The Regulation and Quality Improvement Authority

Inspection Report

13 June 2024

The Omagh Centre

Type of service: Day Care Setting
Address: 4a Deverney Road, Omagh, BT79 0JJ
Telephone number: 028 8224 4001

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:** Mr. Neil Guckian	**Registered Manager:** Miss Ciara Rodgers **Date registered:** 29 September 2021
Person in charge at the time of inspection: Senior Day Care Worker	
Brief description of the accommodation/how the service operates: The Omagh Centre is a day care setting that provides care and day time activities for up to 48 service users with a learning disability. The day care setting is open Monday to Friday and is managed by WHSCT. Some service users have additional needs including physical disability, dementia, sensory impairment and behaviours that challenge.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 June 2024 between 9.55 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management were also reviewed.

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

All service users who spoke with the inspector reported they were happy with the care and support provided by the day care setting.

The inspector would like to thank the person in charge, service users and staff for their help and support in completion of the inspection.

3.0 How we inspect.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "All is good."
- "I love it here."
- "I enjoy it here. I'd like my day at the Centre to be longer. I really enjoy all the activities I do."

Staff comments:

- "I really enjoy working here. I have no issues. You really get to know the service users and learn to read them."
- "I'm not here long. I love it. I feel very well supported. I'm building up a rapport with the service users in my room."
- "All is good at the minute."

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:

- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- "The staff always ask me how I am feeling."
- "I think the Centre is brilliant."
- "The manager always speaks to me."
- "The Centre is my happy place."
- "The staff care for me when I ask them. They always go above and beyond."
- "I like the sensory room."
- "I like going on trips."
- "I have lots of friends at the Centre."
- "I use Makaton, writing and gestures. The staff understand me."

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "I feel the Centre provides an invaluable service for the service users and families."
- "Great place to work. Very well supported."
- "The Centre provides meaningful activities to service users based on their needs and abilities. I have learnt a great deal from working within this setting. I find management very approachable and supportive."

5.0 The inspection

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

Areas for improvement from the last inspection on 13 January 2023		
Action required to ensure compliance with the Day Care Settings Minimum Standards		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** 30 June 2023	The registered person shall ensure that the journey times of service users are reviewed; where the journey to and from the day care setting normally exceeds 45 minutes, proactive measures should put in place to reduce such journey times, where possible. **Action taken as confirmed during the inspection**: Some service users continue to have journey times in excess of 45 minutes. This area for improvement is recorded as partially met.	**Partially met**

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

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).

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns. There was a Safeguarding Resource File in place for staff to reference.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

A review of records and discussion with the manager after the inspection evidenced that systems were in place to ensure that incidents and accidents were investigated and followed up; these were reported appropriately.

A review of a sample of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (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 appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

The day care setting maintained a register of those service users who had a DoL in place. It was noted that there was no Restrictive Practice register in place. This will be complied and reviewed at the next inspection. The care records contained necessary details of the DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. It was noted that there was no Restrictive Practice register in place. This will be complied and reviewed at the next inspection.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 31 January 2024. Fire risk assessments for the day care setting were available for the inspection and the most recent had been completed on 19 April 2024. There was evidence of immediate follow up on the actions identified. During the inspection fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and/or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that 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 centre and any activities they would like to become involved in. Some matters discussed included:

- Activities
- Handwashing

Observations of service users who were non-verbal indicated they were comfortable, at ease in their respective group rooms and effective working relationships with staff were evident. Staff were observed to be respectful, patient, caring and attentive with all service users.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

The inspector viewed evidence that an in-depth review of service users' journey times to and from the day centre setting had taken place. Proactive measures were ongoing as a result of this review and more were planned. Some service users continue to have journey times in excess of 45 minutes. This area for improvement is recorded as partially met and stated for a second time.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A large number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff, including support staff, had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

There was a safety pause at mealtimes and mealtime coordinators were in place within the day care setting. A SALT Resource File was available in each room for staff to reference. It was positive to note Eating, Drinking and Swallowing audit tools have been implemented to measure compliance with good practice guidance.

5.2.4 What systems are in place for monitoring staff professional registration and are they robust?

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory. We noted a feedback from a carer quoted in the Report:

- "I don't know what I would do without The Omagh Centre."

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.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed. Discussion took place with the person in charge regarding development of a complaints log. This will allow the day care setting to regularly review the information to identify trends and any improvements required. This will be followed up at the next inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

The person in charge reported that transport staff check the vehicle at the end of each journey to ensure that no service users remain on the transport.

A review of the environment was undertaken and the day care setting was found of a suitable temperature, fresh smelling and clean throughout. We were informed that a programme of painting was due to commence imminently within the day care setting. The inspection identified that, in various places, some small pieces of skirting boards were detaching from the walls. The person in charge informed us that this is in the process of being dealt with by the relevant department.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	1*

* this area for improvement has been stated for a second time

The area for improvement and details of the QIP were discussed with Miss Emma Cochrane, person in charge and Miss Ciara Rodgers, Registered Manager, as part of the inspection process.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 **Ref:** Standard 12.4 **Stated:** Second time **To be completed by:** 31 October 2024	The registered person shall ensure that the journey times of service users are reviewed; where the journey to and from the day care setting normally exceeds 45 minutes, proactive measures should put in place to reduce such journey times, where possible. Ref:
	Response by registered person detailing the actions taken: The transport journey times for each service user is reviewed on an ongoing basis. Due to the rural area that transport is provided it can be difficult to ensure that the journey for each service user is no longer than 45 minutes. However plans are in place to recruit a new driver to the team and this will mean that another bus run can be set up which will reduce journey times.

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