



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Oakridge Social Education Centre (SEC)</b>
<b>Establishment ID No:</b>	<b>11112</b>
<b>Date of Inspection:</b>	<b>4 September 2014 &amp; 24 September 2014</b>
<b>Inspector's Name:</b>	<b>Suzanne Cunningham</b>
<b>Inspection No:</b>	<b>IN020176</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Oakridge Social Education Centre				
<b>Address:</b>	20-26 Coalisland Road Dungannon BT71 6LA				
<b>Telephone number:</b>	(028) 8775 2892				
<b>E mail address:</b>	margaret.mcshane@southerntrust.hscni.net				
<b>Registered organisation/ Registered provider:</b>	Mrs Anne Mairead McAlinden				
<b>Registered manager:</b>	Ms Margaret McShane				
<b>Person in Charge of the centre at the time of inspection:</b>	Ms Margaret McShane				
<b>Categories of care:</b>	DCS-MAX, MAX, DCS-LD				
<b>Number of registered places:</b>	98				
<b>Number of service users accommodated on day of inspection:</b>	<b>Service user numbers</b>	<b>Oakridge</b>	<b>McCague</b>	<b>Coalisland</b>	<b>Total</b>
	4 September 2014	36	12	10	58
	24 September 2014	40	10	11	61
<b>Date and type of previous inspection:</b>	3 February 2014 Primary Unannounced Inspection				
<b>Date and time of inspection:</b>	4 September 2014 10:00 – 16:30 24 September 2014 09:30 – 16:00				
<b>Name of inspector:</b>	Suzanne Cunningham				

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

**Consultation Process**

During the course of the inspection, the inspector spoke to the following:

Service users	<b>34</b>
Staff	<b>9</b>
Relatives	<b>0</b>
Visiting Professionals	<b>0</b>

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

<b>Issued To</b>	<b>Number issued</b>	<b>Number returned</b>
Staff	24	3

**Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**  
**Records are kept on each service user’s situation, actions taken by staff and reports made to others.**
- **Theme 1 - The use of restrictive practice within the context of protecting service user’s human rights**
- **Theme 2 - Management and control of operations:**  
**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Oakridge Social Education Centre(SEC) is a statutory day care facility located on the outskirts of Dungannon, Co Tyrone. The Organisation with responsibility is the Southern Health and Social Care Trust, (southern trust). Mrs Margaret McShane is the Registered Manager and Ms June Rafferty is the Deputy Manager. Ms Rafferty has day to day responsibility for the management of the centre and two satellite units based in Coalisland and Aughnacloy. Mrs Mc Shane has the overall management responsibility for the centre and satellite units, in addition to Appleby SEC and Station Road SEC.

Oakridge SEC provides day care for those adults presenting with moderate, medium and severe learning disability including adults with autism. An intensive support unit is also located on the Oakridge site and accommodates service users with complex medical/nursing needs. The centre operates from Monday to Friday and is open from 09.00 - 16.00 and the majority of service users avail of the trust transport schemes.

A hot meal is provided to service users each day.

There are currently 98 service users in total availing of the service at Oakridge, these numbers also include registered places at satellite units bases in Aughnacloy and Coalisland. Referrals and allocation of days are in accordance with the Trust 's admission procedures, placements are offered based on the service user's assessment of need.

The centre has five day care workers who are responsible for programme planning and time-tabling of the core activities for the centre. They are supported by day care support workers.

## **Summary of Inspection**

A primary inspection was undertaken in The Oakridge Day Centre on 4 September 2014 from 10:00 to 16:30. The inspector returned on 24 September 2014 from 09:30 to 16:00 to talk further with service users and inspect the two satellite services. This was a total inspection time of thirteen hours. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to a group of seven staff and two staff individually regarding the standards inspected and their views about working in the centre, the inspector spoke with all staff informally. This generated positive feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff described the person

centred approach in this day care setting is to enable and empower service users to be involved in their own records as much as possible. The service uses a recording sheet with service users which encourages them to give the staff member feedback about what went well and what was not so good in the centre. Service users can see their records any time such as review, care plans, assessments and they are also involved as much as possible in recording for the same. The inspector was shown the recording sheet which is large print and has visual cues such as thumbs up and thumbs down, they also use Makaton to communicate and simple plain language. Service users are encouraged to take an active part in the setting from helping staff with safety checks in the building to raise awareness of everyday risks; to singing in the centres Makaton choir. The inspector was impressed with this inclusive and proactive approach to day care which is benefitting the service users in developing life skills at all levels.

Staff gave clear explanations and understanding of the meaning of exceptional circumstances, they were clear regarding the need to protect service user's human rights and were actively planning in this regard. Staff were also clear that any response to behaviour must be proportionate to the risk presented and they focus on good communication, diversion, distraction, clear planning, managing the environment and ensuring all service users have the opportunity to take part in all activities regardless of their ability. Finally staff discussed the management arrangements in the setting, they complimented the current arrangements and despite the registered manager and assistant manager having responsibility for a number of centres they described being supported and stated management were always accessible. The staff did comment regarding the state of the building because of its design and age which does not make it conducive to the day care being delivered in this setting. Furthermore one room has been shut down because a building behind is at risk of deterioration and debris may fall near the setting. Staff said all of this was a challenge and they would love a new building however, they did recognise they have to be creative, work well together and make the most of what they have got to ensure they improve outcomes for service users. The inspector commends this positive attitude and approach by staff to their work in this setting.

Three questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made: "Doing a reasonable job with limited resources"; "Quality of care is of a high standard given the poor environment of Oakridge".

On the first day of the inspection the inspector spoke with five service users in Oakridge and on the second day eight service users in Oakridge. Furthermore, the inspector spoke with all of the service users in Coalisland and McCague satellite centres about their experiences in the day care setting and the focus of the inspection. Service users were aware records were kept about them and had seen assessment, review and care plan information around the time of the review. The service users said they can ask staff to see the records at any time. Service users described enjoying attending the centre, the activities they had taken part in; and described feeling supported by the staff. The service users identified the staff in the room as in charge and who they would speak to if they had a concern.

Service users commented "I love it here"; "the staff are good to me"; "I don't know what I would do if I didn't have here"; "I like the chat". Service users in Coalisland identified they liked the arts and crafts activities, computers, going to the gym, walks, they liked the dinners and described them as nice and they like to try new things in the setting. Overall the inspector was impressed with the positive approach to communication in this setting particularly the use of Makaton with the choir and general communication throughout the settings. The inspector was

also delighted and impressed by the group in Coalisland who communicated their thanks to the inspector for the visit to their day centre in Makaton.

The previous unannounced follow up inspection carried out on 03 February 2014 had resulted in no requirements or recommendations.

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.**

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of eight service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users confirmed service users are aware a record is kept about them and they see this record when they attend their review or if the care plan is being worked on. Service users said they were satisfied they are accessing their information and if they wanted to see other documents they felt able to ask staff.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations have been made regarding the examination of this standard.

**Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as moving towards compliance. One requirement is made to notify RQIA when restraint is used in this day care setting.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Restraint had been used however the inspector was satisfied this was exceptional circumstances. There is evidence of staff also using clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities when responding to service user behaviours. The staff were clear this approach assists them in ensuring service users behaviour in the majority of examples does not escalate; and records provided corroborated this view.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this theme, one requirement and no recommendations are made regarding this theme.

**Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant and no requirements or recommendations are made.



Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover were satisfactory and should support the quality of care.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record and examined eight service users individual files, validated the registered manager's pre inspection questionnaire reviewed the staff questionnaire and monthly monitoring reports. This did not reveal any additional areas for improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre, there is a clear focus of person centred practice and seeking to improve outcomes for all service users which is entirely consistent with the day care settings statement of purpose.

As a result of the inspection a total of one requirement and no recommendations have been made. The requirement is to notify RQIA when restraint is used with any service users in the day care setting. This was reported to the acting manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

## **Follow-Up on Previous Issues**

No requirements or recommendations resulted from the primary unannounced inspection of Oakridge SEC which was undertaken on 3 February 2014.

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
<b>Provider’s Self-Assessment:</b>	
<p>Service Users have a right to confidentiality Data Protection Act 1998 in place, Oakridge SEC is committed to respecting service user confidentiality throughout the process of care. Records of all service users are stored in locked cabinets marked private and confidential. Most Staff received training on Confidentiality and Data Protection on 19.06.14 and are required to be aware of the SHCST Policies and Procedures on record management, confidentiality and IT security, as well as the Data Protection Act 1998.</p> <p>Photographs or video of service users can only be taken when written agreement by service user and/or family. All staff working for Oakridge have a duty to ensure the information recorded re service users is accurate and up to date and only shared on a 'need to know' basis,</p>	<p>Substantially compliant</p>
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector reviewed eight individual service user records which presented as described in schedule 4; and the inspector viewed other records to be kept in a day care setting, as described in schedule 5.</p> <p>As stated above the records are kept securely and only accessed by staff that need to record in them. The service has policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and are available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service user’s personal information commensurate with their role and responsibility. Discussion with service users confirmed they are aware a record is kept about them and this is kept securely. They said they had seen information about them during review meetings.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Supporting Service users in a person centred manner facilitates service users to have informal access to care records with the support of their day care keyworker. Should the service user or with consent, another person acting on his /her behalf require access, the centre will liaise directly with community key worker and persons seeking access will be requested to do so in writing. To date no requests have been received in Oakridge for access to records, however, in accordance with the SHSCT Data Protection guidance note ‘subject access requests for social service records’ requests for service users records would be actioned without delay and forwarded to the information governance team, to monitor progress of request under the Data Protection Act 1988. A record for all requests and their outcomes would be maintained.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>There are policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The policies and procedures detail this criterion and are available for staff reference.</p> <p>The inspector was provided with information given to service users and their representatives verbally and in written form, after discussion with service users the inspector was satisfied service users are informed regarding the personal record is kept and that they can ask to access it.</p> <p>Discussion with staff working in the centre confirmed they were aware of their role and responsibilities regarding person centred recording and maintaining care records.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>Service user’s have an assessment of need within their individual files compiled by an assigned Day Care Worker. Information is used to formulate a care plan, identify needs, management plans and support required. Care Reviews are organised by community keyworkers on an annual basis or as necessary should circumstances or needs change. Service user needs are continually being assessed and any changes in needs or behaviours will be monitored, recorded and actioned appropriately. Day Care Staff make relevant referrals to multi-disciplinary team, if necessary. Objectives set following assessment will be continually monitored, records kept and necessary amendments made to support the service user in achieving their objectives. Service user's representatives are contacted should staff be concerned about the health or wellbeing of the service user and Staff engage appropriately with health and social care services as required. Medicine records are legible, accurate and up to date. Staff participate in yearly medicine management training, and follow Medicine Management Procedures to ensure safe practice. Datix’s are completed to record incidents, accidents or near misses and appropriate action is taken, amendments made to care plans and management plans. Service User records detail information and documentation to ensure a holistic approach is taken by staff in meeting the service user needs. Staff participate in Data protection training to ensure all information is treated confidential. Changes to personal information are made accordingly, signed and dated by relevant person.</p>	<p>Substantially compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The examination of a sample of service user individual records evidenced the above records and notes are available and maintained. The case records and notes presented as up to date; person centred, incorporate service user recording when possible, and are compliant with appendix 1(The Day Care Setting Regulations (NI) 2007). Care reviews were recorded and presented as consistent with standard 15.	Compliant
<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Records are recorded by staff for each service user either daily or weekly. Telephone calls re service users recorded in daily records. Service users whom have communication difficulties have a communication dairy, staff record every day information re activities that the service user took part in to share with family.This would have been agreed at a review by service user, staff and familiy member.	Substantially compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user.	Compliant

<p><b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b> Any changes affecting a service user are recorded in daily notes. Information is then shared with Management and the staff team. On completion of an IR1 the Management receive the datix via email. Serious incidents are concerns are dealt according to the in-house policy (safeguarding protection of vulnerable adults) a PVA and a Statutory Notification is forwarded to RQIA. Relevant contact is made with service users representative all contacts are recorded and signed. Referrals are forwarded to relevant health professionals if necessary.</p>	Substantially compliant
<p><b>Inspection Findings:</b> Staff have access to policies and procedures in this regard and inspection of a sample of files for individual service users, the incident records and monitoring records did not reveal any concerns regarding this criterion.</p>	<b>COMPLIANCE LEVEL</b> Compliant
<p><b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p><b>Provider’s Self-Assessment:</b> All records are legible, and only accurate information put in files. Records are completed once a week, but can be filled out daily if required. All entries in daily record are dated and signed by the member of staff. Daily record entries are periodically signed by the Assistant Manager. Files are regularly audited by the Assistant Manager.</p>	Substantially compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of service user individual records and was satisfied they met this criterion; furthermore consultation with a sample of staff working in the centre confirmed their understanding of this criterion.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>All forms of restrictive practice including restraint are agreed at a multidisiplinary level between Community Key worker, Day Centre staff/Manager, Behaviour Support, Occupational Therapy, Physiotherapy, MAPA and Family. Care Plans and Risk Assessments outline under what circumstances restraint is to be applied and for how long.. Staff record all use of restraint, why, how long and date. Staff are aware of and trained in MAPA at appropriate levels and aware of MOVA policy and individual restraint guidelines.</p> <p>The main entrance door at Oakridge/ISUis activated with a locking device to prevent unauthorised persons from accessing the centre without staff knowledge. one group room in Oakridge also restricts access/egress and supports service users who present as benefiting from this secure environment.</p> <p>Bed rails/sides are only used to reduce the risk of a service user falling or rolling of a bed/sleep system.</p> <p>Registered manager is curently developing guidelines and protocol for the Use of Restrictive Practice within Day Care. .</p>	<p>Moving towards compliance</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a selection of records such as service user individual records, incident records, complaints, monthly monitoring reports and training records. This revealed some service users do have specific interventions written up in their assessment and care plan information that would be defined as restraint or restrictive practice. Incident recording and daily records revealed restraint had been used with one service user in accordance with their care plan and assessment. The assessment had clearly examined how behaviour escalated and what exceptional circumstances are for this service user. In all examples of the service user’s behaviour management plan; their rights were balanced with the need to avoid danger to themselves or others.</p> <p>Professional guidance regarding behaviours had been clearly utilised and recorded. MAPA training is provided to staff as part of the mandatory training programme. Staff competence, knowledge and skill is monitored and assessed on an on-going basis through mandatory training, supervision and appraisal.</p> <p>The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> <p>When restraint had been used there was analysis of the incident and what could be done to prevent reoccurrence in the future.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre confirmed their knowledge regarding the use of restraint including how service users human rights are protected, staff were also aware of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.</p>	<p>Compliant</p>

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>see 14(4) and in addition there may be exceptional circumstances when unplanned or emergency physical intervention may be necessary when an individual acts in an unexpected way.As in all circumstances of use of RPI, members of staff retain their duty to care for the individual and RPI will only be permitted if the person using it reasonably believes it to be in the best interest of the individual.Any subsequent potential for use of planned RPI physical intervention must be immediately reflected and reviewed in the care plan, including the risk assessment.All decisions to use RPI should be based on a risk assessment showing that the risk of employing the intervention is lower than the risk of not doing so and must be clearly documented, recording the nature of restraint, communicated and reported to RQIA. All other de-escalation methods must be exhausted prior to any use of further restrictive interventions.</p> <p>registered manager would value advice on appropriate reporting proforma for forwarding to RQIA..</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p> <p>The examination of a sample of service user records as described in schedule 4 and other records to be kept in a day care setting as described in schedule 5 revealed there had been a very small number of incidents where restraint had been used and this had not been reported to RQIA. A requirement is made in this regard. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding managing service user’s behaviour; responding to service user’s behaviour; protecting the human rights of service users when delivering care; and how they ensure service users are responded to in the most appropriate and least restrictive way. Staff presented as committed to maintaining a person centred approach to their practice and this was reflected in their recording.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Moving towards compliance</p>

<b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Moving towards compliance

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>The Registered Manager ensures there are suitably qualified, competent and experienced staff working in the centre. Each day a Day Care Worker assumes responsibility for the centre in the absence of the Registered Manager. There are two Assistant Managers available to support staff/centres in the locality and each Assistant Manager works across the locality spending time each week in all the centres. There is a defined managerial structure outlined in Oakridge’s Statement of Purpose.</p> <p>A Draft SHSCT Day Care 'Procedure for Assessing the Competency and Capability of staff Assuming responsibility in the absence of Registered manager' is in progress awaiting senior management approval.</p>	<p align="center">Substantially compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and this revealed she is a qualified social worker who is registered with NISCC and has evidence of continual professional development. In her absence there is an assistant manager who will act up on her behalf and a rota for the day care workers to take on day to day responsibility of the setting. The inspection revealed there is not a competency assessment completed for the staff who act up in the managers absence however, the inspector does acknowledge the planning and preparation put into drawing up a format that had been prepared for this inspection and is being implemented. The assistant manager that spends most of her time in this setting is social work qualified and would meet the qualification and experience requirements for registration as manager.</p> <p>Examination of the training, supervision, appraisal and staff record of those staff left in charge of the day care setting did not raise any concerns regarding this criterion. Observation of the staffing rota must evidence adequate staffing numbers and distribution of staff across the day care setting.</p> <p>There is policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose, these are available for staff reference and staff were aware of content.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. They were clear regarding whom they report to; who seek support or guidance from; who supervises them and were satisfied with the effectiveness of the same.</p> <p>Discussion with service users confirmed they are aware of the management structure in place but see the day to day workers as the staff who will help them.</p> <p>Through discussion the staff demonstrated they were clear regarding their roles and responsibilities, they confirmed they are receiving supervision and appraisal in line with the day care setting standards. The staffing structure of the day care setting is clearly described in the settings statement of purpose, and there are arrangements in place to cover the manager’s role and responsibility in the manager’s absence.</p>	<p>Compliant</p>

<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Formal staff supervision occurs in Oakridge/Dungannon Centres in line with SHSCT’s Supervision Policy, Standards and Criteria for Social Care Workers. Staff meetings occur on a monthly basis.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The providers self-assessment was confirmed via evidence and records provided for this inspection.</p>	<p>Compliant</p>
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li><b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li><b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Staff receive Induction upon commencement and Trust mandatory training through out the year. Developmental training is also provided either individually or collectively. Training can be identified through supervision and KSF</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The providers self-assessment was confirmed via evidence and records provided for this inspection.</p>	<p>Compliant</p>

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant



## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified seven complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. In 2014 three complaints or issues of dissatisfaction had been recorded, the review of the settings complaints log did not reveal any concerns regarding the recording, management and resolution of complaints or issues of dissatisfaction. The inspector was satisfied they had been resolved locally to complainants satisfaction and in a timely manner.

### **Service User Records**

Eight service user files were inspected as part of this inspection and this did not reveal any areas for improvement and they presented as consistent with schedule 4.

### **Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

### **Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

### **Monthly Monitoring Reports**

The provider supplied two regulation 28 reports for this inspection and this did not reveal any concerns.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Margaret McShane, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Suzanne Cunningham**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

### Oakridge Social Education Centre

**4 September 2014 & 24 September 2014**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Margaret McShane (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	14.5	The registered manager must ensure any future incidents of restraint are reported to RQIA on the appropriate notification documentation.	First	Full compliance using provided notification documentation on a monthly basis.	24 September 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Margaret McShane
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Miceal Crilly on behalf of Mairead McAlinden

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	11/11/14
Further information requested from provider			