

Unannounced Care Inspection Report 21 March 2019



Dromore Outreach Centre

Type of Service: Day Care Service

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

Tel No: 02882898976

Inspector: Marie McCann

Observer: Gemma Murray Service Development Officer

www.rqia.org.uk

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

Dromore Outreach Centre 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

Organisation/Registered Provider: Western Health and Social Care Trust (WHSCT)	Registered Manager: Mr Naill Campbell
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Day care worker	Date manager registered: 19 February 2018
Number of registered places: 16	

4.0 Inspection summary

An unannounced inspection took place on 21 March 2019 from 09.55 to 16.25.

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

The inspection determined if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, staff inductions, care records, care reviews and staff knowledge regarding service users. There was also evidence of good practice in regard to providing meaningful activities to service users, taking account of the views of service users, maintaining a quality improvement focus and staff communication.

Two areas for improvement were identified in regard to infection prevention and control arrangements, and the management of water temperatures.

Service users said:

- “I really like it here; its good fun.”
- “I like playing jokes on staff.”
- “Staff help me.”
- “I like all the staff.”
- “I can’t wait to eat the cake we made...I like the lunch, I decide what I want to order, it’s nice.”
- “We go out a lot and visit different places.”
- “I do feel safe here.”

The findings of this report will provide the day centre 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	2

Details of the Quality Improvement Plan (QIP) were discussed with Niall Campbell, registered manager and the senior day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 11 August 2017

No further actions were required to be taken following the most recent inspection on 11 August 2017.

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 agency.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted that one incident had been notified to RQIA since the last care inspection on 11 August 2017.
- Unannounced care inspection report from 11 August 2017.

During the inspection the inspector was introduced to and met with 11 service users in a group setting, the registered manager, senior day care worker, day care worker and care assistant.

The following records were examined and/or discussed during/after the inspection:

- Sample of induction records for short term staff and students.
- Personnel records for two staff in relation to supervision and appraisal.
- Staff training files for two staff.
- Competency and capability assessments.
- Aspects of three service users' care records.
- The day centre's complaints record from date of last inspection.
- Staff roster information for February 2019 and March 2019.
- A sample of minutes of staff meetings for October 2018, November 2018, December 2018 and January 2019.
- A sample of minutes of service user meetings from October 2018 to February 2019.
- A sample of the day centre's record of incidents and accidents since the last inspection.
- A sample of monthly quality monitoring reports since the last inspection
- Fire Safety Information.
- Statement of Purpose, March 2019.

At the request of the inspector, the day care worker was asked to display a poster within the setting. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; six questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the day care worker place a 'Have we missed you' card in a prominent position in the agency, as appropriate to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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

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 11 August 2017

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

6.2 Review of areas for improvement from the last care inspection dated 11 August 2017

There were no areas for improvement made as a result of the last care inspection.

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 inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The day centre has a human resources (HR) department which oversee the recruitment process, including the completion of appropriate pre-employment checks. However, the day centre has had no newly recruited staff for a number of years. A review of the induction records for short term staff and student nurses who have worked in the day centre since the last inspection confirmed that they had been appropriately orientated to the setting and had

been made aware of relevant policies and procedures in regard to adult safeguarding, risk management, management of complaints, confidentiality and health and safety issues.

The registered manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. The sample of staff rota information reviewed was noted to be consistent with the staffing levels described. Records showed the number of staff working each day and the capacity in which they worked. Discussions with staff during the inspection verified that there were sufficient numbers of staff to meet the needs of service users.

Competency and capability assessments had been completed for the staff who were in charge of the day centre in the absence of the registered manager and these were noted to be satisfactory and had been reviewed regularly.

Discussion with staff on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. Staff were noted to maintain individual training files; a sample of these records viewed evidenced a training log, certificates obtained and training notes. Review of records and discussion with the registered manager and staff confirmed that mandatory staff training was up to date, with the exception of an update required for fire safety. The registered manager was able to confirm that dates have already been arranged to address this.

It was positive to note that staff received training in addition to the mandatory training required such as new terminology relating to the use of modified diets; communication awareness; epilepsy awareness; relationships, sexual education and learning disability. Training was also provided to enable staff to have the necessary skills and knowledge to provide a number of activities such as, walk leader, boccia leaders award and 'cook it' training.

The day care setting's governance arrangements in place that identify and manage risk were inspected. These confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents on a duplicate book which is then reviewed and audited by the registered manager and the WHSCT governance department. The registered manager advised that this system is in the process of changing to an electronic system. A review of the incidents and accidents since the last inspection evidenced that they had been managed appropriately.

Discussion with the registered manager established that there had not been any suspected or alleged incidents of abuse since the previous care inspection.

The registered manager and staff further confirmed that there was a clear pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals and staff have access to regular adult safeguarding training.

During the inspection concerns were brought to the inspector's attention in regard to staff communication with service users. These concerns were discussed with the registered manager and it was agreed that an investigation would be undertaken. Following the inspection RQIA were advised that as part of this investigation there would be a process of consultation with service users by their community keyworkers. The registered manager has since confirmed that this period of consultation has been completed and that no concerns in relation to staff communication with service users were substantiated.

The senior day care worker advised that there were no restrictive practices being undertaken in the day centre. The senior day care worker demonstrated knowledge and understanding that the use of such interventions requires a referral to the multi-disciplinary team to ensure that such measures are appropriately minimised, assessed in partnership with all relevant parties, documented and reviewed as required.

Observation of the environment was undertaken during a walk around the day care setting and confirmed that the environment was clean, tidy, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the day care worker and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. A good standard of hygiene was observed throughout the day care setting. However, it was noted that the liquid soap dispenser in the ground floor bathroom was not attached to the wall and service users did not have easy access to the liquid soap in the identified bathroom. There was evidence that this had been raised on two occasions over the last month with the organisation's estates department but had not been addressed. An area for improvement is made in this regard.

It was also noted that staff completed a number of health and safety checks with respect to water temperatures within the day centre. Records indicated that the expected temperature range was not consistently achieved. An area for improvement is made in this regard.

A sample of records examined identified that a number of weekly and monthly fire safety precaution checks are undertaken in the day centre. It was noted that four fire evacuation drills were undertaken in 2018; the last one was completed on 11 December 2018 with no issues identified. A fire risk assessment review was completed in May 2018 with a review date scheduled for May 2019. The registered manager provided assurances that any requirements arising from the associated action plan in relation to the day centre have been addressed. It was also confirmed that corrective actions relating to the new social work offices which will be located in the same building of the day centre are being progressed.

Six service user/relative's questionnaire responses were returned to RQIA. Five respondents indicated they were very satisfied and one respondent was satisfied that care provided in the setting was safe. A relative commented. "Excellent centre led by a great leader/person xxxx. Xxxx would be annoyed if they couldn't get to the centre daily. Xxxx just loves it and all the activities and outings."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and the induction of short term staff and student nurses.

Areas for improvement

Two areas for improvement were identified in regard to infection prevention and control arrangements and the management of water temperatures.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided is outlined within the Statement of Purpose and Service User Guide.

Three service users' individual files were inspected. They contained referral information; service user agreements; a needs assessment with evidence of regular review; transport assessments; manual handling assessments and individualised risk assessments. Care plans and risk assessments reviewed were noted to be individualised, comprehensive and provide holistic information regarding the care and support needs of service users, with objectives identified and reviewed regularly.

It was positive to note that the care plans and service user agreement/service user guides were adapted to provide an easy read format for service users.

Documents were noted to be signed by service users and their next of kin to evidence consultation and reflect their agreement, as appropriate. A consent form was also completed by service users to provide permission for their care records to be reviewed by relevant staff and a record is maintained of those who have reviewed the records.

Discussion with the day care worker and review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative.

Systems were in place to review each service user's placement within the day centre and ensure that the setting was appropriate to meet their health and social care needs. The day centre staff complete a comprehensive report for the review meeting and service users confirm who they would like to attend. A review of a sample of records evidenced that service user/representative involvement was documented for each review meeting and that positive feedback had been noted with regard to service users' attendance at the day centre.

Discussion with staff confirmed that they know service users well and what type and level of support they require in order to ensure that their needs are safely and effectively met. Staff were particularly aware of individual's communication needs, service users' preferences and how service users responded to new people and situations.

Discussions with the day care worker described effective communication systems in use with the multi-disciplinary team to ensure that service users' needs are met inside and outside the day centre. Feedback from staff indicated that they highly valued this approach. Collaboration with multi-professional teams such as the sensory team and speech and language therapy team was also evidenced.

Six service user/relative's questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, care reviews and staff knowledge regarding service users.

Areas for improvement

No areas for improvement were identified in this domain 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.

Observations of staff interactions with service users and discussions with staff during the inspection indicated that care and support was provided in an individualised manner.

The day care worker acknowledged that service users require varying degrees of support with their care needs and in order to meaningful engage in activities. Staff described how service user independence is promoted within a context of providing support as necessary.

Observations of staff practice on the day of inspection evidenced that they were confident and effective in their communication with service users and that their interactions were proactive and timely. A relaxed atmosphere was evidenced in which staff were observed sharing jokes with service users and engaging in friendly and cheerful conversations with them. Staff were also observed encouraging feedback from service users with regard to activities undertaken.

A review of activity timetables, photographs, the day centre’s monthly newsletter and craft work on display in the centre evidenced that service users are enabled and supported to engage and participate in a wide range of meaningful activities, social events, work and educational opportunities, hobbies and interests. On the day of inspection service users had a visit from a tutor from the local college to assist with cake baking. Service users who were spoken with confirmed they enjoyed this activity and were looking forward to eating the cake.

The inspector noted that a timetable was in place for the completion of a number of duties around the day centre by service users. The day care worker advised that this supported service users with having a sense of ownership in relation to the running of the day centre and also promoted and developed their independence and life skills. Discussion with a number of service users regarding this confirmed that the enjoyed having the responsibility of a duty to complete and they took pride in achieving this.

Observations of the lunch time meal confirmed that service users were given a choice in regard to the food and drinks available. Staff provided levels of support consistent with service users’ individual needs; it was noted that independence was promoted but when assistance was required, this support was provided discreetly. Staff afforded service users adequate time for lunch. The food appeared appetising and staff wore appropriate aprons when serving the lunch time meal.

There was evidence of systems in place to seek service users’ feedback regarding activities within the day centre. This included monthly service users’ meetings and a six monthly evaluation of activities. A sample of minutes of service users’ meetings demonstrated service user feedback being sought with regard to meals and activities, the redecorating of the centre and development of outside space for use during the Summer.

The day centre also undertook an annual satisfaction survey with a separate survey was completed for service users and relatives. A 100 per cent satisfaction rate was noted in all areas reviewed.

Discussion with the registered manager confirmed that the day centre continues to review and evaluate communication strategies with service users. The inspector discussed the Royal College of Speech and Language Therapists Five Good Communication Standards (2013), which is a practical resource which can support service providers to recognise what good communication looks like, whether good communication is happening and detail useful resources to promote good communication. The registered manager agreed to review these standards to identify any best practice examples that could be implemented in the day centre.

Six service user/relative's questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that care provided in the setting was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing meaningful activities to service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified in this domain 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 inspector sought to assess the day centre's leadership, management and governance arrangements to meet the assessed needs of service users.

The day centre is managed on a day to day basis by the registered manager, a senior day care worker, a day care worker and a care assistant. The registered manager and senior day care worker also manage other day care services and are not based in the day centre. The registered manager advised that he and the senior day care worker regularly communicate with Dromore Outreach Centre staff and visit the setting regularly. This was confirmed in discussions with the staff working in the day centre. There was a clear organisational structure and staff confirmed that they have effective access to management as required.

The Statement of Purpose for the day care service was reviewed and updated by the provider on 19 March 2019. The inspector recommended minor amendments and the updated Statement of Purpose was forwarded to RQIA following the inspection and was noted to be satisfactory. Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

The registration certificate was up to date and displayed appropriately. Discussion with the registered manager identified that he had good understanding of his role and responsibilities under the legislation.

Staff confirmed they had access to a range of policies and procedures which they used to guide and inform their practice.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. In addition, service users had access to a WHSCT easy read "Tell us what you think" leaflet and details were displayed on the notice board in the day centre with regard to how to make a complaint in the WHSCT and the role and contact details of the Patient Client Council. Review of the complaints record confirmed that no complaints had been received since the previous care inspection. The day care worker confirmed that they knew how to receive and deal with complaints and ensure that the registered manager was made aware of any complaints.

Staff confirmed that staff meetings were typically held on a monthly basis. A review of a sample of minutes of the meetings evidenced that there was a learning and quality improvement focus for the meetings. They included a review of service users' needs and necessary actions to improve the experience of service users and sharing of relevant information from recently attended training such as deaf awareness training. It was positive to note that each month, two to three different day care standards were focused on for discussion to highlight staff responsibility in achieving these standards. The inspector advised that minutes of the meetings should be improved to ensure that any action plans have an identified time frame to enable timely follow up of actions at subsequent meetings.

The inspector discussed the development of the Northern Ireland Health and Social Care Council (NISCC) website to include an adult social care learning zone; the registered manager agreed this may be beneficial for promoting staff development and training opportunities for use within team meetings in the day centres. The registered manager advised that they would review this resource and share with the staff team as appropriate.

The inspector discussed the monitoring arrangements under regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The records viewed showed that visits were undertaken bi-monthly by a senior manager in the WHSCT. A sample of reports showed consultation with service users and their representatives including a review of the conduct of the day centre. A focused theme had also been identified for each visit and action plans produced. Although the registered manager confirmed that such a visit had been completed within the day centre in December 2018, the report was not received by the service and the conducting monitoring officer had since left the organisation. It was agreed with the registered manager that these reports must be produced following all such visits and if they are not received in a timely manner this is to be actioned immediately.

The inspector was provided with a copy of the annual report for 2018 following the inspection and this included all the matters as required in regulation 17 and schedule 3.

Discussions with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision/appraisal processes and an open door policy for discussions with the management team. A review of a sample of records verified that staff received a number of individual supervision sessions and an annual appraisal as required within the day care standards.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their induction, training, supervision and appraisal process. In addition, the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process, which is used for the purpose of developing person centred care plans and risk assessments.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

Six service user/relative's questionnaire responses were returned to RQIA. All respondents indicated they were very satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining a quality improvement focus and staff supervision and appraisal arrangements.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Niall Campbell, registered manager and the senior day care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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 E17</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure each toilet facility has suitable hand washing facilities to meet infection control guidelines.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Centre Manger actioned a job request to Estates Department on the 11/4/19.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 25.4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.)</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>The Manager actioned a Job request to Estates Department on the 19/4/19.</p>

Please ensure this document is completed in full and returned via Web Portal



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