

Inspection Report

20 July 2023



Oakridge Social Education Centre

Type of service: Day Care Setting
Address: 20-26 Coalisland Road, Dungannon, BT71 6LA
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Southern HSC Trust</p> <p>Responsible Individual/s: Dr Maria O’Kane</p>	<p>Registered Manager: Mrs Mairead Murphy</p> <p>Date registered: 15/08/2019</p> <p>Assistant Manager: Ms Leeanne Cornett</p>
<p>Person in charge at the time of inspection: Ms Leeanne Cornett, Assistant Manager.</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a day care setting providing a programme of day care and day time activities Monday to Friday for adults living with a learning disability. Oakridge Social Education Centre (SEC) provides day care for those adults presenting with learning disability. An intensive support unit is located on the site and accommodates service users with complex medical/nursing needs. Oakridge also has a bespoke unit “Little Oaks” for a number of service users.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 20 July 2023 between 9.30 a.m. and 3.40 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 was also reviewed.

No areas for improvement were identified.

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

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 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 staff survey.

4.0 What did people tell us about the service?

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

Service users were observed and appeared to be content being in the centre.

The information provided indicated that there were no concerns in relation to service provided by the day care service but concerns were expressed in relation to the building. These concerns were shared with the Assistant Manager during inspection.

Comments received included:

Service users' relatives' comments:

- "I am happy with the centre, my daughter attends and likes being there."
- "Having the centre, is a little piece of heaven for me."
- "The staff are good; I have never had any bother."
- "This is a great centre; we are very happy with the care."
- "They held a really good celebration for learning disability week."

- “I have a major concern about the service, regarding the building, our children are poor relations of other services, using this building would not be tolerated for other groups of people.”
- “The garden area is underutilised.”

Staff comments:

- “I find my manager supportive”
- “I am aware of how to raise any safeguarding or staff performance issues.”
- “I think the service users are very well looked after.”
- “Supervision is very good; I can talk about any concerns or issues.”
- “The training has been great; I have found it very useful.”
- “I have no concerns about this service.”

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

There were no responses to the electronic staff survey.

5.0 The inspection

5.1 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 1 December 2022 by a care inspector. No areas for improvement were identified.

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).

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.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised mobility equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

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

Care reviews had been scheduled or undertaken in keeping with the day care setting's policies and procedures. There were a number of delays in completion of reviews, but clear documentation for the reasons for the delays were retained. 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. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records.

The Mental Capacity Act (MCA) (2016) 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 who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

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. Where a service user was experiencing a deprivation of liberty, their care records contained all appropriate documentation. There were details of DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. The restrictive practice register was viewed and contained comprehensive information that was regularly reviewed.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and information displayed in the setting, 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.

It was also positive to note that the day care setting had service user meetings on a regular basis.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback. Questionnaires have recently been distributed for the collation of the next annual review.

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 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 had completed training in Dysphagia and in relation to how to respond to choking incidents.

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.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. 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). 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.

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, at least 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.

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Leanne Cornett, Assistant Manager, Ms Catherine Kelly, Day Care Worker and Ms Fiona Campbell, standards and guidelines, audit, quality improvement and assurance manager, as part of the inspection process and can be found in the main body of the report.



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