

# Unannounced Day Care Setting Inspection Report 07 June 2016



## Dromore Outreach Centre

**Address: 16 Main Street, Dromore, Omagh, BT78 3AA**

**Tel No: 02882898976**

**Inspector: Suzanne Cunningham**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Dromore Outreach Centre took place on 07 June 2016 from 11:00 to 15:30.

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?**

We looked at two service users individual care files; the staff records such as rotas, supervision and training. We looked around the building and we spoke to service users and staff. We found the registered persons had staffed the service to meet the service user needs. There was a sound training plan in place for staff that responded to mandatory training needs; as well as service specific training needs. We saw staff had recorded and implemented risk management and safe plans for individual service users. We observed staff responding to needs in a calm and measured way that was consistent with settings statement of purpose and ethos.

In conclusion we did evidence the care provided in this setting was avoiding and preventing harm to the service users in the setting and in the community. Furthermore the care, treatment and support was helping individuals to improve their future options and potential future outcomes.

Overall the inspection of “is care safe” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### **Is care effective?**

We inspected two service users individual care records, accident and incident recording and complaints recording. We discussed effective care with the service users and staff. We found individual care needs had been assessed and care plans were in place to meet needs. We found some excellent examples of auditing and monitoring of effectiveness, as well as staff evidencing how they have improved service users outcomes. We also found communication arrangements between service users and staff across the setting was robust and responsive to service users individual and group needs.

Overall the inspection of “is care effective” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

### **Is care compassionate?**

We inspected records, observed practice and observed service users being treated with dignity and respect. Staff had evidenced how they had encouraged by service users to voice their views, choices and preferences on a range of matters such as activities, care and support.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. One area for improvement was identified regarding improving the newsletter for service users.

## Is the service well led?

We discussed with the staff and service users the management arrangements in place. Staff were clear regarding their roles and responsibilities and they confirmed who they are managed by. We looked at the monitoring arrangements in place and we identified the trust need to improve the frequency of these monitoring visits to be compliant with their own proposal made to RQIA to undertake visits once every two months. We also noted the timeliness of the report of the visit being forwarded to the manager should be improved, as should the frequency of unannounced visits. We noted the manager had undertaken effective monthly audits to ensure the service in this day care setting is safe, effective and compassionate.

Overall the Inspection of “is care well led” concluded the minimum standards inspected were met. One area for improvement was identified regarding improving the frequency of the monitoring visits and availability of the report. This is stated for the second time.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the QIP within this report were discussed with Geraldine McKenna, Senior Day Care Worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

### 1.2 Actions/enforcement taken following the most recent estates inspection

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation / registered person:</b> Western HSC Trust/Mrs Elaine Way CBE	<b>Registered manager:</b> Mr Niall Campbell (Acting)
<b>Person in charge of the day care setting at the time of inspection:</b> Mr Niall Campbell (Acting) and Ms Geraldine McKenna	<b>Date manager registered:</b> 23 June 2014
<b>Number of service users accommodated on day of Inspection:</b> 12	<b>Number of registered places:</b> 16

### 3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager
- Incident notifications which revealed two incidents had been notified to RQIA since the last inspection in November 2016
- Unannounced care inspection reports 03 November 2016 and estates inspection report 23 December 2016
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The registered manager
- One senior day care worker
- Two care staff
- Four service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in Dromore Outreach Centre. Five were returned by service users, one by staff and three by relatives.

The following records were examined during the inspection:

- Two individual service users case files
- A sample of two service users daily records
- The complaints and compliments record
- A sample of the incidents and accidents records from November 2015 to June 2016
- A sample of service user meeting minutes from January to May 2016
- A sample of the team meeting minutes for January, February and May 2016
- Two staff supervision records
- Monthly monitoring reports for November 2015, January, February and May 2016
- Staff training information for 2015 & 2016
- Policies and procedures
- Policy and procedures and guidance to ensure the safeguarding of vulnerable adults.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 23 November 2015

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector. There were no areas to follow up.

### 4.2 Review of requirements and recommendations from the last care inspection dated 03 November 2015

Last specialist inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 9 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the trust send an application for registered manager to RQIA. If this is not sent before or with the returned QIP the trust must give a timescale for when the application will be received, with an explanation of why the delay is necessary. RQIA will then assess if this is compliant with the day care setting regulations.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspector confirmed the post of manager has been advertised and the trust will ensure the successful applicant applies for registration as manager with RQIA.</p>	Partially Met
<p><b>Requirement 2</b></p> <p>Ref: Regulation 28</p> <p><b>Stated:</b> First time</p>	<p>The registered person must ensure the monthly monitoring visits and reports are improved in compliance with this regulation, specifically:</p> <ul style="list-style-type: none"> <li>• Visits must be carried out at least monthly and a report must be written for the visit(s) carried out that month</li> <li>• Each year's schedule of visits must include a number of unannounced visits</li> <li>• Relatives and/or representatives must be contacted as part of the reporting and the content of the conversation should be summarised in the report</li> <li>• The reports must be forwarded to the manager in a timely manner so the manager and staff can address the action plan before the next visit.</li> </ul>	

	<p><b>Action taken as confirmed during the inspection:</b>                  The trust had sent a communication to RQIA stating they were doing visits once every two months. The trust said they would continue this monitoring frequency because there were no concerns regarding the quality of care in the day care setting.</p> <p>Examination of the monitoring reports revealed this frequency had not been achieved. Visits were done in November 2015. During December 2015 the setting had moved to Omagh Centre while works were being done in the Dromore Outreach Centre building. They returned to re commence day care in January 2016. Visits were undertaken in January and February 2016. The visit in April was not undertaken. A monitoring visit took place in May 2016 however the report for this visit was not available for inspection. This requirement is restated with regard to frequency of visits including unannounced visits and availability of reports.</p>	
<b>Last specialist inspection recommendations</b>		<b>Validation of compliance</b>
<p><b>Recommendation 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time</p>	<p>The registered person should review the settings policies and procedures and improve them so the policies and procedures are compliant with Standard 18 and Appendix 2. Specifically the following policies should be improved:</p> <ul style="list-style-type: none"> <li>• The continence promotion policy</li> <li>• Service users’ meetings and forums</li> <li>• Service users’ involvement in activities and events</li> <li>• Communications with carers and representatives</li> <li>• General communication arrangements</li> <li>• Safe and healthy working practices</li> <li>• Inspections of the Day Care Setting</li> <li>• Listening and responding to service users’ views</li> <li>• Management, control and monitoring of the setting</li> <li>• Quality improvement</li> <li>• The complaints policy.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b>                  The above policies and procedures were available and up to date at the time of inspection.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 17.17 &amp; 17.18</p> <p><b>Stated:</b> First time</p>	<p>The manager should review with staff the arrangements regarding whistleblowing. The returned QIP must assure RQIA the staff feel satisfied that they know who to report to if they have concerns regarding care in the setting, when to use the trust whistleblowing procedure and when to report concerns to other authorities such as RQIA.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>A copy of the WHSCT Whistleblowing policy had been given to the staff in Dromore Outreach centre after the last inspection with a list of people to contact if they have concerns.</p>		

### 4.3 Is care safe?

We met with range of staff in Dromore Outreach Centre. The senior day care worker was onsite during the inspection, the manager visited the setting during the inspection and the day care worker and care worker were observed providing direct care. Staff told us there was sufficient staff on duty at all times to meet the needs of the service users in Dromore Outreach Centre. The rota showed there was a minimum of one care worker and day care worker on the rota working in Dromore Outreach Centre at all times. The day care worker had assumed responsibility for the day to day operations of the setting. We inspected the competency assessment for this member of staff which was initially completed in 2014 and had been reviewed with the staff member in 2015. This evidenced the staff member was competent in managing the setting in the managers absence.

The staff told us they received supervision at least once every three months. This was confirmed when inspecting supervision records for staff. Appraisals had been completed annually. Staff told us training had supported them to meet their role and responsibilities in the day centre. The staff training records showed staff had received training in 2014 and 2015 in the following areas: infection control; epilepsy; COSHH; safeguarding; first aid and fire training. In 2016 they had received training in: drug use; manual handling; dementia; Management of Actual or Potential Aggression (MAPA); autism awareness and deaf awareness.

The day care worker told us since the last inspection she had continued to develop opportunities to increase service user's independence by engaging them with work opportunities, engaging with community groups, sports projects and ensuring service users' outcomes are improved. We inspected two service users individual care records and saw evidence in the assessment, care planning and attendance recording that staff had worked proactively with service users to improve outcomes for them. We noted the positive influence within the centre of good teamwork and the proactive staff which ensured the more challenging aspects of their work was managed safely. For example it has been a complex task to enable the group to engage with their community and work opportunities when they have a range of differing needs and risk management plans. Service users told us they enjoyed their activities and work opportunities and said they wanted to continue doing them. Risk assessments were in place in all of the service users' files examined at this inspection.



The inspection of two service users individual records and a sample of two service users attendance notes evidenced their care had been regularly evaluated and reviewed. One service user had been recently reassessed by staff and other professionals regarding how the placement could best meet their needs. This was in response to staff observing deterioration in their behaviour and mood. Following the review a revised care plan was in place with clear indicators to identify further deterioration or improved outcomes. Staff told me they were confident in managing the service user and delivering the revised care plan. We were satisfied staff were identifying risks in a timely manner, responding to those risks and managing them to ensure care was responsive to need and improving outcomes where possible.

Discussions were held with three service users and they completed questionnaires. They confirmed that they felt safe in the centre and when taking part in organised activities. Service users told us they can talk to staff on a range of issues including if they were worried about the care in the setting. Service users also told us they felt comfortable in the setting and were looking forward to some new furniture that had been promised to them; they told us this will be even more comfortable. All of the service users told us if the fire alarm sounded they would go outside with staff to a designated area. Two further questionnaires were received by RQIA which stated the same information.

One staff member returned a questionnaire. They said the care was safe in Dromore Outreach centre because they had received training to care for service users safely, they would report bad practice and they receive support to fulfil their role and responsibilities.

Three relatives returned questionnaires. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relatives needs and they would report concerns to the manager. One relative wrote "limited outdoor space". We concur, there is no space outside however we are satisfied staff have an activity programme for the service users which gets them out into the community; and includes using outside community space.

The centre was clean, well decorated and in good repair. Since the last inspection works had been completed in the service user's bathrooms and in the upstairs activity room to make them more accessible. Service users had moved to the Omagh centre while the work was done. Staff and service users told us the work had improved the overall accessibility in the setting and they were pleased with the outcome. We walked around the day care setting and concluded the day care setting was appropriately warm and there were no obvious hazards.

### Areas for improvement

There were no areas for improvement identified during the inspection of "is care safe".

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.4 Is care effective?

Dromore Outreach Centre has a range of records that staff use to map progress and change. The staff used these to monitor that care provided for each individual service user was effective and appropriately responds to their needs. Examples inspected were service user's individual assessments, care plans, reviews and attendance recording. We saw risk assessments, care plans and activity arrangements were reviewed on a regular basis and were compliant with the Day Care Setting's standards. Furthermore referrals had been made to specialist services as required. This was observed during the inspection when another professional attended a meeting with staff, a service user and a relative; to assist in the planning process.

There was a structured programme of activities in place that we identified were responsive to service user's needs, choice, interests and preferences. Overall we were satisfied the service was responding appropriately to and meeting the assessed needs of the service users. Records also showed in some cases they had improved outcomes for service users. For example the staff had identified service user's areas of interest and skills; and had facilitated them by promoting work experience and opportunities. We heard from service users about how much they enjoyed taking on new work tasks, taking responsibility for tasks or a specified role. Staff told us it was part of their role to identify potential for improving outcomes for service users and developing service user's confidence to try opportunities outside of the setting. We were satisfied discussions with service users and their written records that service users enjoyed activities, both within the centre and on outings. There was clear evidence of promoting service users independence, empowering service users to make choices about their future and have the potential to further improve their outcomes in the future. We concluded the manager and staff had worked creatively to involve service users in a variety of experiences, making full use of the available rooms, local facilities and opportunities.

The Dromore Outreach Centre and the WHSCT have quality assurance systems in place that monitor the settings compliance with the Day Care Settings Regulations and Standards. Staff practice had been evaluated in formal supervision, annual appraisals and post training evaluation. Records of staffs' training were up to date and there was evidence from discussions with the staff on duty that the staff team in Dromore Outreach centre was supportive and well-motivated to provide effective, high quality care. They had also been effectively supported by staff in the management team that is also managing the Omagh Day Centre.

The inspection of the service users files evidenced they contained file audit sheets which had been recently completed. The audit had checked the content of files describes and plans for the needs of the service users, that information is current and responsive to need. The settings manager had completed health checks every month. The checks had monitored a range of matters regarding the safety and effectiveness of the setting. A sample of these evidenced this process had effectively monitored the settings delivery of day care and highlighted any issues for improvement, which were addressed by the staff or management team.

A number of service user's records included detailed reports by other professionals, e.g. Speech and Language Therapists, Autism and Behavioural Management specialists, physiotherapists, nursing and other medical specialist staff. These professionals were viewed by staff as being important contributors to the effectiveness of the service.

The service user's questionnaire's all agreed they got the right care, at the right time, with the best outcome for them; that staff communicate well with them; staff know their needs and choices; staff help them; they like the activities and they have been involved in their review.

One staff questionnaire identified service users are involved in their care plan and they are used to provide care, monitoring of quality is in place and service users are responded to in a timely manner.

The relatives questionnaires identified their relative gets the right care, at the right time, in the right place. They also identified they are satisfied with communication with staff, staffs awareness of their relatives needs and independence, their relatives preferences and choices are incorporated into the care they receive and their involvement in their relatives annual review.

### Areas for improvement

No areas for improvement were identified regarding “is care effective” during this inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.5 Is care compassionate?

We observed service users interacting with staff and each other while taking part in the afternoon’s activities. We saw service users relating and responding to staff positively. We saw the centre makes good use of photos and pictures to help service users to understand what they are doing and in literature about the setting. For example the service user guide had been written with the member’s council in the day care setting. They had used symbols and clear plain language to describe what they do in the setting and what service users can expect. Furthermore the service users and staff produce a monthly newsletter. We sampled the newsletters written from January to May 2016. The content was engaging and included a summary of what the service users had done, as well as any achievements or improved outcomes for service users, staff or the day care setting. Earlier versions were colourful and eye catching, more recent versions were produced in black and white. Discussion revealed the staff could no longer access colour print arrangements from the trust and this was likely to be a cost saving measure. The black and white print was not as appealing to the service users and did not enable service users who had impaired vision to enjoy the newsletter. Discussion with staff revealed they were aware black and white print was more difficult for service users to read with impaired vision. In the spirit of standard 8 the service should promote the values that underpin the standards such as fulfilment, dignity, respect and equality. A recommendation is made for the service users to be enabled to access a copy of the newsletter that they can read and is produced in a format that meets the service users’ communication and visual impairment needs.

We observed staff assisting service users to express their views and choices using encouraging and enabling communication methods, service users responded by communicating their views. Staff were aware of each service users individual communication needs and were observed responding positively and warmly which had the outcome of empowering service users to communicate. During discussion staff presented as knowledgeable and informed regarding each service user’s needs.

We viewed the systems staff had developed to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. The views of a sample of service users had been sought during the member’s council meetings, these were held monthly. The minutes evidenced service user’s choice, views, preferences and news was encouraged and discussed. The service users had been encouraged to attend their reviews.

Service user's views were sought during the monitoring visits and feedback from service users was encouraged on a daily basis and recorded in their records of attendance.

The service user's questionnaires described staff as caring and helpful, their privacy is respected; they have choices and are involved in decisions.

One staff questionnaire identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

Three relatives' questionnaires said their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they are consulted regarding decisions.

### Areas for improvement

One area for improvement was identified regarding compassionate care, this was:

- A recommendation is made to improve the newsletter format by delivering the newsletter in a format that is accessible for all.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.6 Is the service well led?

We viewed the settings statement of purpose and this presented as compliant with schedule 1 of the Day Care Settings Regulations. Staffs roles and responsibilities as well as the leadership and decision making structure regarding the day centres was clearly explained. This structure was observed in place on the day of the inspection. There was also written evidence that staff members were appropriately qualified for their designated roles.

We saw the manager had a system in place for identifying and meeting staffs' training needs. Records of staffs' training were up to date and there was a competency assessment for the day care worker who takes charge of the centre in the manager's absence.

We discussed working relationships between the registered manager, the senior day care worker and the staff team members. These were described as positive relationships that promoted safe and effective care. We were also satisfied systems were in place for the provision of staff supervision and support. Staff meetings had been held in January, February and May 2016. The minutes evidenced the discussions were focussed on meeting service users' needs as individuals and as a group, staff providing consistent care and improving the service.

We examined the monitoring records written since the last inspection. These detailed reports were written for monitoring visits undertaken on 03 November 2015, 08 January 2016, 29 February 2016 and 12 May 2016. Since February the visits had not achieved compliance with the once every two month monitoring frequency which was proposed by the trust; in their last communication to RQIA. It is also noteworthy that the report for the visit on 12 May 2016 was not available for inspection because it had not been forwarded to the setting by the monitoring officer and only one of the visits was identified as an unannounced visit. These are improvements that have been stated previously. The improvements regarding the frequency of

visits, the timeliness of reports being forwarded to the setting and improving the frequency of the unannounced visits is restated.

The identified the service was managed well; they knew who the manager is; the staff respond well to issues, concerns or suggestions; and staff ask their views.

One staff questionnaire identified the service is managed well, the service is monitored, there are staff meetings and communication between the staff and management is effective.

Three relative's questionnaires said the service was managed well; 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.

### Areas for improvement

One area of improvement has been identified during the inspection regarding "is care well led".

A requirement is made for the monthly monitoring visits and reports to improved, specifically

- Visits must be carried out in compliance with the trusts agreement with RQIA. A report must be written for the visit carried out.
- Each year's schedule of visits may include a number of unannounced visits
- The reports must be forwarded to the manager in a timely manner so the manager and staff can address the action plan before the next visit.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Geraldine McKenna, Senior Day Care Worker, as part of the inspection process. The timescales commence from the date of inspection.

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

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

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [Day.Care@rqia.org](mailto:Day.Care@rqia.org) uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 person/manager 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 person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

Ref: Regulation 28

**Stated:** Second time

**To be completed by:**  
29 July 2016

The registered person must ensure the monitoring visits and reports are improved, specifically:

- Visits must be carried out in compliance with the trusts written agreement with RQIA and a report must be written for the visit carried out
- Each year's schedule of visits may include a number of unannounced visits
- The reports must be forwarded to the manager in a timely manner so the manager and staff can address the action plan before the next visit.

#### **Response by registered person detailing the actions taken:**

All visits will be carried out in compliance with the Trusts written agreement with RQIA.

The monitor will indicate on completed monitoring report if the visit was unannounced.

Completed monitoring reports will be forwarded to managers in a timely manner.

### Recommendations

#### Recommendation 1

Ref: Standard 8

**Stated:** First time

**To be completed by:**  
02 August 2016

The registered person should make arrangements to improve the newsletter format by producing the newsletter in a format that is accessible for all and promotes the values that underpin the day care setting standards such as fulfilment, dignity, respect and equality.

The format should enable all service users to access a copy of the newsletter that they can read and meets their communication and sight impairment needs.

#### **Response by registered person detailing the actions taken:**

Colour printers have been requested through Head of Service and order forms have been forward to SMT for approval

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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