



The Regulation and
Quality Improvement
Authority

Oakridge Social Education Centre
RQIA ID: 11112
20-26 Coalisland Road
Dungannon
BT71 6LA

Inspector: Suzanne Cunningham
Inspection ID: IN022750

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**Unannounced Care Inspection
of
Oakridge Social Education Centre
8 and 9 June 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 8 June 2015 from 10.30 to 15.15 and 9 June 2015 from 10:00 to 16:00.

Overall on the day of the inspection the Day Care Service was found to be generally delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with the June Rafferty, assistant manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Paula Clark (Registration Pending)	Registered Manager: Margaret Elizabeth McShane
Person in Charge of the Day Care Setting at the Time of Inspection: June Rafferty	Date Manager Registered: 17 September 2012
Number of Service Users Accommodated on Day of Inspection: 08.06.15 No service users due to staff training 09.06.15 Oakridge: 41 service users Coalisland: 10 service users Aughnacloy: 12 service users Total: 63	Number of Registered Places: 98

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5 Care plan:

Where appropriate service users receive individual continence promotion and support.

Standard 8 Service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed: 18 notifications of incidents sent to RQIA in compliance with regulation 29, RQIA duty log and activity log for this day care setting; and the quality improvement plan from the last care inspection on 4 September and 24 September 2015.

During the inspection the inspector met with 22 service users in the main setting and the two satellite settings; and six staff in the three settings. There was no visiting professionals or representatives/family members in the day care setting at the time of this inspection. Post inspection nine staff and two service users returned RQIA questionnaires.

The following records were examined during the inspection: ten service users individual care files; six complaint records; the incidents and accident records for the service; relevant policies and procedures; general training records and the staff training matrix; two regulation 28 monitoring records; the statement of purpose and service users guide.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 4 and 24 September 2014. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: 14.5	The registered manager must ensure any future incidents of restraint are reported to RQIA on the appropriate notification documentation.	Met
	Action taken as confirmed during the inspection: Inspector confirmed records of restraint were available and had been reported to RQIA at the time of inspection.	

5.3 Standard 5 Care plan: **Where appropriate service users receive individual continence promotion and support**

Is Care Safe? (Quality of Life)

There was a Southern Health and Social Care Trust intimate care policy and guidelines in place which was due for review in December 2008. This policy focuses on protecting service users and staff but does not specify arrangements in place to meet needs, promote continence in service users and improve outcomes in this regard. The day care setting has a draft policy and procedure regarding continence promotion in place. Review of the content revealed it contains quite basic information and lacked detail regarding the promotion of continence. The day centre does need to establish a continence promotion policy and procedure that is consistent with service users' needs. A recommendation is made to review these policies. The day centre should establish a policy and procedure for staff to follow that sets out clear statements regarding continence care. The policy should guide staff in terms of identifying need, meeting need, promoting improved outcomes, professional assessment and advice, working together, reviews of assessment and care planning.

The observation of staff in the main centre and in the two satellite settings provided evidence staff do actively seek service users and their representatives' views. The inspector saw staff incorporating service user feedback into practice, to ensure that choices, issues of concern, or risks are recorded and acted on.

Discussion with staff in the three locations and review of the environments provided clear examples that staff are aware of continence products and Personal Protection Equipment (PPE). Staff competently discussed with the inspector and showed the inspector where continence needs are met, the products they use and talked through examples. Staff identified they had not received training in the area of continence promotion and this was discussed with

the manager as a potential need following the completion of the settings policy and procedure. A recommendation is made in this regard. The staffs' description of care was consistent with current infection control guidance. Discussion with the manager and review of records provided evidence staff have knowledge of continence needs, they are promoting continence when possible and how know how to write a plan to meet needs.

The inspector consulted with six staff and 22 service users during the inspection and observed practice. The feedback and observations assured the inspector the staff are actively seeking service users and their representatives' views; which they incorporate into practice.

The inspector reviewed ten needs assessment, risk assessments and care plans for service users who are in need of assistance or support with their intimate care or communication in the main centre and three in the satellite centre, McCague. The review of the records provided evidence the records had been kept under continual review, amended as changes occurred and kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plans were appropriately signed. Some of the needs assessments and care plans included a section on continence promotion / intimate care which detailed service user's needs; the ways they communicate, service user's preferences, service users human rights, guidance regarding protecting service users dignity and privacy in a group setting and how to involve service users in their care. The assessments and plans were current and there was evidence staff had involved the service user, where possible when writing the plans or family members / carers.

Nine RQIA questionnaires returned by staff identified staff are satisfied to very satisfied that care is safe in the day care setting with regard to safeguarding vulnerable adults; behaviours which may challenge; whistleblowing; training in core values, communication; and continence management. Finally they are satisfied to very satisfied with the timely support from the multi-disciplinary team. One staff member reported they feel very unsatisfied regarding obtaining equipment in a timely manner for service users. Six staff members reported they feel unsatisfied to very unsatisfied regarding the environment in the day care setting. Comments were made that it is not appropriate to meet service users care, health and welfare needs. The inspector was also made aware of this when talking to staff in the main day centre. The building is old; there is no evidence of regular maintenance and the lay out of the facilities are not conducive to meeting all of the service users' needs. A requirement is made for the trust to review the environment and consult with staff. The outcome of this consultation should be an improvement plan for the environment which will be focused on improvements that meet the service users' needs and achieve compliance with the day care settings regulations.

In conclusion the inspection of the main setting and the two satellite settings has identified staff safely meet service users' individual continence promotion and support

Is Care Effective? (Quality of Management)

The review of the environment in each location, particularly where intimate care needs are met identified there was appropriate supplies of continence products for service users who were identified as in need. Discussion with staff revealed they are aware of how to meet assessed needs and they have unrestricted access to continence products. Staff showed where PPE is kept for staff. This did not reveal any concerns regarding access or use of PPE.

The assistant manager in charge on the day of the inspection explained staff do identify continence issues. Examples were provided which showed there is a referral system; and any changes to care are recorded in the service users individual care plans.

Nine RQIA questionnaires were returned by staff which reported staff are satisfied to very satisfied care is effective in this day care setting. They specified the supplies of continence products, access to PPE and care plans are all effective. Discussion with one staff member in a satellite service raised a concern regarding staff cover when a permanent staff member is absent. The concern was the risk to other service users because one service user requires one to one care. Therefore staff cover provided must be an active member of staff who is available on the floor. This concern was an issue when a staff member covered an absence and didn't realise they needed to be delivering direct care. This was discussed with the assistant manager who explained this issue had already been brought to management attention and assured the inspector cover would be provided as required.

In conclusion the care plans in place in the main centre and two satellite centres do effectively describe how service users' needs should be met who have been assessed as in need of individual continence promotion and support.

Is Care Compassionate? (Quality of Care)

The inspector concludes the staff present as knowledgeable and can reflect a person centred approach. This is underpinned by values which are required to deliver care and support in meeting individual continence promotion.

Staff are supported by speech and language professionals and behaviour support staff to assist them in developing their knowledge and skills. This ensures they understand service users' individual needs, that they are compassionate and competent in providing continence care and support

Nine RQIA questionnaires were returned by staff which reported are satisfied to very satisfied care is compassionate in this day care setting. They specified service users are afforded privacy, dignity and respect at all times; and service users are encouraged to retain their independence.

In conclusion the care plans in the main centre and two satellite centres do compassionately describe how service users' needs should be met. Care plans clearly describe need for individual continence promotion and support. Furthermore staff discussed meeting needs of service users using a compassionate approach that protects service users' privacy and dignity in the day centre.

Areas for Improvement

Three areas of improvement were identified in the areas of continence promotion and support:

1. A recommendation is made the registered manager should ensure there is a continence promotion policy and procedure available for staff access that is consistent with service users' needs. The day centre policy and procedure for staff should set out clear statements regarding continence care and guide staff in terms of identifying need, meeting need, promoting improved outcomes, professional assessment and advice, working together, reviews of assessment and care planning.

2. A recommendation is made the registered manager should arrange training for the staff team in the area of continence promotion. The training should complement the settings policy and procedure for continence support and promotion.
3. A requirement is made the registered person must make appropriate arrangements for the trust to review the environment and consult with the staff regarding their concerns about how the environment meets the service users' needs in the main centre. The registered person must pull together an improvement plan for the environment. The plan should focus on improvements that meet the service users' needs and achieve compliance with the day care settings regulations.

Number of Requirements	1	Number of Recommendations:	2
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5.4 Standard 8 service users' involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The review of records such as service users meetings, the centres newsletter and discussion with service users provided evidence the staff do actively seek service users' and their representatives' views. These had been incorporated into practice, they had improved the activity plans, influenced the Makaton choir, influenced the centres fund raising events and used to meet each individual's needs. Processes in place were ensuring that service user's choices; issues of concern, complaints or risks are recorded and acted on. One example of service user forums are the Oakridge connexions group which has been set up by the assistant manager and a group of service users. This group was seeking to develop meaningful involvement of the service users in the setting and empowering them to be involved in improvements in the setting. The notes and minutes of the meeting will be written in words and symbols to ensure the notes are accessible for everyone. In the group everyone has a role regarding the group for example the service users have the role of the chair person, time keeper, minute taker.

The two day inspection included sampling records such as service user individual files, service user meetings, staff meetings, observing staff actively seeking service users' views and ensuring that choice is sought and acted on.

The inspection of ten individual service users files evidenced the needs assessment, risk assessments and care plans are kept under continual review, had been amended as changes occurred and had been kept up to date to accurately reflect at all times the needs and preferences of the service user. The needs assessment and care plan had been appropriately signed.

There were policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives

- general communication arrangements
- safe and healthy working practices

Discussions with 22 service users and two RQIA questionnaires completed by service users identified service users feel care is safe in the day care settings. Service users said they feel satisfied to very satisfied that the day care they receive makes them feel safe and secure and staffing levels are appropriate. The service users commented: “staff reminds us about our safety”; “staff sit beside you and show you things”; “we do exercises, walks and bowling”. One parent did comment “my daughter is as safe as can be expected in an old decrepit building. It is very unfair that people with special needs get threw to the one side. No other organisation would put up with these conditions. This was once a sanatorium, still treating people with special needs as if they are in the 1950’s”. This issue of concern is regarding the building in the main centre and was also raised by staff. A recommendation has been made in the examination of standard 5 regarding this issue.

In conclusion the inspection of service users’ involvement and how service users’ views and comments shape the quality of services and facilities provided by the day care setting the discussions with staff and service users, examination of records and review of the environment provided evidence service user involvement is being sought and used to ensure the safe care of service users.

Is Care Effective

The review of staff meetings records demonstrated staff do meet regularly. In April staff discussed standards for this inspection. Minutes described staff should work on care plans, however this inspection showed the care plans are very good.

Six complaints were recorded in 2014 for Oakridge day centre and the two satellite settings. The examination of the records showed issues were raised with staff in the day centre and the response was prompt with the aim of resolving concerns and issues raised. No concerns were noted regarding the content of the record or the resolution of the issues raised.

There is a range of methods and processes where service users’ and their representatives’ views are sought such as service user meetings, day to day discussions and communication between staff and service users where choice and inclusion is promoted; and reviews. These forums, meetings and communications had been recorded and where appropriate included details of the action taken.

The assistant manager described and showed evidence of how the service users are enabled to be involved in influencing the running of the day care setting. The forum group meeting minutes detailed they are being encouraged to take on tasks to improve the setting for all service users, rather than staff doing it for them. This is a change of approach in this setting and this approach promotes independent thinking and helps service users understand how to influence and effect change. This is a positive move for promoting service users involvement and should improve effectiveness service user involvement in the longer term.

The inspector concluded service users are encouraged by staff to participate in decisions about the care and support services they receive. Representatives are also encouraged to be involved. This was evidenced through review of records, discussion with staff and observation of practice. Involvement at this level is an important step to ensure service users are enabled to exercise choice and control over their lifestyle.

Discussion with service users confirmed they feel they are listened to and consulted and gave day to day examples where their choices, preferences, opinions or suggestions have been facilitated or implemented.

During the inspection the inspector observed staff informing service users that the inspection was taking place; and facilitated opportunities for service users and others to give their views about the standard of care delivered and the conduct of the day care setting to the inspector.

There are trust policies held by the setting that inform this standard such as: inspections of the day care setting; consent; listening and responding to service users' views; management; control and monitoring of the setting; quality improvement; complaints. The day care setting is in the process of improving these policies and advice was given that the final version must be indexed for ease of access.

Discussions with 22 service users and two RQIA questionnaires completed by service users identified service users feel care is effective in the day care setting. Service users identified they were satisfied to very satisfied the staff knew how to care for them and respond to their needs.

In conclusion the inspection of service users' involvement provided evidence that this is done in an effective way, which is improving outcomes for service users by using service users' views and comments shape the quality of services and facilities provided by the day care setting.

Is Care Compassionate?

The service users are listened and responded to by staff who present as knowledgeable about individual service users' communication needs. Discussions with the staff demonstrated they are compassionate about their role in the setting as an advocate of the service users' needs. Staff discussed their commitment to their role and responsibility to meet service user need and improve outcomes.

Consultation with service user's and examination of records identified service users are kept informed about issues affecting them and are encouraged to be involved in resolving or improving issues affecting them.

Discussion with staff evidenced they are knowledgeable about service users' needs and can reflect a person centred approach, underpinned by informed values, which are required to deliver care and support services.

Discussions with 22 service users and two RQIA questionnaires identified service users feel care is compassionate in the day care setting. Service users identified they were satisfied to very satisfied the staff knew how to support them and that their views and opinions are sought. Service users commented: "staff look after us"; "Staff help us"; "staff give us choices"; "we are getting ready for the garden part and Makaton choir".

In conclusion the inspection of service users' involvement provided evidence that this is done in a compassionate way that service users report is supportive to them and ensures their views and comments shape the quality of services and facilities provided by the day care setting.

Areas for Improvement

No areas of improvement were identified in the inspection of service user's involvement

Number of Requirements	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Incidents / accidents

Records were sampled from September 2014 to April 2015. This did not identify any concerns regarding reporting and records detailed staff action following the incident and measures to prevent reoccurrence when they can.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with June Rafferty, Assistant Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

6.1 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 (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 26.2

Stated: First time

To be Completed by:
4 August 2015

The registered person must make appropriate arrangements for the trust to review the environment and consult with staff regarding their concerns about how the environment meets the service users' needs in the main centre. The registered person must develop an improvement plan for the environment. The plan should focus on improvements that meet the service users' needs and achieve compliance with the day care settings regulations.

Response by Registered Person(s) Detailing the Actions Taken:
Staff have been consulted, and they have advised of issues /concerns re environment. Acting Manager and Assistant manager has reviewed environment with estates management, and an improvement plan of work has been compiled and is currently ongoing. Arts Care have also been requested to undertake artwork with service users, and this will be displayed around building.

Recommendations

Recommendation 1

Ref: Standard 18

Stated: First time

To be Completed by:
4 August 2015

The registered manager should ensure there is a continence promotion policy and procedure available for staff access that is consistent with service users' needs. The day centre policy and procedure for staff should set out clear statements regarding continence care and guide staff in terms of identifying need, meeting need, promoting improved outcomes, professional assessment and advice, working together, reviews of assessment and care planning.

Response by Registered Person(s) Detailing the Actions Taken:
A Continence Policy is currently being developed for all Day Centres within Disability Services. A first draft will be available by 31/08/15 and shared with RQIA for comment.

Recommendation 2

Ref: Standard 21.4

Stated: First time

To be Completed by:
4 August 2015

The registered manager should arrange training for the staff team in the area of continence promotion. The training should complement the settings policy and procedure for continence support and promotion.

Response by Registered Person(s) Detailing the Actions Taken:
The Social Services Training Unit have sourced training from the Trust Continence Leader and this training will delivered to staff on 20/10/2015

Registered Manager Completing QIP	Darren Campbell	Date Completed	28/08/15
Registered Person Approving QIP	Micéal Crilly	Date Approved	02/09/15
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	16/09/15

****Please ensure the QIP is completed in full and returned to day.care@rgja.org.uk from the authorised email address****