



The Regulation and
Quality Improvement
Authority

Drumcoo Centre
RQIA ID: 11956
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Enniskillen
BT74 6GN

Inspector: Dermott Knox
Inspection ID: IN23786

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**Unannounced Care Inspection
of
Drumcoo Centre**

01 February 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 01 February 2016 from 11.00 to 16.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. One area for improvement was identified. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

This inspection resulted in no requirements and one recommendation being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Western HSC Trust/Mrs Elaine Way	Registered Manager: Mr Niall McGandy
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Niall McGandy	Date Manager Registered: 13 September 2012
Number of Service Users Accommodated on Day of Inspection: 29	Number of Registered Places: 40

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

During the inspection the inspector met with:

- Six service users individually and with several others in group settings
- The registered manager
- Two care staff for individual discussions

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monthly monitoring reports for three months in 2015
- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 24 March 2015
- The statement of purpose
- Service user guide
- Minutes of two service user (Drumcoo Centre Members group) meetings
- Minutes of five staff meetings
- Staff training records
- Supervision and appraisal records for two staff
- A sample of two written policy and procedures documents

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 15 December 2015. On the date of the present inspection, 01 February 2016, the completed QIP had not yet been returned to the specialist inspector, but was due by the 08 February 2016. The registered manager stated that works requisitions had been sent to the Western Health and Social Care Trust for action on the six recommendations made in the estates inspection.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 28(3)	Monitoring visits shall take place at least once a month. The records showed that visits were much less regular than required during 2014 and the monthly requirement is re-instated in place of bi-monthly, as previously agreed with RQIA.	Met
	Action taken as confirmed during the inspection: Monitoring reports for September, October and November 2015 were examined and were found to meet the requirements. Monitoring visits had been carried out consistently since the previous inspection.	
Requirement 2 Ref: Regulation 20(2)	The registered person shall ensure that staff have recorded individual, formal supervision sessions no less than every three months.	Met
	Action taken as confirmed during the inspection: Formal supervision has taken place consistently since the previous inspection, as confirmed by supervision records for three staff.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 15.3	The registered person should ensure that a care review is carried out, for each service user, at least annually.	Met
	Action taken as confirmed during the inspection: Review records in four randomly selected files provided evidence of compliance with this recommendation.	
Recommendation 2 Ref: Standard 7.7	The registered person should ensure that all incident records are regularly audited for accuracy of times and dates. (Ref. Form 1A identified to the manager.)	Met
	Action taken as confirmed during the inspection: Incident records were audited by the manager and there was also evidence of these records having been examined by the monitoring officer.	
Recommendation 3 Ref: Standard 19.3	The number of registered places in the centre was recorded inaccurately in two monitoring reports for 2014. The registered person should ensure the accuracy of all of the centre's records.	Met
	Action taken as confirmed during the inspection: The number of places for which the centre is registered was correctly recorded in the monthly monitoring reports examined at this inspection. Other records examined were found to be accurate.	

5.3 Standard 5 Care Plan:

Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Service users' records provided evidence of personal care needs, including continence promotion and care, having been identified for a small number of those who attend the centre. Staff members confirmed that they were appropriately trained for personal care work, confident in providing good quality personal care and in respecting each service user's privacy and dignity. Review records for a sample of four service users showed that care matters had been addressed to the satisfaction of the service user, a relative and/or a relevant professional.

The toilet and personal care facilities were considered by staff members to be satisfactory for current service users. In individual discussions during the inspection, two service users confirmed that they had access to the facilities that they needed, that they were confident in the staff who worked with them and felt that safety and quality of care were good. The evidence available during this inspection indicates that safe care is provided.

Is Care Effective? (Quality of Management)

The centre does not yet have in place a written policy for continence promotion and care, although the Trust has informed RQIA that the draft policy is at an advanced stage in its approval process. The manager was aware that work was ongoing in the Trust to develop and introduce this policy. Staff had been provided with appropriate training for this aspect of their work.

A small number of service users had assessed needs with regard to continence promotion and care and the objectives and working methods related to these needs were clearly set out in each of the care plans inspected. The format for care plans was standardised across the service users' records that were examined, resulting in clarity of objectives that day centre staff should work toward with each person. In discussions, staff members expressed the view that effective care was provided to meet personal care needs. Progress notes were found to be relevant, well detailed and up to date.

Monthly monitoring visits and reports were being completed regularly by a Trust appointed manager and on each visit the monitoring officer met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit and the monitoring officer had initialled and dated these records. This is good practice.

Is Care Compassionate?

In discussions, six service users confirmed their satisfaction with the care and support they receive in Drumcoo Centre. Three service users held a lively discussion with the inspector, demonstrating their enthusiasm for the centre's activities and support. Staff members, who were interviewed, spoke of the importance of developing a good understanding of each person's assessed needs and the benefits of building trusting relationships. Staff confirmed their confidence in the compassionate care practices of their colleagues within the team. Progress notes, written by staff were well detailed and conveyed caring attitudes toward

service users. Observations of staff's interactions with service users, throughout the inspection period, presented evidence of calm, compassionate care being delivered and of service users interacting well with staff and with each other within the group settings.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Staff, who met with the inspector, confirmed that they were confident in the practice of all members of the staff team in their work with service users. There were systems in place to ensure that risks to service users were assessed continually and managed appropriately and this included inputs by community based professionals.

Six service users contributed through discussions to the inspection process and spoke of their enjoyment of being at the centre and the value to them of participating in various activities. Evidence from discussions, observations and in written records indicated a good level of consultation with service users, their representatives and community based professionals, regarding their interests and the programmes in which they participate. Staff presented as knowledgeable of the needs of service users and of methods of working with them. There was a range of evidence to support the view that safe care is provided in Drumcoo Centre.

Is Care Effective? (Quality of Management)

The centre and the WHSCT have quality assurance systems in place, through which the centre's operations are monitored and staff's practice is evaluated. Staff members' files showed that formal supervision and annual appraisals were taking place regularly.

Four service users' files were examined and each was found to contain detailed information on the individual and on his or her functioning and assessed needs. A record was kept of each service user's involvement and progress and an annual review for each person evaluated the overall suitability of the placement. Records of reviews were available in each of the files examined.

There was written evidence to show that staff members were appropriately qualified and trained for their designated roles. Good records of staff meetings provided evidence of a wide range of topics having been discussed and this management and staff development process was supported by daily, morning briefings to ensure that staff were deployed effectively to meet the needs of service users.

Evidence from discussions with service users and from written records confirmed that service users enjoyed activities, both within the centre and on outings. Within the centre there was well supported involvement in a range of activities, many of which were organised on a group basis, maintaining the social involvement that many service users required. The manager and staff had worked creatively to introduce service users to experiences, such as drama, woodwork, horticulture, keep-fit exercising and charity fund-raising.

Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

Is Care Compassionate? (Quality of Care)

Service users were keen to praise staff and the overall service provided in Drumcoo Centre. The centre was clean, well decorated and in good repair and service users confirmed that they were provided with a safe environment in which to take part in an interesting range of activities. There was evidence of positive and purposeful relationships between service users and with staff members, who presented as being committed to ensuring that service users benefitted from their attendance at the centre. In all of the interactions observed, service users were engaged by staff with respect and encouragement.

Thanks are due to service users who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a constructive and valuable service to those who attend.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Arrangements for visits by the registered provider (Reg. 28)

It was noted that monitoring visits to Drumcoo Centre are carried out by the manager of a Trust day centre whose monitoring visits are made by the Drumcoo Centre Manager, Mr Niall McGandy. Mr McGandy explained that the arrangement had been made because both centres provided services for people with similar needs. It is recommended that the registered provider should change this arrangement so that monitoring visits are not reciprocal.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Niall McGandy, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

There were no statutory requirements arising from this inspection.

Recommendations

Recommendation 1	It is recommended that the registered provider should change the monitoring arrangements (Reg. 28) so that monitoring visits are not reciprocal between the managers of two centres.		
Ref: Standard 17.10	Response by Registered Person(s) Detailing the Actions Taken:		
Stated: First time			
To be Completed by: 31 March 2016			
Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address

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A completed Quality Improvement Plan from the inspection of this service is not currently available. However, it is anticipated that it will be available soon.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk