

# Unannounced Care Inspection Report 08 September 2016



## Gortmore Day Centre

Type of service: Day Care Service  
Address: 18 Derry Road, Omagh, BT78 5DR  
Tel No: 028 8224 4134  
Inspector: Angela Graham

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Gortmore Day Centre took place on 08 September 2016 from 09.50 to 16.15 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 Setting was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

On the day of the inspection Gortmore Day Centre was found to be delivering safe care. There was positive feedback from all service users, service users' representatives and a healthcare professional spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A requirement has been made in regard to the environment.

### **Is care effective?**

On the day of the inspection it was assessed that the care in Gortmore Day Centre was effective. Observations of staff interactions with service users and discussions with a total of 11 service users, three service users' representatives and a healthcare professional evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. No areas for quality improvement relating to effective care were identified during this inspection.

### **Is care compassionate?**

On the day of the inspection Gortmore Day Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussion with service users, service users' representatives, a healthcare professional and observation provided evidence that service users were listened to, valued and communicated with in an appropriate manner. No areas for quality improvement relating to compassionate care were identified during this inspection.

### **Is the service well led?**

On the day 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. Staff confirmed that they were well supported in their roles and that good training is provided. No areas for quality improvement were identified during this inspection.

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
<b>Total number of requirements and recommendations made at this inspection</b>	<b>1</b>	<b>0</b>

Details of the Quality Improvement Plan (QIP) within this report were discussed with Phyllis Kelly, Registered Manager, 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

There were no further actions required to be taken following the most recent inspection.

### 2.0 Service details

<b>Registered organisation/registered person:</b> Western Health and Social Care Trust	<b>Registered manager:</b> Phyllis Kelly
<b>Person in charge of the service at the time of inspection:</b> Phyllis Kelly	<b>Date manager registered:</b> 28 September 2010

### 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.

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

- Discussion with the registered manager
- Discussion with three care staff
- Discussion with 11 service users
- Discussion with three service users' representatives
- Discussion with a healthcare professional
- Examination of records
- File audits
- Evaluation and feedback.

Following the inspection RQIA forwarded to the registered manager five questionnaires to distribute to service users; five staff members and five service users' representatives for their completion. The questionnaires asked for service user, staff and service users' representatives' views regarding the service, and requesting their return to RQIA. No responses were received.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident/untoward incident record
- 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 staff meetings
- Minutes of service user meetings
- Two monthly monitoring reports.

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 06/10/15**

The most recent inspection of the day care setting was an unannounced care inspection. There were no requirements or recommendations made as a result of this inspection.

##### **4.2 Review of requirements and recommendations from the last care inspection dated 06/10/15**

There were no requirements or recommendations made as a result of the last care inspection.

##### **4.3 Is care safe?**

The registered manager 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 rota for weeks commencing 15 August until 08 September 2016 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care evidenced that service users' needs were met by the numbers of staff on duty.

Discussion with the registered 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 the registered 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 schedule 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.

The registered 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.

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 inspection.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current safeguarding concerns ongoing.

The inspector reviewed the most recent Fire Risk Assessment undertaken on 26 March 2015. Fourteen significant findings were identified. Evidence was not available on the day of inspection that all significant findings had been satisfactorily addressed. This issue has been shared with the aligned estates inspector for the service. The aligned estates inspector will address this issue with the service.

A review of the service users' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. A number of maintenance issues require to be addressed. These are as follows:

- Three identified areas within the day centre required repainting as the paintwork was stained, chipped and peeling
- Replace the identified shower curtain (torn)
- Replace the identified chairs (seat covering torn).

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.

**Areas for improvement**

A requirement has been made in regard to the environment.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations</b>	<b>0</b>
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#### 4.4 Is care effective?

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

Review of elements of three service users' care records reflected there are risk assessments and care plans 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 and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process. Care recording for every five attendances was being maintained.

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 registered 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, complaints and compliments 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, multi-professional reviews, service users and staff meetings.

Discussion with the registered 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; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 03 April 2016 and a further staff meeting was scheduled for 26 September 2016. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

Discussion with the registered manager and review of records evidenced that service user meetings and were held on a quarterly basis. The last meeting was held on 26 August 2016 and minutes were available.

Service users spoken with and observation of practices evidenced that staff were able to communicate effectively with service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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### 4.5 Is care compassionate?

Discussion with service users confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

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. Staff interactions with service users were observed to be compassionate, caring and timely.

Staff were aware of each service user's individual needs and were observed responding positively and warmly. During discussion staff presented as knowledgeable and informed regarding each service user's needs.

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.

The registered manager confirmed that service users were listened to, valued and communicated with, in an appropriate manner. Observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them.

Service users are consulted in an informal daily basis via discussions with staff. Service users are consulted on a formal basis via service users' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Gortmore Day Centre. The registered manager confirmed the findings from the annual survey had been collated into an evaluation/summary report.

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:

- "Staff are so kind to me and see to my ever need."
- "I really enjoy coming to the centre as I meet up with all my friends. I also enjoy the activities."
- "If I had any problems I would speak to Phyllis or any of the girls."
- "I have a care plan that I signed."
- "Lovely place. Staff are good to me."
- "I am always treated very well by staff."
- "This is a great place to come. I feel safe and well cared for."
- "I am given choice in all that I do here."

The inspector met with three service users' representatives. The service users' representatives spoke positively of the service, care delivered and the staff team. Examples of some of the comments made by the service users' representatives are listed below:

- "Great service. Staff are very welcoming and caring."
- "My relative attends the centre and she really enjoys coming here."
- "Staff are excellent and very approachable. Phyllis is a very good manager."

The inspector met with one visiting healthcare professional. The healthcare professional spoke positively of the service, care delivered and the staff team. Examples of some of the comments made are listed below:

- "I have a number of clients that attend the day centre. In my opinion the care is excellent here."
- "Staff are very attentive and kind."
- "I feel there is very good communication from staff."

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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### 4.6 Is the service well led?

The registered 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. 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.

In discussion service users were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern. Service users confirmed that they were confident that staff/management would manage any concern raised by them appropriately.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

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

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

Based on the findings of this care inspection RQIA concluded the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in Gortmore Day Centre which were focused on the needs of service users.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations</b>	<b>0</b>
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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 Phyllis Kelly, Registered Manager, 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 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.

## 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](mailto: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

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 26 (2)  
(d)

**Stated:** First time

**To be completed by:**  
31 December 2016

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:

- 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).

#### **Response by registered provider detailing the actions taken:**

Estate Services contacted to do the outlined painting, job reference #10499667 11/10/2016

The shower curtain has now been replaced.

An application for new chairs is being sought to replace torn chairs. Old chairs will be removed once new chairs arrive.

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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