

Announced Care Inspection Report 7 January 2019



Oakridge Social Education Centre incorporating McCague Day Centre & Coalisland Day Centre

Type of Service: Day Care Service
Address: 20-26 Coalisland Road, Dungannon, BT71 6LA
Tel No: 0288 775 2892
Inspector: Jim McBride

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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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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. The setting operates from Monday to Friday and is open from 9.00 am - 4.00 pm. The service incorporates three sites and includes Oakridge SEC, McCague Day Centre and Coalisland Day Centre and is registered to accommodate a total of ninety eight service users across the three separate sites.

Oakridge SEC is the main centre and provides day care for those adults presenting with moderate, medium and severe learning disability including adults with autism. An intensive support unit is located on the site and accommodates service users with complex medical/nursing needs. Oakridge also has a bespoke single unit "Little Oaks" for an identified service user.

The updated statement of purpose (2018) for Oakridge SEC states it has capacity for 70 service users.

3.0 Service details

Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin	Registered Manager: Margaret (Mairead) Murphy
Person in charge at the time of inspection: Margaret (Mairead) Murphy	Date manager registered: 18/10/17
Number of registered places: 70	

4.0 Inspection summary

An announced inspection took place on 14 January 2019 from 09.30 to 15.00.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, staff knowledge regarding adult safeguarding and controls that promoted safe care. Regarding effective practice, examples of good practice were found in relation to audits and reviews of the service and communication between service users, staff and other key stakeholders. Good practice was identified regarding the provision of compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users. In addition, good practice was noted in relation to the day care agency's governance arrangements and processes for maintaining good working relationships, supporting well led care in the setting and the promotion of independence.

Service user comments:

- "Good activities."
- "I enjoy the activities."
- "Staff are here for us."

Staff comments:

- "Good training."

- “Supervision is one to one and effective.”
- “The managers are approachable.”
- “Staff communicate well with each other.”
- “Service user needs change daily and we provide individual activities to meet changing needs.”

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Margaret (Mairead) Murphy, registered manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 15 March 2018.

No further actions were required to be taken following the most recent inspection on 7 January 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- records of notification of incidents received by RQIA since the last inspection
- the previous inspection report and quality improvement plan (QIP)
- the registration details of the day centre
- pre-inspection assessment audit
- information and correspondences received by RQIA, regarding the day centre.

During the inspection the inspector met with the registered manager and a number of day care staff. All spoke enthusiastically and comprehensively about the service provided. The inspector also observed a number of service users in a group or individual setting. All comments received have been added to this report.

The following records were examined during the inspection:

- records for six service users, including assessments, care plans and care reviews
- progress records relating to six service users
- care file audits for service users

- quality monitoring reports for the months of March 2018 to December 2018
- minutes of service users' meetings held during 2018
- minutes of staff meetings held during 2018
- selected training records for staff pertaining to:
 - safeguarding
 - fire safety
 - medication
 - challenging behaviour
 - moving and handling
 - eating and drinking
 - self-awareness
- records of formal supervision/appraisal for staff
- records confirming registration of care staff with the Northern Ireland Social Care Council (NISCC)
- the Statement of Purpose, 2018
- the Service User Guide, 2016
- RQIA registration certificate
- the agency's fire safety records, including the report of a fire risk assessment dated May 2018 due for review 2020.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received. Staff survey results show that one staff member was satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Comments:

- "I enjoy working in this centre".

Ten service user and/or relatives' questionnaires were provided for distribution; two questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centres two sites to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users and staff for their co-operation throughout the inspection process and for taking time to give their views.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 March 2019.

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 4 (1) (a) and 4 (2) Stated: First time To be completed by: 31 May	The registered person shall undertake a review of the day care settings and consider the range of needs the settings can meet, consideration should be given to service users specific identified risks and range of specialist equipment required to meet these needs, number of staff required and the number of service users each setting can safely meet on a daily basis. The statement of purpose should be reviewed to reflect the outcome of this review and submitted to RQIA. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The statement of purpose has been reviewed and is in line with the regulations.	
Area for improvement 2 Ref: Regulation 31 (h) Stated: First time	The registered person shall submit in writing the details of the extension of the premises with the bespoke unit "Little Oaks." Ref: 6.7	Met

<p>To be completed by: 31 May</p>	<p>Action taken as confirmed during the inspection: The required variation forms have been completed and forwarded to RQIA as requested.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28.3</p> <p>Stated: First time</p> <p>To be completed by: 31 May</p>	<p>The registered person shall maintain a record of the action taken to evidence that recommendations detailed in the fire risk assessment has been addressed.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: Fire risk assessments and their action plans have been completed as evidenced during the inspection. Records in place were satisfactory.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 19.1</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person/manager shall review the volume of information in care documentation within the Oakridge setting and inform RQIA of the outcome of the review.</p> <p>Ref: 6.5</p> <p>Action taken as confirmed during the inspection: The managers have completed a review of care and support plans and the records in place were satisfactory.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that the minute of the staff meeting incorporates the action taken from the previous meeting.</p> <p>Ref: 6.7</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection: The inspector noted a number of minutes from staff meeting and the documentation in place was satisfactory.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Discussion with staff confirmed that competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff are a mix of care workers, and senior day care workers. A review of the staffing arrangements evidenced that the required staffing levels were adhered to. Records record the number of staff working each day and the capacity in which they worked. Competency and capability assessments were undertaken for any person who is required to be in charge of the centre for any period in the absence of the registered manager.

Observation and discussion with the staff and service users on the day of inspection provided examples of how staff had met assessed needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the needs of individual service users and how those needs should be met in day care. The centre's staff induction informed the staff regarding their role and responsibilities, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that staff had received required mandatory training including additional training relevant to their roles and responsibilities. It was positive to note that staff received training in addition to the mandatory training requirements such as eating and drinking and self-awareness.

Discussion with staff members on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and meet the assessed needs of individual service users. Review of governance records confirmed that an effective incident/accident reporting policy and system was in place.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the day of inspection the inspector observed service users undertaking a number of activities, and using the space to socialise for both group and one to one activities.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken 14 September 2018. Fire risk assessments for the centre were available for the inspection and had been completed in May 2018 and are due for review in 2020.

Discussion with staff confirmed they felt care provided in the setting was safe. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described how risk assessments are used to ensure individuals have the appropriate support to maintain their safety. Discussion with staff identified they had a good knowledge of the needs of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Observations of service users confirmed they can approach staff when they need to and have the opportunity for one to one time with staff.

Two returned questionnaires from service users indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to staff induction, training and effective communication with service users and relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose (2018).

Six service users’ individual files were inspected. They contained referral information; agreements, individualised care plans with risk assessments; and multi- disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users’ needs and individual service users’ objectives. Staff recognised the importance of maintaining accurate and contemporaneous records to guide their practice and ensure that care provided was safe, effective and timely. It was positive to note that care records were regularly audited/reviewed.

There were systems in place to review placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service users and the HSC Trust representatives. On each record there was evidence that service users and relatives were supported to be involved in the annual review process and their care plan by staff. The inspector noted some of the comments received during annual reviews:

- “I’m happy here and I like the staff and my friends.”
- “I enjoy Oakridge and the activities.”

- “I enjoy seeing all my friends.”
- “I enjoy my time here and feel good.”

In summary service users care records were well organised and stored safely and securely in line with data protection requirements.

Discussion with staff provided evidence that they were knowledgeable regarding individual needs. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified meetings with service users; team meetings and daily communication were effective ways of ensuring they were providing effective care.

Two returned questionnaires from service users indicated that a safe service meant:

- “You get the right care, at the right time in the right place.”
- “The staff know your care needs.”
- “You are kept aware of your care plans.”
- “Your care meets your expectations.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to care records, audits, service user care reviews and communication between service users, relatives and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests; staff responses were noted to be cheerful and appropriate.

During the inspection it was noted that those service users who did not communicate verbally were expressing their feelings and choices with staff using a range of non-verbal methods. Staff were observed responding to the service users’ needs that they identified by interpreting

facial expressions, behaviour, non-verbal cues and sounds. Observation of staffs responses and communication showed they knew how to put service users at ease, support them to have fun and ascertain their choices and preferences.

Consultation with service users and when appropriate their relatives was evidenced in the records relating to the agency's assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service users meetings.

Samples of minutes from service users group meetings were reviewed which provided evidence service users had been consulted about a range of matters related to the day care setting including:

- art
- dance project
- new staff
- activities
- exercise programme.

The inspector also noted that meetings had been held with staff and some of the topics discussed:

- staffing
- training
- rotas
- service user updates
- NISCC
- safeguarding
- policies and procedures
- questionnaire feedback.

Two returned questionnaires from service users indicated that a safe service meant:

- "Staff treat you with kindness."
- "Staff ensure you are respected and that your privacy and dignity is maintained."
- "Staff inform you about your care."
- "Staff support you to make decisions about your care."

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of both their views and those of relatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The Statement of Purpose for the day care service was reviewed in 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and lines of accountability within the organisation. In addition staff confirmed that they had a good understanding of their role and responsibilities under the day care legislation. A review of governance records evidenced that staff typically received individual, formal supervision and an annual appraisal.

Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Discussion with staff revealed they felt well supported by the manager. They described service users being central to the service provision and the need to ensure care and support was safe, effective and compassionate.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints record was maintained in the day centre. There had been two complaints recorded since the previous inspection that were resolved satisfactorily.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of reports were viewed.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The annual report for April 2017 to March 2018 was provided for this inspection, the report included matters listed in Schedule 3 and included an action plan that detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service users involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- equity of care and support
- individualised person centred care
- individualised risk assessment.

Observations with service users and discussions with staff evidenced that they felt the care provided was well led. They described that the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency’s policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the organisations Human Resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Two returned questionnaires from service users indicated that a safe service meant:

- “You always know who is in charge at any time.”
- “You feel the service is well managed.”
- “Your views are sought about your care and the quality of the service.”
- “You know how to make a complaint.”

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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