



The **Regulation** and  
**Quality Improvement**  
Authority

## **Announced Primary Care Inspection**

**Name of Establishment:** Dromore Outreach Centre  
**RQIA Number:** 11321  
**Date of Inspection:** 2 March 2015  
**Inspector's Name:** Suzanne Cunningham  
**Inspection ID:** IN020550

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Dromore Outreach Centre
<b>Address:</b>	16 Main Street Dromore Omagh Co Tyrone BT78 3AA
<b>Telephone Number:</b>	028 8289 8976
<b>E mail Address:</b>	niall.campbell@westerntrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Western HSC Trust
<b>Registered Manager:</b>	Niall Campbell (Acting)
<b>Person in Charge of the Centre at the Time of Inspection:</b>	Niall Campbell (Acting)
<b>Categories of Care:</b>	Learning Disability
<b>Number of Registered Places:</b>	16
<b>Number of Service Users Accommodated on Day of Inspection:</b>	11
<b>Date and Type of Previous Inspection:</b>	20 June 2013 Primary Inspection
<b>Date and Time of Inspection:</b>	2 March 2015 10:30 – 16:00
<b>Name of Inspector:</b>	Suzanne Cunningham

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	11
Staff	3
Relatives	1
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	2	1

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

The Dromore Centre is a Western Health & Social Care Trust Day Centre that is registered to provide a service, each week day, to 16 people who have a learning disability and who reside in the Dromore area. The focus of the centre is to promote independence through programmes of integration and interaction within the local community. Individuals who attend this centre participate in a varied programme of activities including leisure, education, crafts and work experience.

The service is based in a town centre building and uses two main activity rooms, one on the ground floor and one on the first floor of the building. Also on the first floor there is an office and kitchen facilities. There are toilets on both floors.

## 8.0 Summary of Inspection

A primary inspection was undertaken in The Dromore Centre on 2 March 2015 from 10:30 to 16:00. This was a total inspection time of five hours and thirty minutes. The inspection was announced. When the inspector arrived the service users were on their way out for a community access outing to do shopping and staff were supporting service users on the outing to promote their independence, therefore the inspector used the morning to review records and consulted with service users in the afternoon.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, one representative and service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the manager, senior day care worker and the two permanent staff in the setting during the inspection regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records, service users rights within the context of managing behaviour and restrictions and management arrangements in this day care setting. The inspection assured the inspector the standard and the two themes were being achieved and staff were well informed regarding their roles and responsibilities in this regard

One staff questionnaire was returned to RQIA for this inspection and this reported satisfactory arrangements were in place with regard to supervision; staff training; management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member praised the quality of care provided within the returned questionnaires and the following comment was made: "I believe the quality of care is excellent. We provide a range of activities / programmes that are very much needs led".

The inspector observed and spoke to all of the service users in the setting during the inspection. The service users confirmed they were aware an individual record is kept about them, that it is updated and kept securely. Service users were able to identify they saw parts of this record such as assessment, care planning documents and they were involved in the preparation for their review. Service users said they would speak to staff if they had any issues or concerns with the staff and they were aware of the management team. Service users made positive comments throughout the discussions such as: “the staff are great to us”.

The inspector spoke with one service user relative during the inspection who described her relative loves the centre which she feels is very well suited to her relative due to its size, mix of service users and the staff. The relative also described how staff have worked with the family to assess need and manage concerns, using a home to setting communication book and good verbal communication as required.

The previous announced inspection carried out on 20 June 2013 had resulted in no recommendations and one requirement. The requirement was regarding the compliance with regulation 28 visits. The frequency of the regulation 28 reporting following correspondence with RQIA in 2012 had been set at bi-monthly which was not consistent with the regulation. However, this inspection evidenced the reporting had been increased to monthly from November 2014.

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user’s situation, actions taken by staff and reports made to others.**

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; No requirements or recommendations are made regarding this standard.

Observations of service users; discussion and review of two service users’ individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures for staff describe how service user’s information should be kept; they specify recording procedures and describe access. The service user guide details information about records that are kept and how to service users can access information.

The observation of service users and discussion provided the inspector with an overview of how staff help and support service users to engage with activities and outings with the overall focus on meeting need and promoting independence. The inspector concluded the centres process of maintaining and updating service users’ records presents as well managed, and focuses on promoting service user’s social needs, stimulating intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made regarding this standard.

**Theme 1 - The use of restrictive practice within the context of protecting service user’s human rights**

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable due to the centre not having any plans including restraint or incidents of restraint. No requirements or recommendations are made regarding this theme.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Any practices that might present as restrictive had been assessed and the care plan described care in detail that supported rather than restricted service users

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no requirements or recommendations are made.

**Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant, no requirements or recommendations are made regarding this theme. The inspector concludes the arrangements in place for the acting manager in the absence of the registered manager to manage this day care setting and delegate tasks to the day care worker presented as adequate.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

**Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined two service users individual files, validated the registered manager's pre inspection questionnaire and reviewed the staff questionnaire. This did not reveal any improvements that were required or recommended.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection.

As a result of the inspection no requirements or recommendations are made, this was reported to the management team at the conclusion of the inspection.



## 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 28	The registered person must ensure compliance with the requirements of Regulation 28.	The inspector reviewed the providers return and the regulation 28 records. This evidenced that since November 2014 the reporting had been undertaken monthly which is consistent with this regulation.	Compliant

**10.0 Inspection Findings**

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b> 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
The legal and ethical duty of confidentiality, in respect of service user's personal information is maintained at Dromore Outreach Centre by adhering to WHSCT Policy/Procedure in Confidentiality and abiding by the principals of Data Protection and DHSSPS code of practice 2009 on protecting the confidentiality of service users. Staff within the centre have attended training in the areas of Data Protection/Confidentiality and Information Governance and Records Management	Compliant
<b>Inspection Findings:</b>	
<p>The inspector reviewed two individual service user records which presented as described in schedule 4; and sampled other records to be kept in a day care setting, as described in schedule 5. The staff have access to policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users' personal information. Their knowledge was commensurate with their role and responsibility.</p> <p>Discussion with service users and a representative confirmed they are informed regarding records being kept and confidentiality of personal information in the setting.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider's Self-Assessment:</b>	
<p>At Dromore Outreach Centre service users have access to their case notes/records as and when required, through advocacy meetings and at Person Centered Planning Meetings. Service user or their representative consent has been obtained for access to case records/notes and a copy is held in service user file. A record of all requests for access to individual case notes/records is maintained detailing, date of access, by whom, reason and outcome of access. Service users and or representatives are made aware of access sought.</p>	Compliant
<b>Inspection Findings:</b>	
<p>Discussion with staff working in the centre and review of two individual service users' records evidenced service users are involved in developing plans and preparing for reviews. Service users are also informed through the service user guide and agreement that they can access their records and staff will support them with this.</p> <p>Discussion with staff and review of records evidenced they highlight each service users' individual needs and what each service user needs in detail to meet the needs. Records are also produced in service user friendly formats to help service users understand content.</p> <p>Discussion with service users and the representative confirmed they are aware that a service user record is kept and have been informed they can access the records.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
Individual person centered case notes from referral to closure, related to care and services provided within Dromore Outreach Centre are maintained for each service user. Notes contain information/documentation as per standard 7.4	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The examination of a sample of two service user individual records evidenced the above records and notes are available and had been maintained in compliance with this criterion. Furthermore there was evidence of ongoing systematic audit of working practices for example file audits and regulation 28 reports.</p> <p>Case records and notes in the files had been updated as required, presented as current, person centred, incorporate service user recording when possible, and were focussed on improving outcomes. There was evidence care reviews had taken place as described in standard 15 and where possible they were service led reviews.</p>	Compliant

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
A meaningful entry is made for each service user at least every five attendances when no recordable event has occurred. When a recordable event has occurred, this is documented on that day.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of two service user care records and confirmed individual care records have a written entry at least once every five attendances for each individual service user. The information was relevant to their plan, activity schedule and risk assessment.	Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
All staff are made aware of and adhere to Trust and centre Policy/Procedure pertaining to matters which need to be reported or referrals made. This is also discussed during staff meetings, supervision sessions as appropriate, person centered planning meetings, Multi disciplinary team meetings and core group meetings. Staff also receive training on a yearly basis relating to incident reporting, Safeguarding of Vulnerable Adult issues and Complaints management.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. They also evidenced consultation with service users and or representatives.	Compliant

<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b> All records are legible, accurate, up to date, signed and dated by the staff member making the entry. All records are periodically reviewed/audited by centre manager and SDCW and signed off. Records will also be reviewed during monthly service health checks. Service health checks have been recently common practice within the facility. A selection of service user files are audited monthly	Compliant
<b>Inspection Findings:</b> The inspector examined a sample of two service user individual records which met this criterion and consultation with a sample of staff working in the centre confirmed their understanding of this criterion.	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant
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<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b> Compliant
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<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Within Dromore Outreach Centre physical restraint is not used. Measures are in place to ensure the safety and welfare of each service user; eg Lap belts on wheelchairs and Seat belts while on buses. Staff have been appraised of the WHSCT policy on Restrictive Practice March 7<sup>th</sup> 2014. Restrictive intervention training is now planned for later part of 2014</p>	Substantially compliant
<b>Inspection Findings:</b>	
<p>The inspector examined a selection of records including two service user individual records which presented as described in schedule 4 and other records to be kept in a day care setting, as described in schedule 5. This did not reveal any records of restraint or seclusion. One of the records revealed the service users mobility needs may restrict them in the setting however, examination of the needs assessments and care plan revealed the staff do plan for each service users particular needs in detail and in this example even how staff should walk with the service user to encourage mobility was written in detail. The plans clearly promoted the service users rights, independence and was focused on improving outcomes.</p> <p>Staff received MAPA training but also receive behaviour training. Following training staff evaluate their training including what they have learned. They also discuss training, service user’s plans and needs in team meetings and supervision.</p> <p>Staff access policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<p>Discussion with staff revealed they do not restrain anyone in this setting and use diversion, distraction, communication and calming techniques to avoid using restraint. Staff also discussed their understanding of exceptional circumstances.</p>	
<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>On any occasion on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. The details will then be reported to RQIA as soon as is practicable through form 1a statutory notificationof events form.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>No service users had been subject to restraint and this setting has no plans in place that require restraint which is consistent with the settings ethos, statement of purpose and aims of the service.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not Applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b>  <b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b>  <b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b>  <b>(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;</b></p> <p><b>Standard 17.1 which states:</b>  <b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The registered manager ensures that at all times, taking into account the size of the day care setting, the statement of purpose and number and needs of service users, that there are suitably qualified ,competent and experienced persons working in the day care setting, in such numbers as are appropriate for the care of service users. In Dromore Outreach Centre there is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The acting manager in this setting is manager of this setting as well as four other settings in the locality. He is registered with NISCC and is currently completing the QCF level 5 with an anticipated completion date of May 2015. Niall has a permanent post as senior day care worker and he is currently supported by a senior day care worker who is a registered nurse. The examination of the records for the staff member who manages the day care setting, the senior day care worker and the day care worker who is in charge in the absence of the manager did not reveal any concerns regarding competence or management structure.</p>	<p>Compliant</p>

<p>The inspector reviewed a sample of the training, supervision, appraisal and staff record of the staff in the setting, discussed the staffing arrangements including the distribution of staff across the day care setting. The day care worker has completed a competency assessment and overall the inspector was satisfied arrangements in this regard were consistent with this theme.</p> <p>The setting has policies and procedures available for staff reference such as absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose. Staff discussion revealed they were familiar with the staff roles and responsibilities including management arrangements of the day care setting such as who do they report to; and who they should seek support or guidance from.</p> <p>Discussion with service users and the representative identified they were informed regarding the management structure in place and discussed with the inspector they were satisfied with the communication and staff regarding the care provided. The relative did raise with the inspector the review of day care being undertaken by the trust and her concern regarding the future of this setting. The inspector advised the relative regarding the RQIA role and recommended the relative puts their concerns to the trust as part of the consultation process.</p> <p>The inspector reviewed the settings statement of purpose which described the day to day staffing in this setting and this was consistent with the findings on the day of the inspection.</p>	
<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>At Dromore Outreach Centre the Senior Day Care Worker, Day Care Worker receive supervision on a monthly basis. Care assistant staff receive supervision every 3 mths. Staff appraisals take place yearly.</p>	Substantially compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined the training, supervision, appraisal and staff records of the staff left in charge of the day care setting in the manager’s absence and the findings were consistent with the provider’s self-assessment.	Substantially compliant
<b>Regulation 21 (3) (b) which states:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>Staff at Dromore Outreach Centre are suitably qualified or trained and have skills and experience necessary for such work</p> <p>Staffing at Dromore is as follows.</p> <p>1xBand 7 Day Service Manager 37.5 Hrs (Based in Omagh)</p> <p>1xBand 5 SDCW 37.5 Hrs (Based in Omagh)</p> <p>1xBand 5 DCW 37.5Hrs</p> <p>1xBand 3 Support Worker (MPA) 37.5 Hrs</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
As described in the previous criterion the inspector evidenced this criterion was being met by inspection of records, discussion and observation.	Compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record. Furthermore three complaints had been recorded for 2014 and examination of the records did not reveal any concerns regarding the response and management of the complaints.

### **11.2 service user's individual records**

Two service user files were inspected as part of this inspection and this revealed the files were consistent with schedule 4. The content of the service user's individual files is further examined in standard 7.

### **11.3 Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed there is satisfactory arrangements in place regarding the manager's registration with NISCC, staffing arrangements; support for staff; policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information reported was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

### **11.4 Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and reference to them during the inspection revealed in the main the statement of purpose was compliant with schedule1 and the service user guide was compliant with regulation 5.

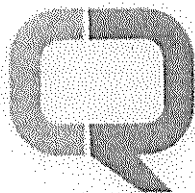
## **12.0 Quality Improvement Plan**

The findings of this inspection were discussed with Niall Campbell (Acting manager) as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Suzanne Cunningham**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

No requirements or recommendations resulted from the primary announced inspection of Dromore Outreach Centre which was undertaken on 2 March 2015 and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	<i>[Signature]</i>	
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	<i>[Signature]</i>	
Approved by:		Date
SUZANNE CUNNINGHAM	<i>[Signature]</i>	1/4/2015.