

Unannounced Care Inspection Report 24 May and 14 June 2017



Gortmore Day Centre

Type of service: Day Care Service
Address: 18 Derry Road, Omagh, BT78 5DR
Tel no: 02882244134
Inspector: Angela Graham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Gortmore Day Centre took place on 24 May 2017 from 09.25 to 15.55 hours and 14 June 2017 from 10.50 to 14.35 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the days of the inspection Gortmore Day Centre was found to be delivering safe care. There was positive feedback from fourteen service users about the delivery of safe care in the day centre. All staff members who were interviewed demonstrated a good understanding of safeguarding procedures. Staff members confirmed their confidence in the caring qualities and commitment of their colleagues and were confident that poor practice would be challenged and reported by team members. Observations of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

The staff in Gortmore Day Centre were observed caring for a range of service users' needs. The staffing levels were responsive to service user's needs, welfare and safety.

A recommendation has been made that the registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was safe. No issues or concerns were raised or indicated.

Is care effective?

On the days of the inspection it was established that the care in Gortmore Day Centre was effective. Observations of staff interactions with service users and discussion with fourteen service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users.

The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports to verify that there are effective outcomes of the day care service in terms of benefits for service users. Staff demonstrated a high level of commitment to ensure service users received the right care at the right time. Staff spoken with understood their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager. Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user.

A recommendation has been made that the registered provider ensures that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was effective. No issues or concerns were raised or indicated.

Is care compassionate?

On the days of the inspection Gortmore Day Centre was found to be delivering compassionate care. The inspection of records, observations of practice and discussions with staff and fourteen service users confirmed that service users were being treated with compassion, dignity and respect. Furthermore they were encouraged by staff to be involved in decisions affecting their care and support. Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user.

Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with fourteen service users and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the care provided was compassionate. No issues or concerns were raised or indicated.

Is the service well led?

On the days of the inspection there was evidence of effective leadership and management in Gortmore Day Centre and a culture focused on the needs of service users. Documents and records demonstrated there were clear arrangements in place to promote quality improvement throughout the setting. Staff confirmed that they were well supported in their roles and that good training is provided.

Recommendations have been made regarding supervision and appraisal arrangements and further development of the setting's policies and procedures in line with Standard 18 of the Day Care Settings Minimum Standards, January 2012, Appendix 2.

Staff, service users and relatives who completed and returned questionnaires to RQIA following the inspection indicated satisfaction and that the service was well led. No issues or concerns were raised or indicated.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gwyneth Ferguson, Care Assistant, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 08 September 2016.

2.0 Service details

Registered organisation/registered person: Western Health and Social Care Trust Elaine Way CBE	Registered manager: Emma Akien, Manager (Acting)
Person in charge of the service at the time of inspection: 24 May 2017- Gwyneth Ferguson, Care Assistant 14 June 2017 from 10.50 – 13.30 hours - Emma Akien, Manager 14 June 2017 from 13.30 – 14.35 hours - Gwyneth Ferguson, Care Assistant	Date manager registered: 21 December 2016

3.0 Methods/processes

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)

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

- Discussion with the manager
- Discussion with four care staff
- Discussion with an ancillary staff member
- Discussion with fourteen service users
- Examination of records
- File audits
- Evaluation and feedback

The care assistant in charge was provided with five questionnaires to distribute to service users; five staff members and five relatives for their completion. The questionnaires asked for service user, staff and relatives views regarding the service, and requesting their return to RQIA. Three staff, three relatives and five 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 duty records

- 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
- Three monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 December 2016.

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next estates inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 08 September 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2016</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issues must be addressed:</p> <ul style="list-style-type: none"> • Repaint the identified areas within the day centre (paintwork stained, chipped and peeling). • Replace the identified shower curtain (torn) • Replace the identified chairs (seat covering torn). 	<p>Met</p>
<p>Action taken as confirmed during the inspection: A tour of the day centre confirmed that this requirement had been addressed.</p>		

4.3 Is care safe?

The care assistant 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 01 May 2017 until 24 May 2017 evidenced that the planned staffing levels were adhered to. Staff 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.

The manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Discussion with manager and review of records evidenced that a newly appointed staff member completed a structured orientation and induction programme at the commencement of their employment. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

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 such as infection prevention and control, first aid, fire awareness and adult safeguarding training.

The setting's accident and incident records were reviewed. The review confirmed that accidents and incidents were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual which assured they had the right knowledge and information to prevent harm to the service users attending the setting.

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

During the inspection the staff detailed arrangements in place if they needed to seek support or advice; this ranged from daily discussions with the team, supervision with their senior to discussion with the manager. Staff confirmed they had all worked well together to ensure service users' needs were met safely in the day care setting. Staff confirmed they had undertaken training to ensure their practice was safe regarding moving and handling, safeguarding and falls prevention.

The staff on duty on the days 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 manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The manager 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 warm, fresh smelling and clean throughout. The inspector observed gloves stored uncovered in bathrooms. This matter was discussed with the manager who advised that she would address same. A recommendation has been made that the registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.

There was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Five 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.

Three relatives returned questionnaires to RQIA post-inspection. The relatives identified that they were very satisfied with the safe care in Gortmore Day 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.

Three staff members returned questionnaires to RQIA post-inspection. The staff members 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 for improvement

An area for improvement was identified in relation to infection prevention and control.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

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

The review of elements of three service users' care records reflected that there are risk assessments and care plans in place. The review also confirmed there was multi-professional input into the service users' health and social care needs assessment. For example speech and language professionals and other medical professionals had contributed to assessing needs and were part of formulating a plan to meet these identified needs. Discussion with staff regarding implementation of the care plans provided assurance they knew each

individual's needs. This knowledge was used successfully to communicate and engage with service users.

Care recording for every five attendances was not being maintained in one of the three care records reviewed. A recommendation has been made to address this issue.

Discussion with staff regarding implementation of the care 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 Gortmore Day 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 manager 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.

Records were made available for inspection concerning audits of the environment, staff training, infection prevention and control and care records and evidenced that actions identified for improvement had been completed.

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 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 consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the care assistant and review of records evidenced that service user meetings were generally quarterly. The last meeting was held on 18 May 2017 and minutes were made available.

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.

Five 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.

Three relatives returned questionnaires to RQIA post-inspection. Two relatives confirmed that they were very satisfied and one relative 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.

Three staff members returned questionnaires to RQIA post-inspection. The staff members 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 for improvement

An area for improvement was identified in relation to care records.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The manager 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.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities e.g. word games, reminiscence therapy and bingo. Observations of service users taking part in activities showed participation was good.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely. During discussion staff presented as knowledgeable and informed regarding each service user's dietary needs and preferences. All service users spoken with confirmed that they were satisfied with the choice of meals served and that individual preferences were catered for if requested.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. If the staff identified someone needed additional support they sensitively and discretely got their attention and accompanied the service user to where they could get more individualised care and privacy. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

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.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

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

Service users are consulted on a formal basis via service users' meetings and the annual review of their day care placement.

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:

- "I have just recently starting coming to the day centre, I find it wonderful. I would like to come more often".
- "Staff are very caring and understanding".
- "I really enjoy coming here. It gets me out of the house and I enjoy the company of everyone here".
- "Staff see to all my needs. The girls are so kind".
- "The food is lovely. We get a choice of dinner".
- "I have been coming here for many years and I couldn't fault anything".
- "First class place".
- "We have meetings where we talk about things like activities and places to go".
- "I feel safe and secure here".

During the inspection the inspector met with five care staff and an ancillary staff member. Some comments received are listed below:

- "I received a very good induction when I started working in the day centre".
- "We are offered excellent training. This includes a training week once every year".
- "The service users' needs are our priority. We do all that we can to include them in decision making about their time in the centre".
- "We have regular staff meetings. If you can't attend the minutes are available to all staff".

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.

Three relatives returned questionnaires to RQIA post-inspection. Two relatives confirmed that they were very satisfied and one relative confirmed that they were satisfied their relative was treated with dignity and respect and involved in decisions affecting their care. The relatives recorded additional comments which included "I wouldn't have any concerns about the staff, they are amazing".

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

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

The manager 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. The inspector reviewed a sample of policies and procedures. The review identified not all policies and procedures were in place in line with Standard 18 of the Day Care Settings Minimum Standards January 2012, Appendix 2. The review also identified that a number of these policies and procedures were not dated when issued nor were they ratified by the registered person. A recommendation has been made to address these issues. 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 manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. A review of the supervision schedule identified that supervision had not been undertaken at least quarterly in line with Standard 22.2 of the Day Care Settings Minimum Standards, January 2012. A recommendation has been made to address this issue.

Review of the schedule for annual staff appraisal identified that appraisal had not been undertaken annually in line with Standard 22.5 of the Day Care Settings Minimum Standards, January 2012. A recommendation has been made to address this issue.

Discussion with the care assistant confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 24 March 2017 and minutes were available. The previous staff meeting had been undertaken on 07 December 2016. The care assistant confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector reviewed the complaints record. One complaint had been recorded since the previous care inspection on 08 September 2016. The care assistant confirmed that local resolution had been achieved. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A monitoring visit had been undertaken on 27 April 2017. Three monitoring reports were reviewed from February to April 2017. The monitoring officer reported on the conduct of the day care setting and any improvements required were put into an action plan.

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

Five 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 relative's questionnaire confirmed that they were very satisfied that the service was managed well and the staff and the manager are approachable, professional and caring. The relatives recorded additional comments which included "The centre is run extremely well".

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

Areas for improvement

Three areas for improvement were identified in relation to supervision and appraisal arrangements and further development of the setting's policies and procedures in line with Standard 18 of the Day Care Settings Minimum Standards, January 2012, Appendix 2.

Number of requirements	0	Number of recommendations	3
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, Gwyneth Ferguson, Care Assistant as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 27.1 Stated: First time To be completed by: 31 July 2017	<p>The registered provider should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting. Gloves are not to be stored uncovered in bathrooms.</p> <p>Response by registered provider detailing the actions taken: Estates request made to get glove holders relocated to outside the bathrooms-has been completed.</p>
Recommendation 2 Ref: Standard 18 Stated: First time To be completed by: 31 October 2017	<p>The registered provider should ensure that the full range of policies required by the Day Care Settings Minimum Standards, January 2012, Appendix 2 are in place. These policies and procedures should be dated when issued, reviewed or revised and ratified by the registered person following revision to or the introduction of new policies and procedures.</p> <p>Response by registered provider detailing the actions taken: Sub-groups continue to work on policies and procedures-ongoing at present.</p>
Recommendation 3 Ref: Standard 22.2 Stated: First time To be completed by: 31 July 2017	<p>The registered provider should ensure that staff have recorded individual, formal supervision sessions according to the day care setting's procedures and no less than every three months.</p> <p>Response by registered provider detailing the actions taken: Supervisions were scheduled and are all currently up to date for all staff as of 31/7/17.</p>
Recommendation 4 Ref: Standard 22.5 Stated: First time To be completed by: 31 July 2107	<p>The registered provider should ensure staff have a recorded annual appraisal with their line manger to review their performance against their job description, and to agree personal development plans.</p> <p>Response by registered provider detailing the actions taken: Appraisals for Gortmore day centre staff are all up to date as of 31/7/17- will be scheduled as they are due.</p>
Recommendation 5 Ref: Standard 7.5 Stated: First time To be completed by: 31 July 2017	<p>The registered provider should ensure that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.</p> <p>Response by registered provider detailing the actions taken: Ongoing-this will be done.</p>

Please ensure this document is completed in full and returned to RQIA's Office



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