

Unannounced Care Inspection Report 25 October and 30 October 2019



The Omagh Centre

Type of Service: Day Care Service
Address: 4a Deverney Road, Omagh, BT79 0JJ
Tel No: 02882244001
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to 65 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health & Social Care Trust (WHSCT).

3.0 Service details

Organisation/Registered Provider: Western Health & Social Care Trust Responsible Individual: Anne Kilgallen	Registered Manager: Niall Campbell
Person in charge at the time of inspection: Niall Campbell	Date manager registered: 19 February 2018
Number of registered places: 65	

4.0 Inspection summary

An unannounced inspection took place on 25 October 2019 from 09.00 to 15.55. The inspection was concluded on 30 October from 9.15 to 13.30.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care reviews, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements and staff supervision and appraisal.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

Areas requiring improvement were identified in two domains as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

Service users' comments are included throughout the report.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection dated 22 June 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 22 June 2018.

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no accidents/incidents had been reported to RQIA since the care inspection on 22 June 2018
- unannounced care inspection report and QIP dated 22 June 2018.

During the inspection, the inspector met with the manager, the administrative officer, two senior day care workers, two day care workers and four care assistants. Introductions were made to all service users while walking around the setting with individual interaction with six service users.

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

All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led. Questionnaire comments included:

- "All staff are very friendly and caring."
- "I feel confident that I leave my son in safe hands every day."

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; three responses were received. One staff questionnaire was incomplete; no information was recorded on the returned questionnaire. Two staff indicated that they were “unsatisfied” regarding the question “Do you feel satisfied that service users are safe and protected from harm” in this setting. Their feedback was in relation to were staff employed in sufficient numbers to meet the needs of the service users. Two staff indicated that they were “very satisfied” that care was effective. One staff indicated that they were “very satisfied” and one staff indicated that they were “satisfied” that care was compassionate. One staff indicated that they were “undecided” and one staff indicated that they were “unsatisfied” that the service was well led. Additional comments were provided by two staff. All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

The inspector requested that the manager place a ‘Have we missed you’ card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet ‘How can I raise a concern about an independent health and social care service’ was also provided to be displayed in the day care setting. A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

Three areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for two and partially met for one.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 June 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (b)	The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the	

<p>Stated: First time</p> <p>To be completed by: 31 October 2018</p>	<p>day care setting are of sound construction and kept in a good state of repair internally and externally. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • The floor covering in unit three presented with evidence of wear, including cracks and some weld joints were defective • Unit six toilet requires a suitable floor covering and to be repainted • The high level, exterior paintwork and the fence paintwork is in poor condition • Complete the installation of the exit door in unit five • Address the weeds at the front of the building and in the enclosed garden. 	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that the high level, exterior paintwork and the fence paintwork had been repainted. The installation of the exit door in unit five had been completed and the weeds at the front of the building and in the enclosed garden had been addressed. However the floor covering in unit three and the toilet floor covering in unit six had not been replaced nor had unit six toilet been repainted.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>		
<p>Area for improvement 2</p> <p>Ref: Regulation 28 (5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the time of the inspection</p>	<p>The registered provider must ensure the monitoring visits are carried out in compliance with the trusts written agreement with RQIA and a report must be written for the visit carried out. A copy of the report must be available in the day care setting.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed a number of reports and confirmed that the monthly quality monitoring reports were available and up to date.</p>		

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: Immediate from the time of the inspection	The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Matters as detailed below should be addressed with immediate effect: <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • gloves and service user single use wipes should not be stored uncovered in bathrooms 	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. On the days of inspection continence pads, gloves and single use wipes were appropriately stored.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

A review of the staffing roster for weeks commencing 30 September 2019 until 25 October 2019 evidenced that the planned staffing levels were not always adhered to. Discussions with the manager and staff confirmed that they were satisfied that staffing levels were adequate to meet the needs of the service users when planned staffing levels were in place. However, a number of staff stated that when staffing levels were affected by short notice leave and despite agency staff being provided, this can impact on their ability to deliver planned activity programmes. Staff stated that it was difficult to obtain cover for short notice absenteeism however acknowledged that management offered support and assistance to the best of their ability. It was therefore recommended that the identified needs of service users should be assessed, specifically for the purpose of ensuring that staffing levels are appropriate for the assessed needs of service users including their social and recreational needs, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose.

A copy of the assessment is to be forwarded to RQIA and an assurance provided that the appropriate staffing levels will be maintained. This has been identified for an area for improvement under the regulations.

The inspector also sought staff opinion on staffing via the online survey. Three staff returned questionnaires to RQIA post inspection, one of which was incomplete. Two staff indicated that they were “unsatisfied” regarding the question “Do you feel satisfied that service users are safe and protected from harm” in this setting. Their feedback was in relation to were staff employed in sufficient numbers to meet the needs of the service users. The respondents made specific comments including “A lot of agency staff used to cover different units and this has an impact on the day to day running of the unit eg social outings not happening.” All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

Review of the staff duty roster identified that care staff shifts on occasions were recorded as “U1, U2 and U4”. It was difficult for the inspector to ascertain the hours worked by care staff. The staff duty roster should explicitly specify the time each shift commences and concludes. This has been identified for an area for improvement.

Service users spoken with indicated that they were well looked after by the staff and felt safe and happy in the day care setting. The inspector also sought the opinion of service users/relatives on staffing via questionnaires. Three questionnaires were returned. The respondents indicated that they were very satisfied with the staffing arrangements.

The manager confirmed that staff employment records were held within the Western Health & Social Care Trust human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager confirmed that an induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding. It was positive to note that an induction process was in place for staff covering at short notice due to unplanned absence.

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.

Observation of and discussion with staff on duty demonstrated a clear understanding of service users’ needs and how those needs should be met. They described the training they received as effective and of a good quality and stated that it provided them with the skills and knowledge to fulfil their roles and responsibilities. Discussion with staff and review of a sample of staff training records concluded staff had received mandatory since the previous care inspection such as fire safety, moving and handling, infection prevention and control and adult safeguarding training. It was positive to note that staff received training in addition to the mandatory training requirements such as: autism, equality, good relations and human rights and deprivation of liberty safeguards (DoLS).

Safeguarding procedures were understood by staff members who were interviewed and they confirmed that they had the confidence to report poor practice, should they identify it. However, all expressed the view that practice throughout the centre was of a high quality and that team members worked well together.

The manager confirmed that the Western Health & Social Care Trust has adopted the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016 and that an Adult Safeguarding Champion had been identified. Discussion with the manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an electronic system which was reviewed and audited by the manager and the Western Health & Social Care Trust governance department. A review of a sample of incidents and accidents since the previous inspection was undertaken and provided assurances that they had been managed appropriately.

A review of the day centre's environment was undertaken and the day centre was found to be fresh smelling and clean throughout. The review identified that the décor in several areas of the day care setting was tired and neglected. The following deficits were noted:

- The identified kitchen kickboard was worn and damaged
- The skirting board in the identified dining area was damaged
- A number of internal roof tiles in unit 3 were stained
- The paintwork on a number of doors and doorframes was chipped
- The identified sensory room was poorly equipped and lacked stimuli such as lights, colours and sound to engage service users senses
- The identified sensory room did not have the appropriate window coverage
- Unit 2 did not have the appropriate window coverage.

These areas have been identified for an area for improvement. The inspector also recommends that the registered provider undertakes a detailed environmental audit of the day care setting including the exterior of the building and all exterior areas service users have access to. The audit should detail the findings; an action plan detailing the time frame for completion of any areas identified requiring address.

Issues were raised by four care staff in regard to the heating system not working effectively in units one, two and three and the temperature in the affected areas was uncomfortably cool on occasions. Staff confirmed that following periods of closure such as weekends or holiday periods the units presented as cool on the day of opening. On the 30 October the inspector visited the sensory room beside unit one and the ambient room temperature presented as cool. A thermometer was not available in the sensory room to verify the room temperature. The temperature in areas occupied or used by service users for sedentary activities must be maintained within 19 to 22 degrees celsius. This has been identified for an area for improvement.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 1 April 2019. Discussion with staff confirmed they were aware of the evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, fire extinguishers and fire alarm tests. Review of the fire alarm test records identified a number of omissions in regard to the weekly fire alarm tests. For example a test occurred 6 September 2019 and a further test had not been undertaken until 27 September 2019. These findings were discussed with the RQIA estates inspector. The estates inspector recommended that the weekly testing of the fire

alarm system should be undertaken to ensure compliance with BS5839. This has been identified for an area for improvement.

The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff. There was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. Notices promoting good hand hygiene were in both written and pictorial formats. Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

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

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

Discussion with service users and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "This is a safe place to come. I can move around the centre in my wheelchair safely. All is good here."
- "Great centre. Staff know me well and what I like doing."

Staff comments:

- "Staff can be very busy and pressurised to deliver care and support as prescribed."
- "I had a very detailed induction to the service and was well supported during my induction."

Areas of good practice

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

Areas for improvement

Five areas for improvement were identified in relation to staffing arrangements, staff duty roster, the monitoring of room temperatures, the environment and the weekly testing of the fire alarm system.

	Regulations	Standards
Total number of areas for improvement	3	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

The inspector reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users' rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs to maintain in care records and video material and consultation/involvement in care planning and risk assessments.

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis. Service

users indicated that they had open lines of communication with staff and the manager and were confident that the staff would respond appropriately to any issues raised.

Discussion with service users and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- “Staff treat me very well, they listen to what I have to say. I like painting and going out shopping.”
- “Staff are nice.”

Staff comments:

- “Care is person centred to meet each individual’s needs. We have recently reviewed communication and how we ensure effective communication with the service users.”
- “I feel the care is effective however sometimes if staff are off we have agency staff and can’t always go out on the bus to deliver activities.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and reviews, communication between service users, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere. Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff approaches and responses to services users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users' independence should be promoted in a discreet manner. The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users' confidentiality and consent.

Service users spoken to confirmed that they liked the activities on offer in the setting and staff were always willing to review the activity programme at their request. They described how they had learnt new skills, with some individuals enjoying woodwork for the first time.

Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in which included: arts and crafts, woodwork, games and outings to local coffee shops and restaurants. A programme of planned activities and events were displayed within the day centre. The activity programme was noted as developing social and educational opportunities for service users as well as their hobbies and interests.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Condiments were available for service users' use if required. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. All service users spoken with confirmed that they were satisfied with the choice of meals served.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as monthly service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The manager confirmed that service user meetings are generally held monthly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for meetings in August, September and October 2019 evidenced service user feedback being sought in regards to college courses, meals and activities. It was positive to note that discussions also took place about communication methods such as makaton.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. They confirmed that they felt their views and opinions were taken into account in all matters affecting them. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

Discussion with service users and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users' comments:

- “We have meetings with staff where we talk about where we want to go. We are having a Halloween party next week.”
- “I am asked about what I want to do when I am here and staff help me every way they can.”

Staff comments:

- “Care is compassionate and respectful. We promote choice in the centre.”
- “We treat the service users with the greatest of respect and ensure privacy is maintained.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

There was a clear organisational structure and this information was outlined in the day care settings Statement of Purpose. Staff demonstrated awareness of their roles, responsibilities and accountability.

The registration certificate was up to date and displayed appropriately.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision/appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received three monthly supervision sessions and annual appraisals.

Review of the minutes of staff meetings identified that these meetings were held at least quarterly. The last staff meeting was held on 17 October 2019 and minutes were available. Previous staff meetings had been undertaken on 21 August and 14 June 2019. Areas discussed included staff training opportunities, service users' needs, transport arrangements and activity programmes. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken bimonthly by a senior manager within the organisation. A sample of reports viewed for May to August 2019 provided evidence that the visits included engagement with service users, service users' representatives and staff; a review on the conduct of the day care setting and development of action points. A review of the quality monitoring reports evidenced that the deficits in the environment had not been detailed. The registered person shall ensure the arrangements for the monitoring visits are robust enough to ensure the person carrying out the visit inspects the premises of the day care setting and provides details of their findings in the associated report. Evidence of review of previous action points must be recorded. This has been identified as an area for improvement.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The manager confirmed that this data is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness

Discussion with service users and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users' comments:

- “Good centre with good staff.”
- “Everything runs well here. Staff work hard.”

Staff comments:

- “Good communication and sharing of information.”
- “I am well supported by the manager; open door policy. I have supervision generally monthly and annual appraisal.”

Areas of good practice

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

Areas for improvement

One area for improvement was identified in regards to the quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered provider 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>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All staffing positions within the cost centre for Omagh centre are in place. All units have staff numbers based on existing assessments of service users' needs. Due to sick leave, annual leave and covering of staff to attend courses etc. bank and agency staff have been used to support the running of a safe and effective service. All staff working within this facility are afforded a robust induction.</p> <p>An audit of the assessed needs of service users and support required from staff will be forwarded to the RQIA inspector.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4) (d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: All day care workers have been reminded by the Manager to ensure they complete a weekly fire test of the centre. There is a rota system in place for units 1, 3, 4 & 5 which ensures that weekly fire testing of the alarm system is completed and recorded in fire file. This action will also be reviewed through the manager's monthly health check.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 26 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state of repair internally and externally. The following deficits must be addressed:</p> <ul style="list-style-type: none"> • The identified kitchen kickboard was worn and damaged • The skirting board in the identified dining area was damaged • A number of internal roof tiles in unit 3 were stained • The paintwork on a number of doors and doorframes was chipped • The identified sensory room was poorly equipped and lacked stimuli such as lights colours and sound to engage service users senses

	<ul style="list-style-type: none"> • The identified sensory room did not have the appropriate window coverage • Unit 2 did not have the appropriate window coverage. <p>The registered provider shall ensure that a detailed environmental audit of the day care setting including the exterior of the building and all exterior areas service users have access is undertaken. The audit should detail the findings; an action plan detailing the time frame for completion of any areas identified requiring address. A copy of the audit should be submitted to RQIA. Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All identified areas for repair have been reported to the western trust estates services department and this will be followed up by the manager.</p> <p>Window coverage for unit 2 and the sensory room have been costed and currently we await fitting from contracted services. A request has also been made by the registered manager to the estates manager to support him in carrying out an interior and external environmental audit which on completion will be forwarded to RQIA.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 28 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure the arrangements for the monitoring visits are robust enough to ensure the person carrying out the visit inspects the premises of the day care setting and provides details of their findings in the associated report. Evidence of review of previous action points must be recorded.</p> <p>Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Since the inspection all staff who complete monitoring visits have been reminded by the Community Services Manager the importance of evidencing actions from previous monitoring visits and the importance of inspecting the premises and detailing their findings in the associated report. The registered manager will review each report on a bimonthly basis to ensure that this is completed.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>It is recommended that the staff duty roster should clearly indicate the time that each shift commences and concludes.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Since the inspection the registered manager has reminded all staff that they should include in the duty rota the start time and finishing times of all staff working in the Omagh centre.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 25.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure that the ambient room temperatures within the identified areas are recorded at appropriate intervals. The temperature in areas occupied or used by service users for sedentary activities must be maintained within 19 to 22 degrees celsius.</p> <p>The registered person shall ensure that a protocol be drawn up to address the temperature in areas occupied or used by service users for sedentary activities if the temperature falls below 19 degrees celsius.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has contacted the estates manager to discuss heating arrangement for the Omagh centre and it has now been agreed that the heating will be on at set times in the evenings, weekends and holiday periods. These extra times slots will be in place to ensure the centre is appropriately heated to between 19 and 22 degrees celsius.</p> <p>A protocol has been devised and room thermometers have been purchased for all areas occupied by service users. Temperatures are recorded and signed by staff members each morning on a daily basis. Staff are aware that each room should be maintained between 19 to 22 degrees celsius. If any concerns are raised this will be reported to the estates department.</p>

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



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