerable Adults and the centre's Management of Operations procedures
- A sample of the Unit Newsletters, produced at least bi-monthly.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12/05/2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 12/05/2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 7.6 Stated: First time	Some incidents of a very minor nature were being reported to RQIA and it is recommended that the manager should discuss this matter with staff members and agree which incidents constitute a reportable event.	Met
	Action taken as confirmed during the inspection: The manager had discussed this matter in a staff meeting on 22 May 2016 and had sent a memo to all centres in the management group, providing appropriate guidance. Over-reporting had reduced significantly since the 2015 inspection.	
Recommendation 2 Ref: Standard 18.5 Stated: First time	It is recommended that the WHSCT should develop a more detailed and comprehensive policy and guidance on Continence/Incontinence Care, with reference to current best practice.	Not Met
	Action taken as confirmed during the inspection: The Omagh Centre has not yet received a copy of a WHSCT policy on continence/incontinence care. This recommendation is restated in the Quality Improvement Plan at Section 5 of this report.	
Recommendation 3 Ref: Standard 23.2 Stated: First time	It is recommended that the Trust should review the staffing and facilities for Unit 5, in light of the questionnaire responses from service users and staff members.	Met
	Action taken as confirmed during the inspection: Staff's concerns focussed on ease of access to bathroom facilities and the need for an additional bathroom. The Trust's Estates Officers have assessed the facilities and a programme of work has been planned to meet the identified needs.	

Recommendation 4 Ref: Standard E7 Stated: First time	In view of the number of service users who have mobility assistance needs, it is recommended that the Trust should improve access arrangements within the centre, for example by providing automated doors where this is appropriate.	Met
	Action taken as confirmed during the inspection: The manager confirmed that a requisition for minor capital works for these improvements was approved by the Trust and that tenders for this job have been invited.	

4.3 Is care safe?

Three staff who met individually and in private with the inspector, confirmed that they were confident in the practice of all members of the staff team. All three spoke of the good teamwork and colleague support within the centre and confirmed that staff rotate between high intensity and lower intensity areas of work, to ensure that they can always provide a high quality service. This is necessary practice in work where some service users need the constant attention of one, or two staff members. Observations throughout the inspection showed there was a good level of monitoring of these arrangements by other staff. There were systems in place to ensure that risks to or from service users were assessed continually and managed appropriately. This included inputs by community professionals and the Behaviour Support Team.

Detailed risk assessments were in place in the service users' files examined at this inspection. Staff presented as knowledgeable of the needs of service users and of their care plans. Discussions were held in private with two service users, each of whom provided information on their activities in the centre. Both confirmed that they felt safe in the centre, that they got along well with staff and that they enjoyed the organised activities. Four other service users were met in their groups and presented as being positively responsive to the staff working with them. Two staff members spoke of the frequent and regular contact with carers and family members of service users and of ensuring that they were regularly informed of the methods available to them for raising concerns or making a complaint, should they be unhappy with any aspect of their care. Evidence from discussions, observations and in written records indicated that staff actively seek the views of service users, their representatives and community based professionals, regarding the support programmes in which they participate.

The centre was clean, well decorated and in good repair and service users who met with the inspector, confirmed that they felt safe in The Omagh Centre. One relative returned a completed questionnaire in which he indicated very positive views on safe care, and the other three domains on which questions were posed. Evidence presented at this inspection indicated that safe care is provided in The Omagh Centre.

Areas for improvement

No areas for improvement were identified at this inspection.

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

The Omagh Centre and the WHSCT have quality assurance systems in place, through which operations are monitored and staffs' practice is evaluated. A training schedule for 2016 was available and records of staffs' training were up to date. There was evidence from discussions with staff to confirm that the team was supportive and well-motivated to provide effective care. A number of service user's records included detailed reports by other professionals, e.g. Speech and Language Therapists, Physiotherapists and Behaviour Management specialists. Staff reported these to be important contributors to the effectiveness of the service.

Five service users' files were examined and each was found to contain detailed assessment information on the individual and on his or her functioning. Risk assessments were exemplary in their attention to detail and had associated evaluation records, ensuring the ongoing accuracy of the assessment information. Care plans accurately addressed the identified needs in good detail. A record was kept of each service user's involvement and progress, with individual care plans produced in a pictorial format. Two service users spoke about their experiences of participating in the centre's activities and in their individual care programmes. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Review reports were available in each of the files examined, as part of the Person Centred Planning system and these were informed by the progress records written regularly for each service user.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and on outings. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available rooms, local facilities and the dedicated transport buses.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

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?

Observations of activities throughout the centre provided evidence of staff and service users relating positively to each-other. Staff interactions with service users were observed to be caring and patient. Service users were afforded choice and shown respect in a courteous and supportive manner by staff. Staff demonstrated a detailed knowledge of each service user's assessed needs as identified in the individual's care plan.

Two service users confirmed verbally that staff listen to them and involve them in deciding what they want to do during their time in the day centre. They also agreed with each other that "staff are nice". There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them, with each of the five units in the centre holding a monthly group meeting, records of which were available. Responses in the two staff and one relative questionnaire returned to RQIA affirmed strongly that compassionate

care was delivered within the day care setting. Responses in these questionnaires all rated the service as being high quality in all domains. The views of a sample of service users were sought by Trust appointed monitoring officers during each bi-monthly monitoring visit and these entirely positive comments were included in the reports for December 2015 and, February and April 2016 which were reviewed. Evidence presented at this inspection indicated that compassionate care is provided in The Omagh Centre.

Areas for improvement

No areas for improvement were identified at this inspection

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

The WHSCT has clear management information set out in the statement of purpose, so that staff members know the leadership and decision making structure regarding the service. There was written evidence in a sample of the staffing records to show that staff members were appropriately qualified for their designated roles and this was confirmed by staff who were interviewed. Records of staffs' training were up to date and each of the three Senior Day Care Workers, who may be required to take charge of the centre in the manager's absence, had completed a competence and capability assessment for this role. In addition to mandatory training, staff had completed Dementia Awareness training in April this year and Diabetes Awareness training in April 2015.

There was evidence from discussions with staff of positive working relationships between the acting manager and staff team members. Systems were in place for the provision of staff supervision and support and staff, who were interviewed, confirmed that formal supervision was a positive factor in their confidence and skills development. The regular provision of placements for social work and nursing students was reported by staff as contributing positively to the team's developmental focus.

Each of the five 'Units' within The Omagh Centre holds a staff meeting at least bi-monthly and the full staff team has quarterly meetings. Minutes of these meetings varied in the amount of information recorded, from brief summary records to well detailed minutes. Overall, they provided a satisfactory record of the matters raised and the outcomes. Each of the five units was subject to a detailed monthly audit (Unit Health Check) of performance, as recorded by the unit staff and the Senior Day Care Worker. Information from these checks fed into the overall 'Team Health Check', completed for the centre, providing comparative information on a regular basis.

Examination of three monitoring reports showed that all of the required aspects of the centre's operations were rigorously checked, bi-monthly, with an action plan from each report, to ensure that any necessary improvements would be addressed within a specified timescale. Monitoring visits had been carried out by two different WHSCT managers and this contributes a usefully varied evaluation of the service. Evidence presented at this inspection indicated that The Omagh Centre's service is well led.

Areas for improvement

No areas for improvement were identified at this inspection.

Number of requirements	0	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 this QIP were discussed with Mr Niall Campbell, Acting 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 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 taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk for review 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	
Recommendations:	
Recommendation 1 Ref: Standard 18.5 Stated: Second time To be completed by: 31 August 2016	The registered person should develop a more detailed and comprehensive policy and guidance on Continence/Incontinence Care, with reference to current best practice. Response by registered person detailing the actions taken: Work is currently underway to enhance the current guidance regarding Continence/Incontinence Care at the Omagh Centre.

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



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