

Inspection Report

Name of Service: Castleberg Outreach Centre

Provider: Western Health and Social Care Trust

Date of Inspection: 23 January 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Western Health and Social Care Trust (WHSCT)
Responsible Individual/Responsible Person:	Mr Neil Guckian
Registered Manager:	Mr Niall Campbell
Service Profile This is a day care setting that provides care and day time activities for up to 18 service users with a learning disability. The day care setting is open Monday to Friday and is managed by WHSCT.	

2.0 Inspection summary

An unannounced inspection took place on 23 January 2025, from 10.05 a.m. to 2.50 p.m. This was conducted by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to service users and that the service was well led. There were no areas for improvement identified during this inspection.

It was evident that staff promoted the dignity, independence and well-being of service users.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Service users spoke positively about their experience of the care and support they received from staff. Refer to Section 3.2 for more details.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

We would like to thank the manager, service users and staff team for their support and co-operation during the inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, we reviewed information held by RQIA about this day care setting. This included any previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those attending, visiting or working in the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of attending and working within Castlederg Outreach Centre. The information provided indicated that those who engaged with us had no concerns in relation to the day care setting.

Service users said that they were happy with the care and support provided and that staff were kind and helpful. Two comments included the following statements; "I am happy here" and "I can talk to the girls (staff) if I am not happy".

Staff spoke very positively in regard to the care delivery in the day care setting. Service users indicated that they enjoyed their experience of attending the day care setting; they looked relaxed and comfortable in their interactions with staff.

Returned questionnaires indicated that the respondents were satisfied with the care and support provided.

3.3 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 12 March 2024 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users. The manager confirmed that staff employment records were held within the WHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures. The manager advised that there were no newly recruited staff to the day care setting since the last inspection and that the staff team had all worked in the day care setting for a number of years.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

This day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; records are retained electronically. Staff consulted 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 compliance with training was monitored by the manager. There was a system in place to ensure that staff received supervision and appraisals in keeping with the Trusts' policy.

There was evidence of effective systems in place to manage staffing. Sufficient staff were on duty to support the service users. Staff said there was good teamwork and that they felt well supported in their role by the manager. Staff said that there were enough staff to meet the needs of the service users. It was evident that staff had a good understanding of the needs, likes and dislikes of individual service users. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

Regular staff meetings were held and minutes maintained of the meetings for staff unable to attend, to read for information sharing.

3.3.2 Care Delivery and Care Records

Staff interactions with service users were observed to be polite, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Staff were also observed assisting service users in the activities they wanted to engage in, such as arts and crafts. It was positive to note that service users enjoyed a variety of activities, including playing pool, games and outings to local coffee shops and the local leisure centre.

Service users had good access to food and fluids throughout the day. Nutritional care plans were in line with the recommendations of the speech and language therapists (SALT). Staff told

us how they were made aware of service users' nutritional needs to ensure that any recommendations made by SALT were adhered to.

A review of training records confirmed that staff had completed training in dysphagia and in relation to responding to choking incidents.

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

Staff had completed DoLS training appropriate to their job roles. Review of care records and discussion with the manager evidenced that a service user who required a high level of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed.

Review of records identified that service users consent was sought in relation to the information the day care setting held and the use of photographs. Consent was also sought from service users in relation to sharing information with other professionals on the service users' behalf. The day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in.

3.3.3 Quality of the Environment

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

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Records examined identified that a number of fire safety checks and audits had been undertaken including fire alarm tests. It was noted that the last evacuation drill was undertaken on the 16 January 2025. The day care setting's fire risk assessment of 19 March 2024 was reviewed and was satisfactory. All staff had completed fire training. Fire exits were observed to be clear of clutter and obstructions.

3.3.4 Quality of Management Systems

The manager had been registered since 19 February 2018. Staff commented positively about the manager and described them as supportive, approachable and always available to provide guidance.

The Annual Quality Report was reviewed and was satisfactory.

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

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

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The safeguarding champion was known to the staff team.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Records reviewed and discussion with the manager indicated that no complaints were recorded since the last care inspection. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge.

Our discussion with staff confirmed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

Staff told us that they would have no issue in raising any concerns regarding service users' safety and/or care practices and that they were confident that the manager or person in charge would address their concerns.

There was a system in place for managing instances where a service user did not attend the day care setting, as planned.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Niall Campbell, Manager, as part of the inspection process and can be found in the main body of the report.



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