

Unannounced Day Care Setting Inspection Report 14 and 15 November 2016



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: 02887752892
Inspector: Suzanne Cunningham

www.rgia.org.uk

1.0 Summary

An unannounced inspection of Oakridge Social Education Centre incorporating McCague Day Centre & Coalisland Day Centre took place on 14 November 2016 from 10.30 to 16.00 and 15 November 2016 from 09.30 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The inspection of staff duty rotas, staff supervision arrangements, training records; observations of the setting; discussions with service users and staff provided evidence the care delivered was safe on the day of the inspection.

The staff in Oakridge day centre were observed responding to a range of service users' needs. The service users described staff as supportive and some commented staff keep them safe in the day care settings.

The management arrangements were evidenced as adequate and took into account the manager's recent planned absence from the settings which they notified via the RQIA written notification process for consideration and approval.

Overall the inspection of "is care safe" concluded the practice in the setting was compliant with the standards inspected on the day of the inspection. One improvement was identified regarding staff induction. This could be improved to enable new staff to reflect on: their learning; understanding of their role; competency in their role; and responsibility for their own personal development. The NISCC induction standards provide a sound practice model to assess competency in this regard are identified in the Day Care Settings Minimum Standards 2012, standard 21.1. A recommendation is made that the induction process for new staff includes assessment of staffs understanding of their role and responsibilities and competency regarding the same.

Is care effective?

The inspection of 11 service users individual care records, review of the notifications and incident recording, complaints recording, discussion with the service users and staff concluded care was being delivered at the right time, in the right place, and with the best outcome. Individual care needs had been assessed and the outcome was written into a plan. Review and monitoring arrangements were in place to review the effectiveness and quality of care delivered to service users.

Overall the inspection of "is care effective" concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is care compassionate?

The inspection of records, observations of practice and discussions with staff and service users revealed that service users were being treated with compassion, dignity and respect. Staff were

observed listening to service users, seeking their views and communicating with them in a supportive and caring manner.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met. No areas for improvement were identified during this inspection.

Is the service well led?

The discussion with staff and service users regarding the management arrangements confirmed they were informed regarding the management arrangements and the staffs role and responsibilities. Documents and records such as monthly monitoring reports; and policies and procedures evidenced there was arrangements in place to promote minimum standards of care and quality improvement in the setting.

Overall the assessment of “Is the service well led?” concluded the inspection of the minimum standards was met. No areas for improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Margaret McShane, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 11 August 2015.

2.0 Service details

Registered organisation/registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Mrs Margaret Elizabeth McShane
Person in charge of the service at the time of inspection: June Rafferty – 14 November 2016 Margaret McShane – 15 November 2016	Date manager registered: 26 February 2013

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Southern Health and Social Care Trust
- Incident notifications which revealed 21 incidents had been notified to RQIA within the last 12 months
- Unannounced care inspection report 08 & 09 June 2015 and trust response to the inspection
- Announced Estates inspection report 11 August 2015 and trust response to the inspection.

During the inspection the inspector met with:

- The Registered Manager
- Eight staff
- Seventeen service users.

Questionnaires were given to the manager to distribute between service users, representatives and staff in Oakridge day centre. One had been returned by service users, three by staff and three by relatives at the time of writing this report

The following records were examined during the inspection:

- Seven service users' care files in Oakridge main centre and their daily records. Two service users care files in McCague and two in Coalisland satellite settings
- The staffing rota for November 2016
- The complaint/issue of dissatisfaction record which had two entries recorded from April 2015 to 31 March 2016
- The minutes of the weekly service user meetings held during October and November 2016
- A sample of the team meeting minutes for October and November 2016
- Staff supervision dates for 2016
- Two staff records
- The monthly monitoring reports for August, September and October 2016
- Staff training information for 2016
- Statement of Purpose
- Service Users Guide
- Annual review of care report April 2015 – March 2016
- Service evaluation report 2015/2016.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 11 August 2015

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the premises inspector. This QIP will be validated by the care inspector at the next care inspection.

4.2 Review of requirements and recommendations from the last type e.g. care inspection dated 08 June 2015

Last type e.g. care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26.2 Stated: First time To be Completed by: 04 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.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the environment had been reviewed and a redecoration and improvement plan was in place at the time of inspection.	
Last type e.g. care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18 Stated: First time To be Completed by: 04 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.	Met
	Action taken as confirmed during the inspection: The policy was available and up to date at the time of inspection.	

<p>Recommendation 2</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p> <p>To be Completed by: 4 August 2015</p>	<p>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.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The training had been delivered at the time of inspection.</p>		

4.3 Is care safe?

The registered manager was not in the setting during 14 November but was present in Oakridge on 15 November 2016. The assistant manager was working between settings including the Oakridge setting.

The delivery of safe care in any day care setting depends on the right number of staff being available in the settings to deliver care. The staff rota for the three locations detailed adequate numbers and grades of staff in each of the settings. Observation of the staff meeting service users' needs in the three locations verified the staff numbers on the rota and did not reveal any concerns regarding safe care.

Discussion with the assistant manager and manager provided assurance the registered manager and management team had oversight of the setting. They described the staffing arrangements and allocation of roles and responsibilities on the rota take into account the staff qualifications, experience and competence. In the managers absence the assistant manager or day care worker assumed responsibility of the setting. Staff competency assessments were in place regarding these staff which focused on their knowledge and competence to ensure safe practices in the setting.

The manager had been absent from the setting for more than 28 days prior to this inspection. The trust had put in place adequate staff to cover this post that had qualifications and experience that was consistent with the Day Care Settings Minimum Standards 2012, Fitness of the registered manager.

On the two inspection days the walk around the setting revealed there was at least one staff member in all areas with service users. Cross referencing service users care plans with staffing numbers confirmed staffing numbers were increased in areas where service users care needs required additional support for behavioural and/or physical needs.

Two staff files were inspected. This confirmed that staff commenced their job following satisfactory pre-employment checks undertaken by the trust. There was a staff induction policy in place. An example of an induction programme was reviewed which showed induction was based on understanding processes, policies and procedures; and training. Discussion with the day care worker who led staff through their induction revealed induction could be improved. They were keen to enable new staff to reflect on: their learning; understanding of their role; competency in their role; and responsibility for their own personal development. The NISCC induction standards provide a sound practice model to assess competency in this regard. This is promoted in the Day Care Settings Minimum Standards 2012, standard 21.1. A

recommendation is made that the induction process for new staff includes assessment of staffs understanding of their role and responsibilities and competency regarding the same.

Supervision arrangements were inspected for staff. The supervision records for 2016 showed staff had received one individual supervision session at least once every three months.

The staff training record was inspected for 2016. The staff mandatory training record detailed they undertook training consistent with the mandatory training recommended for this setting and training specific for service users' needs. This record and discussion with the senior day care worker confirmed the staff had or will receive the required training to safely undertake the duties of their role in 2016. Discussion with staff revealed training had also incorporated a presentation from a parent of a new service user who was reported to have intensive support needs for their behaviour; and was transitioning from school to the day centre in September. The staff reported this had a significant impact on their understanding of the service users' needs and how to meet them. They identified the presentation enabled them to clearly see the young adult who needed to be supported, rather than the risks and behaviour first. They acknowledged they had full knowledge of the behaviour and risks and would respond appropriately if required. However, this was a more person centred approach and they felt they really got to know the new service user. They also felt this decreased staff concern and anxiety regarding managing a new service user who may present challenging behaviour.

On the two days of inspection room based activities were observed and staff were taking service users out for walks. The more independent service users engaged with activities they wanted to take part in. Service users who had limited communication or physically could not move around freely were supported by staff to make decisions about what they wanted to do. Observation revealed staff support was provided in accordance with the service users' assessment; to ensure they were safe. During the inspection staff were observed encouraging and enabling individuals to experience the benefits of social interaction with other service users.

The care was delivered in a range of rooms that accommodated small groups, physical activities, crafts, structured work plans (schedules) and quiet time/relaxation. There is also a dining area and bathrooms, which were all observed as accessible. The day centre environment had been identified as in need of refurbishment during previous inspections. It was noted during this inspection that an improvement plan had been put in place and improvements had been made. For example curtains had been put up, windows and flooring had been replaced, and areas had been painted. Crafts and pictures of the activities were also displayed. These improvements made the environment feel homely and conducive to the service users' needs.

The walk around the day care settings identified there was infection prevention and control measures clearly displayed and fire exits were observed as clear. Overall the locations were functional for this group, warm, comfortable and the lay out promoted freedom of movement. No obvious hazards internally or externally were noted.

Seventeen service users were consulted with during the inspection in the three locations. Overall they described safe care had been delivered by staff in the day care setting. They described staff help them when they need it, staff talk to them about how to keep safe, staff support them in the setting to be safe and they felt the activities were safe. If they needed to speak to staff they said they could speak to any of them.

One service user returned a questionnaire to RQIA regarding this inspection. They responded they felt safe in the setting; they could talk to staff if they were unhappy, the setting is comfortable, they knew what to do if the fire alarm sounded and they could tell someone if they were worried about someone being treated badly. Overall they stated they are very satisfied with safe care in this setting.

The discussion with staff confirmed the staff numbers, following recent new staff commencing post, were adequate to provide safe care. The staff described their knowledge, skills and competence in responding to complex needs, changing needs, safe care planning and responding to vulnerable adult concerns. Their knowledge, skills and competence was verified when examining service users' records, incident recording, complaints records, monthly monitoring reporting and team meeting records. These records detailed safe practices that promoted improving outcomes for service users. Staff described they had worked together to ensure they addressed risk and need and had provided safe care; in a safe environment.

Three staff members returned questionnaires. They responded they were very satisfied with the safe care in the setting. The questionnaires detailed care was safe because they had received training, there are risk assessments and care plans in place for service users, they would report bad practice and they receive support to fulfil their roles and responsibilities.

Three relatives returned questionnaires. They responded their relative is safe and protected from harm, they could talk to staff, and they would report concerns to the manager. Overall one relative was satisfied and two relatives were very satisfied with the safe care in this setting.

Areas for improvement

One area of improvement was identified regarding the induction process for new staff. This should include assessment of staffs understanding of their role and responsibilities and competency regarding the same.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

The content of the Oakridge day centre statement of purpose was sampled. This accurately described the registration details of this service and the service user group observed during this inspection.

The inspection of eleven individual service user care files showed each service users' needs had been assessed. Their needs as assessed were consistent with the service admission criteria for each of the settings. The assessment had been used to draw up a plan with the service users, their relatives or representatives. This had been reviewed at least annually to ensure the care provided was appropriate to meet the service user's health and social care needs. The files evidenced the care described in the statement of purpose was being put into practice and this was enabling staff to care for service users effectively and in compliance with the Day Care Settings Minimum Standards 2012. Positive outcomes were recorded for most service users or there was evidence staff had reviewed assessments and plans with the aim of working towards achieving improved or positive outcomes where possible.

The recording formats used to assess and plan for service user's detailed information that was compliant with legislation, standards and best practice guidance. For example risk

management information was identifiable, assessments including moving and handling; transport; risk and personal care were completed. Review documentation included consultation with service users where possible and the minutes were produced in a report signed by service users or relatives as evidence of their involvement and agreement.

The day care activity schedule was written according to service users need and in response to service users' assessments. The service users who worked together in a group had a range of activities they could engage in that was informed by their choice, interests and available resources. Service users with more intensive support needs had individual schedules and planners which they follow with the support of staff. These were described in the care planning documentation and displayed for staff and service user reference in the service users work area.

Discussion with service users identified they liked being in the settings because they could take part in activities and they liked the social opportunities they had. Service users described the care was effective because the staff knew what they needed and were supportive.

One service users' questionnaire responded they were getting the right care at the right time; staff were communicating with them; their choices are listened to; they can choose the activities they take part in; and have been involved in the annual review of their day centre placement. Overall they were very satisfied with the effective care in this setting.

Discussion with staff confirmed they were well informed regarding individual service users' needs and how they use them to develop the individual care plans and activity opportunities. The staff were aware the care plans must be suitable for this setting but also need to respond to each service users individual needs. Staff discussed one service user who was referred with a history of challenging behaviour. Staff put safeguards in place to manage the risks and behaviours identified. However, they found the service user settled into the setting, risks were lower than anticipated and behaviour was settled. The staff attributed this to them effectively responding to the service users assessed needs, interests and preferences in a stimulating environment. Review of the service users individual records verified the service users outcomes had improved since attending the setting and it was likely an effective plan delivered by skilled staff to meet the service users' needs was key to this. The staff in the settings discussed consulting with the service users, their families and professionals involved. They had recorded information to ensure records were current and relevant. In conclusion this was a clear description of effective care and this level of understanding was contributing to service users getting the right care, at the right time, in the right place.

Three staff questionnaires identified service users are involved in their care plan, care plans inform the care provided, monitoring of quality is in place and that staff respond to service users in a timely manner. The staff responded they were very satisfied with the effective care in the day care settings.

Three relative's questionnaires identified their relative gets the right care, at the right time, in the right place; they were satisfied with communication with staff; their awareness of their relative's needs; preferences and choices, that these were incorporated into the care they receive; and they are involved in their relative's annual review. One relative reported they were satisfied and two reported they were very satisfied with the effective care in the day care settings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

This inspection included consultation with 17 service users in Oakridge Day Centre and the satellite settings. The inspection included observation of the activities, and serving of refreshments. The discussion with service users revealed they felt care was compassionate. They gave examples of how staff had helped them when they needed help, gathered their opinions, ideas and suggestions. They said they inform the activity planner's and future projects they take part in in the day care settings. Examples are seasonal activities, dancing and the Makaton choir.

Observation of care showed the staff were checking service users were comfortable. The staff sought service user's opinion and involved service users in the activities being delivered. When the staff identified someone needed additional support they sensitively moved closer to the service user to provide individual care as required. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Records such as individual service users review documentation, annual service user survey report, the monitoring visit reports and the service user meeting minutes showed the management team and staff group have processes in place which had involved service users and their relatives in the running of the setting. For example suggestions regarding activities, the environment and outings.

The annual survey and annual report was provided for this inspection. They included an action plan which was focussed on improving practice over the next year.

One service users' questionnaire identified they were treated with respect and were involved in decisions affecting them, the staff are kind and caring, their privacy is respected; they have choices and are involved in decisions. They responded they were very satisfied with the compassionate care in the setting.

Three relative's questionnaires described their relative was treated with dignity and respect and involved in decisions affecting their care. They do not have any concerns and their relative is treated well. Overall one relative identified they were satisfied and two relatives identified they were very satisfied with the compassionate care in the settings.

The staff discussion revealed they encourage service users to be independent when possible. The staff said service users can communicate openly with staff and they create a supportive environment to help and assist all service users. Staff discussed knowing all service users was an important factor in providing effective and compassionate care.

The three staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon. Overall one staff member identified they are satisfied and two staff were very satisfied with compassionate care in the settings.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The assistant manager, day care workers in charge and registered manager was present during the inspection. They provided examples of management and governance systems they have in place which ensure the setting is safe, well managed and service users' needs are met in compliance with the Day Care Settings Regulations (NI) 2007 and Standards 2012. Examples were the supervision schedules for staff, the clear arrangements and procedure for the absence of the registered manager in the day care settings, monthly monitoring visits and the audits of the settings records and environment. These processes provided assurance risks in the setting were being managed and were communicated to the staff team as required.

The staff meeting minutes were inspected for 04 October and 01 November 2016. They showed the staff were reviewing the needs of the service users as a group and the staff discussed issues pertaining to the running of the day care setting such as the environment, staffing, staff development and service improvement.

The monthly monitoring visits and reports were inspected from July to October 2016. The reports available provided evidence the visits had taken place once per month as required by regulation 28 in the main site and satellite settings. They described the conduct of the setting and did not reveal any concerns that should be followed up as part of this inspection.

The complaints record was reviewed and this revealed two had been received since April 2015 to 31 March 2016. They had been responded to in compliance with the trust procedure and the complainants were satisfied with the outcome. Compliments records were also recorded and maintained by staff.

The service users spoken to were aware of the management arrangements in the setting. They said they knew who the manager however some of them named the day care worker. They were asked if they knew Margaret McShane and they confirmed they did and they said she visited regularly. They said she was accessible to them when she visits the setting and they could also talk to any of the staff if they had suggestions or a concern.

One service users' questionnaire reported the service was managed well; they said they knew the manager and could talk to them if they had any concerns. Finally staff had responded well to them and they were asked what they would like to do in the setting. They identified they were very satisfied that the service was well led.

Three relative's questionnaires stated the service was managed well; staff and the manager are approachable, professional and caring. They have a copy of the service user's guide. One relative was satisfied and two were very satisfied that the service was well led.

Discussion with staff confirmed they knew how to respond to a range of situations such as responding to issues of dissatisfaction or a vulnerable adult concern communicated by service users. The staff said there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could

speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user.

Three staff questionnaires identified the service is managed well, the service is monitored, and communication between the staff and management is effective. One member of staff was satisfied and two were very satisfied that the service was well led.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret McShane, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 21.1

Stated: First time

To be completed by:
10 January 2016

The registered provider should improve the induction process for new staff. The induction should include assessment of staffs understanding of their role and responsibilities and competency regarding the same.

Response by registered provider detailing the actions taken:

A Draft Staff Induction for DMHD Day Care Settings has been devised late in 2016. This Staff Induction incorporates:

- Southern Health and Social Care Trust Induction Policy, 2009
- NISCC Code of Practice for Social care Workers (November 2015)
- NISCC Induction handbook.

Responsibility for implementation will rest with the staff members supervisor and the registered manager.

The induction will include assessments of staff understanding of their role and responsibilities and competency as set out in the NISCC Induction Workbook.

This shall form the basis for induction of new staff from date of this QIP.

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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