

# Unannounced Care Inspection Report 7 September 2017



## Strathroy Outreach Centre

**Type of Service: Day Care Setting**  
**Address: Unit 6, Strathroy Enterprise Unit, Meelmore Drive,  
Omagh, BT79 7XL**  
**Tel No: 028 82247283**  
**Inspector: Angela Graham**

[www.rqia.org.uk](http://www.rqia.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 that provides care and day time activities for up to twenty six service users with a learning disability. The day care setting is open Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust  <b>Responsible Individual(s):</b> Anne Kilgallen (registration pending)	<b>Registered Manager:</b> Niall Campbell
<b>Person in charge at the time of inspection:</b> Geraldine McKenna, Senior Day Care Worker	<b>Date manager registered:</b> Niall Campbell - application received - "registration pending".
<b>Number of registered places:</b> 26 DCS-LD	

### 4.0 Inspection summary

An unannounced inspection took place on 07 September 2017 from 09.30 to 15.40 hours.

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

The inspection sought to assess 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 staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care records, audits and reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding the retention of the monthly monitoring visit reports within the day care setting and the repair of a defective bus heater.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I have just started coming here and I like the centre", "the girls (staff) are good to me and help me in the centre" and "I like the woodwork and we make lots of things to take home".

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
<b>Total number of areas for improvement</b>	1	1

## 4.2 Action/enforcement taken following the most recent type care inspection dated 20 October 2017

Details of the Quality Improvement Plan (QIP) were discussed with Niall Campbell, Manager and Geraldine McKenna, 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.

## 5.0 How we inspect

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report and Quality Improvement Plan (QIP).

During the inspection, the inspector met with the manager, senior day care worker, two day care workers and two support workers and eleven service users. The senior day worker was provided with five questionnaires to distribute to service users; five staff service users and five relatives for their completion. The questionnaires asked for service users, staff and relatives views regarding the service, and requesting their return to RQIA. Four staff, two relatives and four service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments records
- Accident/untoward incident records
- Staff roster
- RQIA registration certificate
- Staff supervision and appraisal records
- Elements of three service users' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of three staff meetings
- Minutes of three service user meetings
- Two monthly monitoring reports.

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 20 October 2016**

The most recent inspection of the day care setting 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 20 October 2016**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> Ref: Standard E36 Stated: First time	The registered provider should ensure that appropriate secure storage be provided within the day care setting.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the senior day care worker confirmed that this area for improvement had been addressed.	

**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 senior day care worker confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 17 August 2017 until 07 September 2017 evidenced that the planned staffing levels were adhered to.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

A competency and capability assessment had been completed for the staff member who was in charge of the day centre in the absence of the manager. Review of the competency and capability assessment confirmed the staff member had received training and was assessed as competent to undertake their role and responsibilities.

Discussion with staff and review of returned staff questionnaires confirmed that mandatory training and other professional development training was provided. 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; this included fire safety, epilepsy management, first aid and adult safeguarding training.

The setting's accident and incident records were inspected. Review confirmed accidents and incidents were appropriately recorded. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The senior day care worker confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice, they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The senior day care worker and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The senior day care worker reported there were no suspected, alleged or actual incidents of abuse identified and reported since the last inspection.

A review of the day centre's environment was undertaken and the day centre was found to be clean, fresh smelling and appropriately heated. The environment was observed during the inspection and there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 15 June 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

Four service users completed questionnaires for this inspection. These service users confirmed that they felt safe in the setting.

These service users also confirmed that they could talk to staff if they were unhappy or had any issues or concerns and they could tell someone if they were worried about someone being treated badly. The service users reported the setting was comfortable and they knew what to do if the fire alarm sounded.

Two relatives returned questionnaires to RQIA post-inspection. The relatives identified that they were satisfied with the safe care in Strathroy Outreach Centre. They stated that their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relative’s needs and that they would report concerns to the manager.

Four staff returned questionnaires to RQIA post-inspection. The staff confirmed that the care was safe, they had received training in adult safeguarding, there are risk assessments and care plans in place for service users, they would report poor practice and they receive support to fulfil their roles and responsibilities.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

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

Discussion with the senior day care worker established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users’ care files. The review confirmed risk assessments and care and support plans were in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration.

Service users were encouraged and enabled to be involved in the assessment, care planning and review process. Care recording for every five attendances was being maintained in the three care records inspected.

Discussion with staff regarding implementation of the care and support plans provided assurance they knew each individual’s needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Strathroy Outreach Centre.

Review of elements of three service users' care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection, that records were stored safely and securely in line with data protection.

The senior day care worker confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussion with staff confirmed they promoted service users independence and skills in the setting, they understood each individuals' abilities and were informed regarding service users' individual needs from their records and assessments.

Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the manager. All grades of staff who were consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the senior day care worker and review of records evidenced that service users meetings were generally held monthly. The last meeting was held in August 2017 and minutes were made available.

Service users who met with the inspector stated they had enjoyed the activities they do with staff. They identified the benefits of being in the setting such as promoting their independence, the benefits of the social aspect of being in a group and they gave examples of how the care and support received from staff had improved their outcomes. One service users described their work placement and confirmed satisfaction regarding their placement.

There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Four service users' completed questionnaires. These service users confirmed that they were getting the right care at the right time and staff were communicating well with them. They also confirmed that their choices are listened to and they choose the activities they take part in. The service users reported that they had been involved in the annual review of their day centre placement.

Two relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were satisfied with the effective care. They stated that their relative receives the right care, at the right time, in the right place.



Four staff returned questionnaires to RQIA post-inspection. The staff confirmed that service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.**

The senior day care worker confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. 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 such as arts and crafts, woodwork and boccia and the work opportunities afforded to them. The activity programme was noted as developing social, work and education opportunities for service users as well as their hobbies and interests.

Staff were aware of each service user’s individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user’s needs.

The staff described how they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- “We go out on the bus to the shops”
- “I am happy here”
- “I go out to work one day a week. Work is good”
- “I like doing woodwork and going out on the bus”
- “Staff are lovely and I like it here.”

During the inspection, the inspector met with five care staff. Some comments received are listed below:

- “We have issues with the buses. The heater on the white bus does not work and the blue bus has had various problems”
- “I have attended all the mandatory training and have supervision at least every three months”
- “We always consider the service users individual needs and provide support as necessary”
- “It is my view that the service users are well cared for in the centre. We do all that we can to promote their independence and meet their needs”

Discussion with care staff and the review of staff questionnaires highlighted some concerns regarding the buses allocated to the day care setting. One staff member stated that “service users have on several occasions complained about the blue bus they use for social outings and no heater on the white bus.” Discussion took place with the manager regarding the transport concerns raised during the inspection. The manager confirmed that the defective heater on the white bus had been reported to the Western Health and Social Care Trust’s transport department in February 2017. However to date the heater had not been repaired. This is an area for improvement. The manager confirmed that all defects identified in regard to the blue bus had been reported to the transport department and the relevant repairs undertaken.

Consultation with service users regarding compassionate care and service users’ questionnaires identified they were treated with respect and are involved in decisions affecting them, the staff are kind and caring, their privacy is respected, they have choices and are involved in decisions.

Two relatives returned questionnaires to RQIA post-inspection. The relatives confirmed that they were satisfied their relative was treated with dignity and respect and involved in decisions affecting their care.

Four staff questionnaires confirmed service users are treated with dignity and respect, encouraged to be independent and their views are sought and acted upon.

### **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, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

### **Areas for improvement**

One area for improvement was identified in relation to the repair of a defective bus heater.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The senior day care worker confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the senior day care worker and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance.

A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the senior day care worker confirmed that staff meetings were held at least quarterly and records verified this. The last meeting was held on 09 August 2017 and minutes were available; the previous staff meeting had been undertaken on 09 June 2017. 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 confirmed staff discussions were focused on service users' needs and improvement. The senior day care worker confirmed that the minutes of staff meetings were made available for staff to consult.

Discussion with staff confirmed they felt well supported by their manager and that they are all asked to contribute to developing and improving practice.

One complaint had been recorded since the previous care inspection on 20 October 2016. Review of the complaints record confirmed that the complaint had been managed appropriately. Compliments records were recorded and maintained by staff.

The inspector reviewed the monitoring reports from January to May 2017. The reports evidenced visits had taken place on 23 January, 28 March and 30 May 2017. The manager confirmed a monitoring visit had been undertaken on 27 July 2017 however the report of the

monitoring visit was not available in the service on the day of inspection. The registered provider must ensure that bimonthly monitoring visits are carried out in compliance with the trusts written agreement with RQIA and a copy of the report must be available in the day care setting. This is an area for improvement.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Records were made available for inspection concerning audits of the environment, staff training, accidents/incidents, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Four service users' questionnaires confirmed that the service was managed well. The service users also confirmed that staff had responded well to them and they are asked what they would like to do in the setting. The service users stated that they knew the manager and could talk to the manager if they had any concerns.

The returned relatives' questionnaires confirmed that they were satisfied that the service was managed well and the staff and the manager are approachable, professional and caring.

Four staff questionnaires confirmed that the service is managed well, the service is monitored, and communication between the staff and management is effective.

### **Areas of good practice**

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

### **Areas for improvement**

One area for improvement was identified in relation to the availability of monthly monitoring reports.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	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, Manager and Geraldine McKenna, 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 Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 28 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<p>The registered provider must ensure the monitoring visits are carried out in compliance with the trusts written agreement with RQIA and a report must be written for the visit carried out. A copy of the report must be available in the day care setting.</p> <p>Ref: 6.7</p>
	<p><b>Response by registered person detailing the actions taken:</b> The outstanding report is now available in the day care setting.</p>

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 26.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 September 2017</p>	<p>The registered person shall ensure that vehicle operators have a system in place to ensure that all vehicles and associated equipment (for example, passenger lifts) are routinely checked, serviced and tested and defects are reported, rectified in a timely manner and appropriate records maintained.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Trust Transport Manager was contacted and assurance where given from his department that required operators system are in place for the vehicles and associated equipment. All vehicles have on board a report book so that drivers/staff can report defects to his department.</p>

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



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