

Inspection Report

25 June 2021



Dromore Outreach Centre

Type of Service: Day Care Setting
Address: 16 Main Street, Dromore, Omagh, BT78 3AA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)</p> <p>Responsible Individual: Dr Anne Kilgallen</p>	<p>Registered Manager: Mr Niall Campbell</p> <p>Date registered: 19 February 2018</p>
<p>Person in charge at the time of inspection: Mr Niall Campbell</p>	
<p>Brief description of the accommodation/how the service operates: Dromore Outreach Centre is a day care setting that is registered to provide care and day time activities for up to 16 service users who have a learning disability. The day centre is open Monday to Friday and is managed by the WHSCT.</p>	

2.0 Inspection summary

An unannounced care inspection took place on 25 June 2021 between 11.00am and 2.35pm.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Service users said that they were very satisfied with the standard of care and support provided.

One area for improvement was made in relation to adult safeguarding training for transport staff.

Good practice was identified in relation to care staff training. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day centre. This included the previous inspection report and Quality Improvement Plan (QIP) and written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day centre's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day centre. This included service user/relative questionnaires and a staff poster. No service users' responses were received. No staff responses were received within the timescale requested.

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

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day centre. All confirmed that they were very satisfied with the standard of care and support provided. The inspector spoke with five service users and four staff including the manager.

Service users' comments:

- "Great place and I love coming here."
- "I can talk to XXXX about anything."
- "Staff wear their masks here all the time."
- "All is good."
- "I like going out for a walk with XXXX."

Staff comments:

- "There is no restrictive practice in the centre. The service users can go around the centre freely."
- "We have two service users who have been seen by the Speech and Language Therapist (SALT) and their recommendations are in their care files."
- "Very good training provided and relevant to my job."
- "Lots of Personal Protective Equipment (PPE) available to us and plenty of stock items."
- "I have access to all policies and procedures and reference folders."
- "I have done infection prevention and control training and DoLS training."
- "Lots of new measures in place in regards to Covid-19 including social distancing, wearing PPE and extra cleaning. I think all these measures add to a safe environment."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the service was undertaken on 20 November 2019 by a care inspector; two areas for improvement were identified. A QIP was issued. This was approved by the care inspector and will be validated during this inspection.

5.1.2 Review of areas for improvement from the last care inspection dated 20 November 2019

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 (4) (d) Stated: First time	The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839. A suitable new key must be provided and if necessary staff receive instructions on how to complete the weekly fire alarm system testing.	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. The inspector reviewed a sample of the weekly testing of the fire alarm system records and found these to be satisfactory.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 25.4 Stated: First time	The registered person shall ensure that the water temperature at all hot water outlets which are accessible to service users including wash hand basins, showers and baths are maintained in accordance with the Safe Hot Water and Surface Temperature Health Guidance Note.	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. The inspector reviewed a sample of water temperature records and found these to be satisfactory.	
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5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day centre's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter. However, it was noted that transport staff had not received training with regards to adult safeguarding. Adult safeguarding training was identified as an area for improvement.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day centre's policy and procedure with regard to whistleblowing.

The day centre has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that no referrals had been made with regards to adult safeguarding since the last inspection. Adult safeguarding matters are reviewed as part of the quality monitoring process.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

Staff were provided with training appropriate to the requirements of their role. This included DoLS training. Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that no restrictive practices were used in the day centre.

There was a good system in place to share information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

The environment was observed during the inspection and there was evidence of IPC measures in place such as PPE which was available for staff. Other IPC measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day centre. Wall mounted hand sanitisers checked were clean, sufficient product was available and these were well maintained and fit for purpose. There were numerous laminated posters displayed throughout the day centre to remind staff of good hand washing procedures and the correct method for donning and doffing PPE. Observations of the environment concluded that it was fresh smelling and clean throughout.

5.2.2 Are their robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day centre are currently registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken by an identified monitoring officer. A sample of reports viewed from October 2020 to April 2021 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day centre was examined and that action plans for improvement were developed, if necessary.

There is a process for recording complaints in accordance with the day centre's policy and procedures. The day care worker confirmed that one complaint was received since the date of the last inspection. It was noted that the complaint had been managed in accordance with the organisation's policy and procedures and were reviewed as part of the agency's monthly quality monitoring process.

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.

It was noted that a number of service users have been assessed by the Speech and Language Therapist (SALT) in relation to dysphagia needs and specific recommendations made. Staff were implementing the recommendations to ensure the care received was safe and effective for each individual service user.

It was noted that all staff had undertaken dysphagia awareness training. The discussions with staff and review of service user care records indicated that they had a good understanding of the needs of individual service users with regards to swallowing difficulties and any modifications to their food and fluid intake.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day centres policies and procedures.

Staff described their role in relation to reporting poor practice and their understanding of the centre's policy and procedure on whistleblowing.

It was established during discussions with the manager that the day centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with the manager, staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

One area for improvement was made in relation to adult safeguarding training for transport staff.

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

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

7.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, 2012.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 13.4</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.</p> <p>This relates specifically to transport staff.</p> <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: Registered manager has informed transport Head of Service and local Transport Manager of this area for improvement and has discussed how this training can be accessed for their staffing group. Transport head of service to discuss with terms and condition and HR department to ascertain if this is a mandatory training requirement for transport staff.</p>



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