

Unannounced Care Inspection Report 11 August 2017



Dromore Outreach Centre

Type of Service: Day Care Setting

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

Tel No: 02882898976

Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 16 places that provides care and day time activities for people who have a learning disability.

3.0 Service details

<p>Organisation/Registered Provider: Western HSC Trust</p>	<p>Registered Manager: Mr Niall Campbell</p>
<p>Responsible Individual(s): Mrs Elaine Way CBE</p>	

Person in charge at the time of inspection:	Date manager registered: 24 January 2017 - application received - "registration pending".
Number of registered places: 16 - DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 11 August 2017 from 11.00 to 15.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

Evidence of good practice was found in relation to promoting service users independence, involving service users in their care and leadership in the setting.

No areas requiring improvement were identified.

Service users said the setting was "very nice", "gets you out more", "I love this place", Staff are very good to me". The service users said the setting keeps them active, is safe because of the front door which stops people walking in, the staff help them and are good "craic", they get to have their say in their person centred planning meeting and if they had any concerns they would talk to staff who they were confident would help them to feel safe.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Michelle Galloway, day care worker, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 07 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 07 June 2016.

5.0 How we inspect

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

- The registration details of the day centre
- Information and correspondence received from the registered manager and Western Health and Social Care Trust
- Incident notifications which revealed one incident had been notified to RQIA since the last care inspection in June 2016
- Unannounced care inspection report 07 June 2016.

During the inspection the inspector met with:

- The acting manager
- Two care staff
- Ten service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Four were returned by service users, three were returned by staff and two by relatives.

The following records were examined during the inspection:

- One individual staff record
- Two service users care files
- A sample of service users' daily records
- The complaints/issue of dissatisfaction record from April 2016 to August 2017
- A sample of incidents and accidents records from January to August 2017
- The staff rota arrangements during July and August 2017
- The minutes of four service user meetings held in April, May, June and July 2017
- A sample of four Newsletters produced between January to August 2017
- Staff meetings held Weekly in May and June 2017
- Staff supervision dates for 2017
- Two monthly monitoring reports from August 2016 to August 2017
- The staff training information for 2017
- The statement of purpose.

Two areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 07 June 2017

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

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

6.2 Review of areas for improvement from the last care inspection dated 07 June 2016

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		
<p>Area for improvement 1</p> <p>Ref: Regulation 28</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the monitoring visits and reports are improved, specifically:</p> <ul style="list-style-type: none"> • 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. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed there were seven unannounced monitoring visits undertaken and reports written over the last 12 months. The reports were available and up to date at the time of inspection. This was consistent with the trusts agreement with RQIA and the reports provided evidence actions had been taken since the last inspection that had improved the quality and frequency of monitoring visits in this setting.</p>	

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 8 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The newsletter and service user meeting minutes had been produced in colour. Comments from service users confirmed this improvement improved outcomes as they could recognise themselves and identify with the written content by referring to the pictures.	

6.3 Inspection findings

6.4 Is care safe?

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

The inspection of the staff rota in this setting confirmed at all times, sufficiently qualified, competent and experienced persons were working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users attending day care, fire safety requirements and the statement of purpose

The records kept of staff working each day showed the capacity in which they worked and who was in charge of the centre. A competency and capability assessment had been completed for the staff member in charge of the centre in the absence of the manager which showed staff with a range of skills and responsibilities were working together to meet service users' needs.

Staff discussed they had received mandatory training and other appropriate training relevant to their roles and responsibilities. The trust had facilitated the settings closure to ensure all staff received the training they needed. Recently they had received "supporting Derek" training which was about supporting a service user with a learning disability who is also experiencing memory loss. The staff were enthusiastic about the training because it was relevant to their service user group, they discussed and showed examples of how they had subsequently used

the training when planning for service users who had a diagnosis or were showing signs of memory loss. Other training had been delivered such as fire training and safeguarding. During discussion the day care worker showed examples of information they had stored for reference such as an article regarding “breaking bad news”. Overall it was observed staff understood the relationship between learning theory and applying the theory in practice, the service users’ records detailed information that showed staff was putting theory and methods of intervention regarding memory loss into practice.

The settings incidents and accidents records were cross referenced with the notifications forwarded to RQIA, this showed safety issues and risks had been identified, recorded and managed. The accidents/incidents/notifiable events had been effectively documented and investigated in line with legislation and minimum standards however one report received by RQIA was categorised incorrectly. This was discussed with the manager and person in charge during the inspection to ensure they were fully informed with procedures in this regard.

A discussion regarding restrictive practices revealed the front door had been secured from the outside into the setting since the last inspection because a member of the public had walked into the setting. Service users said they felt safer in the setting with the changes to the door and they confirmed they could independently exit the setting by pressing a button.

Observations of the environment provided assurance infection prevention and control measures were in place, the environment presented as safe, clean & tidy, furniture, aids & appliances presented as fit for purpose and there was adequate space for the number of service users in the setting.

Fire safety precautions records were inspected and the environment was observed, this found the fire exits were unobstructed, discussion with service users revealed they knew where to go if the fire alarm sounded, the fire lighting and alarm had been checked regularly to ensure they were in working order, the last fire drill was undertaken in May 2017 which did not reveal any concerns, the fire risk assessment had been reviewed and updated in May 2017, and the action plan was signed, dated and preventative actions taken were recorded.

Four staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding is care safe in this setting. They identified service users are safe and protected from harm in the setting; they had received safeguarding training and other training essential for their role and have working knowledge of safeguarding policies and procedures; they would report poor care to their manager; risk assessments and care plans are in place for service users and they receive supervision and appraisal.

Three service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care safe in this setting. They identified they felt safe in the setting, the setting was comfortable; and they could talk to staff.

Two relatives returned questionnaires to RQIA post inspection. One identified they were “Very Satisfied” regarding is care safe in this setting. Both questionnaires identified their relative was safe and protected from harm, they can talk to staff about a range of matters, the environment is suitable although one commented “it’s a pity there is no outdoor space”, and they would report bad treatment to the staff or manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, induction, training, supervision, adult safeguarding, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The centre's statement of purpose described the service that was being delivered and was consistent with the day care settings Regulations and Standards.

Two service user's care files were inspected. Individual assessments and care plans were in place for each service user and the content described their physical, social, emotional, and psychological needs. Each service user had an individual written agreement that set out their terms of their day care placement, care records were maintained in line with the legislation and they had a current assessment of needs, risk assessment, care plan, an annual review and regular recording of the health and well-being of the service users. Records were stored safely and securely in the office.

Discussion with the service users revealed they would speak to the staff or manager if they had a concern about day care or wanted advice. Discussion with the staff and service users assured the staff in this setting had responded to service users wishes, feelings, opinion and concerns with the aim of ensuring the service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Four staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding is care effective in this setting. They identified service users get the right care, at the right time, with the best outcome for them; service users are involved in their plan, staff have the right skills, knowledge and experience to care for the service users; there are systems to monitor quality and safety; staff are informed regarding activities; and staff respond to service users in a timely manner.

Three service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding is care effective in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with them, they know their needs and choices, staff help and encourage them, they can choose activities and are involved in their day care review.

Two relatives returned questionnaires to RQIA post inspection. One identified they were “Very Satisfied” regarding is care effective in this setting. They identified they get the right care, at the right time with the best outcome, staff communicate with their relative, they know their needs and choices, staff encourage them to be independent, they can choose activities and are involved in their relatives day care review.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

Staff were observed engaging service users in activities and discussions, they encouraged service users to recall events, and give their opinion. This was a clear example of staff promoting and encouraging service users independence. Discussion with service users revealed they were fully aware of the managed front door and they were able to communicate that this was to keep them safe and did not restrict them because they could press a button to exit.

Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in from craft, to fitness activities to work opportunities. The activity programme was noted as developing social, work and education opportunities for service users as well as their hobbies and interests.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning, opportunities for work and outings through service user meetings, informal discussions and their individual review meetings. Service user involvement had also ensured the newsletter produced monthly with staff and the service user meeting minutes were produced in colour. Service users commented they could link the pictures to the written information because they could see the colour version clearly; they also said seeing the pictures prompted their thoughts and promoted discussions. Overall the inspection found service users are provided with information, in a format that they can understand which enabled them to make informed decisions regarding their life, care and treatment. The inspection of records also found their personal outcomes and goals were also sought, recorded and planned for.

The setting had in place robust systems that aimed to promote effective communication between service users and staff such as monthly service user meetings, the annual service users’ quality assurance survey which had been evaluated.

The setting had in place robust systems that aimed to promote effective communication between staff, management and professionals involved in the service users’ care. Staff described the management team were contactable if needed.

Four staff returned questionnaires to RQIA post inspection, they identified they were “Very Satisfied” regarding is care compassionate in this setting. They identified service users are treated with dignity and respect, involved in decisions, encouraged to be independent and make informed choices, involved in improvements and informed regarding the service they receive.

Three Service users returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care compassionate in this setting. They identified they are treated with dignity and respect, staff are kind and caring, their privacy was respected, they can choose activities and they are included in decisions and support they receive in the setting.

Two relatives returned questionnaires to RQIA post inspection. They identified they were “Very Satisfied” regarding is care compassionate in this setting. They identified their relative was treated with dignity and respect, staff treated their relative well, they had no concerns, they had been consulted and involved in their relatives care and staff advocate for their relative.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months and had a recorded annual appraisal. Inspection of staff meeting minutes revealed they were held monthly with minutes and attendance recorded. The content recorded detailed discussions and staff being informed regarding changes to service users' needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded showed staff discussions were focussed on service users' needs and improvement.

The complaints record was inspected and this showed no complaints had been recorded since the last inspection.

The manager had continued to complete a monthly check that monitored, audited and reviewed the effectiveness and quality of care delivered to service users in this setting. The Regulation 28 monthly quality monitoring visits had also been undertaken monthly by the independent monitoring officer. The reports showed the visits were bi-monthly included outcomes/action were unannounced, qualitatively reflected service users & staff views & opinions.

Four staff returned questionnaires to RQIA post inspection, they identified they were "Very Satisfied" regarding is care well led in this setting. They identified service users feel the service is managed well; quality monitoring is undertaken regularly; management respond and act regarding any complaints, issues or suggestions; they could approach the manager regarding concerns; staff meetings are held and communication is effective.

Three service users returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding is care well led in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to concerns, issues or suggestions and they are asked about what they want to do.

Two relatives returned questionnaires to RQIA post inspection. They identified they were "Very Satisfied" regarding is care well led in this setting. They identified they feel the setting is managed well; they know who the manager is; the staff respond well to communication, concerns, issues or suggestions and they have received information about the complaints process and the setting. One relative commented they would like more feedback regarding their relative's attendance and this was forwarded to the settings manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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