

Inspection Report

25 July 2023



Dromore Outreach Centre

Type of service: Day Care Setting
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Mr Niall Campbell
Responsible Individual: Mr Neil Guckian	Date registered: 19 February 2018
Person in charge at the time of inspection: Senior Day Care Worker	
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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 25 July 2023 between 9.40 a.m. and 2.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management was also reviewed.

An area requiring improvement was identified in relation to the safe storage of cleaning chemicals and hand sanitiser products.

All service users spoken with indicated that they were very happy with the care and support provided by the staff. Service users who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from service users and staff are included in the main body of this report.

Evidence of good practice was found in relation to communication between service users and day care setting staff; the provision of compassionate care; staff training; the monitoring of staffs' registration with the Northern Ireland Social Care Council (NISCC) and the management of dysphagia.

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

The findings of this report will provide the management team with the necessary information to improve the quality of service provision.

We would like to thank the person in charge, service users and staff for their support and co-operation throughout the inspection process.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has 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 services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "This is a good place to come. I like it here."
- "I am happy here. I like doing word puzzles and colouring."
- "Everyone is good to me."
- "This is a nice place."
- **Staff comments:**
 - "The Trust provide good training, including update training. The training is relevant to our current role. I have done dysphagia training and there is a great emphasis put on the correct meal for the service user."
 - "Service users choose how they spend their day. There are regular service user meetings in place."
 - "Care and support is person centred and service users are treated very well."

No service users or staff returned questionnaires prior to the issue of this report.

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 care inspection of the day care setting was undertaken on 25 June 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 25 June 2021		
Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
Area for Improvement 1 Ref: Standard 13.4 Stated: First time	The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding.	Met
	This relates specifically to transport staff.	
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of training records evidenced that this area for improvement had been addressed.	

5.2 Inspection findings

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

The day care setting'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 person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

Discussion with the person in charge confirmed that there were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as first aid, fire safety and moving and handling. It was positive to note that the day care setting provided training in regard to food safety and safety interventions.

The person in charge reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

All staff had been provided with training in relation to medicines management.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered, and where appropriate, assessed. The documentation in place was reviewed and was satisfactory.

The environment was observed during a tour of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control 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 care setting.

During a review of the environment it was noted that there was an area which service users could potentially have access to cleaning products and hand sanitiser products. This was discussed with the person in charge and it was stressed that the internal environment of the day care setting must be managed to ensure Control of Substances Hazardous to Health (COSHH) regulations are adhered to at all times. The identified substances were secured by the person in charge prior to the conclusion of the inspection. An area for improvement was made in this regard.

The day care setting was found to be warm, fresh smelling and clean throughout.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. Review of fire drill records evidenced that a fire drill had been completed on 30 March 2023.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and staff, it was positive to note that service users had an input into devising their own plan of care. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

It was also positive to note that the day care setting had service users' meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some matters discussed included activities, college courses and meals.

Discussion with the staff and service users provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

Discussions between service users and staff were observed on the day of the inspection; staff encouraged service users to discuss their preferences and engaged with them in an effort to develop their cognitive, physical and social skills through discussion and activities.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. The person in charge advised that this report was disseminated to all of the service users, in a format which best met their communication needs.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

The person in charge advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The person in charge 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 care setting are currently registered with NISCC.

Information regarding registration details and renewal dates was monitored by the manager. The person in charge 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.

There were no volunteers deployed in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

The person in charge confirmed that a process was in place that newly appointed staff would complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; dysphagia; staff recruitment and training, and staffing arrangements.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs).

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the person in charge indicated that no complaints had been made since last inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with 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. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with the person in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 14 (1) (a) (c) Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that chemicals are stored in line with Control of Substances Hazardous to Health (COSHH) regulations. Ref: 5.2.1
	Response by registered person detailing the actions taken: There was a water leak from the kitchen water boiler on the 24/7/23 this caused damage to the COSHH cupboard thus requiring the contents to be removed and placed in a cupboard which did not have a lock. Estates services were notified on the morning of the 25/7/23 (job number 1539038 and 1522910) On 26/7/23 the boiler was repaired and new locks were fitted to another cupboard ensuring the unit is compliant with COSHH regulations.

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