

Unannounced Care Inspection Report 30 January 2020



The Oak Tree Centre

Type of Service: Day Care Service

Address: 1a Rath Mor Centre, Bligh's Lane, Derry, BT48 0LZ

Tel No: 028 71 372195

Inspector: Angela Graham

www.rqia.org.uk

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

The Oak Tree Centre is a day care setting with up to 25 places that provides care and day time activities Monday to Friday for adults with varying degrees of learning disability needs.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Sandra Boyd (Acting Manager)
Person in charge at the time of inspection: Sandra Boyd	Date manager registered: Registration pending
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 30 January 2020 from 09.20 to 16.10.

This inspection was underpinned by The Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, 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.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care settings, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found in relation to staff training, risk management and infection prevention and control practices. Further areas of good practice were also noted in relation to care reviews, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, dignity, equality, decision making, confidentiality and service user involvement.

One area for improvement is stated for a second time in relation staff training records.

Service users' comments are included throughout the report. 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.

The inspector would like to thank the manager, relative, service users and staff for their support and co-operation throughout the inspection process.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Sandra Boyd, manager and a senior day care worker, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 20 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 August 2018..

5.0 How we inspect

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

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- incident notifications which highlighted that no incidents had been reported to RQIA since the care inspection on 20 August 2018
- unannounced care inspection report and QIP dated 20 August 2018

During the inspection, the inspector met with the manager, a senior day care worker, a day care worker and two care assistants. The inspector also spoke to one relative via the telephone. Introductions were made to a number of service users while walking around the setting with individual interaction with eight service users.

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

All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led. Questionnaire comments included:

- "Xxxx says Oak Tree is great."
- "Xxxx likes the centre."

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; no responses were received.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre 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.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

Nine areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for eight and partially met for one.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 August 2020

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 20 August 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 28 (5) (a) Stated: First time	The registered person shall each month and on completion submit a copy of the monthly monitoring report to RQIA until further notice.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed.	

	Monthly monitoring reports were submitted to RQIA as requested. RQIA were satisfied with the quality of the reports and this arrangement ceased in May 2019.	
Area for improvement 2 Ref: Regulation 28 (4) Stated: First time	<p>The registered person shall ensure the arrangements for the monitoring visits are robust enough to:</p> <ol style="list-style-type: none"> 1. find serious concerns and put improvements in place to address any concerns in a timely manner. 2. ensure the person carrying out the visit inspects the premises of the day care setting, its record of events, any complaints and seeks to obtain feedback from service users, relatives, staff and other stakeholders. 3. ensure a written report is provided on the conduct of the day care setting and a copy is made available in the setting in a timely manner. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed three monthly monitoring reports. The review confirmed that these reports were in line with Regulation 28.</p>	
Area for improvement 3 Ref: Regulation 14 (1) (a) (c) (3) Stated: Second time	<p>The registered person shall improve arrangements in place to assure health and safety matters are identified in a timely manner in this day care setting and risks are eliminated. The following arrangements in the setting should be improved in relation to service users care and welfare:</p> <ul style="list-style-type: none"> • The registered person must undertake a health and safety risk assessment of the setting and demonstrate implementation of any action plans arising from this assessment. • The registered person must put in place measures to ensure that staff can identify risks to service users and to take appropriate action. • The registered person must put in place a system for the regular review of the effectiveness of the measures taken to promote the safety of service users. 	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Evidence was provided to the inspector confirming that systems were in place to assure health and safety matters are identified in a timely manner these arrangements included the completion of a health and safety audit.</p>	
<p>Area for improvement 4</p> <p>Ref: Regulation 4 & Schedule 1</p> <p>Stated: First time</p>	<p>The registered person shall improve the settings statement of purpose. The document should be reviewed and amended to ensure the content is compliant with Schedule 1 of the day care setting regulations. Particular attention should be given to the sections regarding:</p> <ul style="list-style-type: none"> • The range of needs the setting is intended to meet • Any criteria used for admission to the day care setting <p>All service users' placements should be consistent with the range of needs to be met and criteria for admission.</p> <p>The revised copy of the statement should be submitted to RQIA with the returned QIP for this inspection</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A statement of purpose was submitted with the returned QIP. The statement of purpose was in line with Regulation 4.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure the records that evidence the management and reconciliation of individual's finances show each individual service user money is reconciled</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed.</p>	

	The inspector reviewed two service users' financial records and these records evidenced the management and reconciliation of individual's finances.	
Area for improvement 2 Ref: Standard 21 Stated: First time	The registered person shall improve the staff training record to show the following: <ol style="list-style-type: none"> 1. staff individual training needs and the arrangements in place to meet them. 2. an overview of the content of the training attended including the qualifications of the trainer is available. 	Partially Met
	Action taken as confirmed during the inspection: A system was available on the day of inspection that addressed the individual training needs of staff and the arrangements in place to meet them. The inspector reviewed a sample of staff training records. These records confirmed the qualification of the trainer however the content of training was not available for two training sessions. Until fully addressed this area will be stated for a second time.	
Area for improvement 3 Ref: Standard 17.9 Stated: First time	The registered person shall put in place audits of working practices that ensure working practices are consistent with the day care settings documented policies and procedures, and action is taken when necessary to improve safe, effective, compassionate and well led care.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Audits of working practices had been undertaken such as team health checks.	
Area for improvement 4 Ref: Standard 5 Stated: First time	The registered person shall improve the service users' individual care plan format and the way information is recorded in the care plan to ensure it is accurate, accessible for staff and when possible the service user and their representatives/relatives, includes service users' personal outcomes and directs staff what plan is in place to manage and respond to any risks identified.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed three service users' care records and these records provided comprehensive information regarding the care and support needs of the service users.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall improve the service users' individual assessments and the way information is recorded to ensure it is accurate, accessible for staff, clearly details risks and refers to other relevant professional's assessments when necessary.</p> <p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The inspector reviewed three service users' care records and these records were maintained in line with Standard 4.</p>	Met

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.

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

The manager described the staffing levels which have been assessed as necessary to provide a safe service in the setting. Assurances were provided to the inspector that sufficiently qualified, competent and experienced persons are working at all times to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users accommodated, fire safety requirements and the statement of purpose. A review of the staffing roster for weeks commencing 3 January 2020 until 30 January 2020 evidenced that the planned staffing levels were adhered to.

Discussions with staff, a relative and service users confirmed that they felt there were sufficient staffing levels to ensure the safety of service users in the day centre. Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty. The inspector also sought the opinion of service

users/relatives on staffing via questionnaires. Four questionnaires were returned. The respondents indicated that they were very satisfied with the staffing arrangements.

There were arrangements in place to ensure that staff are registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. The manager confirmed that all staff are currently registered with NISCC and the ongoing registration of staff is monitored.

The manager advised that there were no newly recruited staff to the day centre and that the staff team had worked in the day centre for a number of years. The inspector reviewed the induction programme in place for new staff employed in the day centre. This evidenced a phased induction process which has regard to the NISCC induction standards. It was positive to note that an induction process was in place for staff covering at short notice due to unplanned absence.

The manager confirmed that staff employment records were held within the Western Health and Social Care Trust (WHSCT) human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored by the manager and any training now due for update was being followed up with the staff member by the manager. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as management of actual or potential aggression (MAPA), adult safeguarding, information governance, infection prevention and control and control of substances hazardous to health (COSHH). It was positive to note that the day care setting provided training in regard to equality, diversity and human rights and deprivation of liberty safeguards (DoLS). Staff who were spoken with stated that their training provided them with the skills and knowledge to fulfil their roles and responsibilities and that it was of a good standard.

The inspector reviewed a sample of staff training records. The content of training was not available for two training sessions. This matter was raised in the previous inspection report and is stated for a second time in this report.

The day care setting's governance arrangements in place to highlight and promote the identification of and management of risk were inspected. All incidents and accidents were recorded on an electronic system which are reviewed and audited by the manager, to ensure follow up of any outstanding actions, and the WHSCT governance department. Discussion with the manager and review of sample of records since October 2018 evidenced that there was a robust and transparent system for recording, reporting and investigating any incidents and accidents in a timely manner. The records showed service users safety needs had been identified, recorded and managed to ensure practice was safe and effective. Review of records evidenced that systems were in place to ensure that notifiable events were reported to RQIA or other relevant bodies appropriately.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff and the manager evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Observation of the care arrangements in this setting provided assurance that staff were promoting and encouraging service users to be involved and act independently when it was safe.

Discussion with the staff and the manager confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the WHSCT whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 14 August 2019. Discussion with staff confirmed they were aware of the evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. Records examined identified that a number of safety checks were undertaken including: fire safety drills to ensure service users can exit safely, monthly safety checks of fire doors; fire extinguishers; emergency lighting; water temperature and weekly fire alarm tests.

Discussion with service users, a relative and staff evidenced that they felt the care was safe. The following is a sample of comments made:

Service users' comments:

- "All the staff are nice and they help me."
- "I am happy here; we do lots of things I like."

Relative's comments:

- "Excellent service; you couldn't improve the centre."

Staff comments:

- "The care is safe and we meet every morning and discuss staff allocation and responsibilities."
- "There are lots of systems in place to ensure care is safe such as health and safety audits, risk assessments and daily walk arounds."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control practices, staff training and risk management.

Areas for improvement

One area for improvement is stated for a second time in relation staff training records.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

The inspector reviewed elements of three service users’ care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

A record was kept of each service user’s involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users’ rights were recognised; for example, the inspector noted a number of consent forms signed by service users with regard to staff taking photographs to maintain in care records and video material and consultation/involvement in care planning and risk assessments.

The manager advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives and records viewed verified this. The care review records audited provided positive feedback from service users and their representatives with regards to the day care service.

Review of service users’ care records evidenced that collaborative working arrangements were in place with service users’ next of kin and the multi-disciplinary team. Staff highlighted the importance of ensuring liaisons were timely and effective which they believed contributed to the safety and wellbeing of service users in the day centre and in the community.

Review of arrangements concerning the storage of confidential records confirmed that service users' records were stored safely and securely in compliance with legislative requirements.

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre's philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user. They also demonstrated knowledge of service users' preferences regarding activities and at lunch time.

The manager or senior day care worker undertakes a morning briefing which updates the staff in relation to service users' needs, scheduled activities and outings and any building issues.

Discussion with service users, a relative and staff evidenced that they felt the care was effective. The following is a sample of comments made:

Service users' comments:

- "I am asked what I want to do when I am in the centre; I get to choose."
- "I like going out shopping and going to yoga."

Relative's comments:

- "My daughter has come on so well; staff worked so hard to improve my daughter's communication and abilities."

Staff comments:

- "We have put a lot of work into reviewing all assessments and care plans to ensure they are detailed and individualised."
- "Communication with service users is very important and the staff team knows everyone's method of communication. It is important for choice."

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in this domain 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.

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Staff interactions with service users were observed to be cheerful, compassionate, caring and timely, with staff providing clear information, using appropriate language, demonstrating active listening skills, checking understanding and service users' expectations. The inspectors observed on numerous occasions, staff offering service users' choice regarding the activity they wished to do or where they wished to go. Staff took time to find out what services users wanted when it was not always apparent. Staff were also observed responding sensitively and in a timely manner to the non-verbal cues of service users with limited verbal communication. Staff were noted to be busy attending to the needs of service users and they took time to listen and reassure service users as needed. It was apparent that service users were familiar with staff as they appeared relaxed and comfortable in their surroundings and interactions. There was genuine warmth in the engagement by staff with service users and staff spoken with were knowledgeable regarding service users likes, dislikes and individual preferences.

Observations of service users taking part in a yoga session on the day of inspection showed participation was enthusiastic; staff assessed the need to support the service users and offered choice during the activity to enable them to be fully involved.

Staff were aware of what was important for each service user and their specific interests and organised meaningful activities to support this. Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users confirmed they were asked their opinion regarding what they would like to do in the day centre and their preferences were sought before any plans were made. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in which included: college courses, arts and crafts, yoga, bowling, walking groups and outings to local coffee shops and restaurants. The activity programme was noted as developing social and education opportunities for service users as well as their hobbies and interests.

An observation of the lunch time meal confirmed that service users were given a choice in regards to where they preferred to dine, food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately. The food appeared nutritious and appetising. Staff wore appropriate aprons when serving the lunch time meal. Staff interactions with service users were observed to be compassionate, caring and timely.

In addition to daily informal discussions, the settings had in place robust systems that aimed to promote effective communications between service users and staff such as quarterly service user meetings, individual care review meetings and an annual service user's quality assurance survey.

The manager confirmed that service user meetings are generally held quarterly. A review of minutes of meetings since the last inspection verified this. A review of a sample of minutes for

meetings in July, September and December 2019 evidenced service user feedback being sought in regards to transport, meals and activities. It was positive to note that human rights and the importance of good hand hygiene were also discussed.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users.

Discussion with service users, a relative and staff evidenced that they felt the care was compassionate. The following is a sample of comments made:

Service users’ comments:

- “I am treated good.”
- “All is good here; I can talk to the staff anytime.”

Relative’s comments:

- “Staff very, very good. They are all so kind and good to my daughter.”

Staff comments:

- “The ladies and gentlemen that attend the centre are encouraged and supported to make their own decision.”
- “Service users are treated with great respect and are offered choice every day they are here such as lunch, outings and activities.”

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 the views of service users.

Areas for improvement

No areas for improvement were identified in this domain 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 inspector sought to assess the day centre’s leadership, management and governance arrangements to meet the assessed needs of service users.

The registration certificate was up to date and displayed appropriately.

The Oak Tree Centre is managed by the manager who is currently awaiting registration with RQIA. The manager is supported by a senior day care worker along with a team including a day care worker, care assistants and a transport driver.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting. Staff spoken with also confirmed that the manager would advise them of any updates to the relevant policies and procedures.

Discussions with the manager and staff on the day of inspection described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management. Staff demonstrated that they had knowledge of their role, function and responsibilities and they had no concerns regarding the practice of any of their colleagues.

Discussions with the manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received appropriate support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the manager. Review of a sample of supervision and appraisal records verified that staff had individual three monthly supervision sessions and an annual appraisal.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaint had been recorded since the previous care inspection. Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. The complaints procedure was displayed in areas throughout the day centre. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Review of the minutes of staff meetings identified that these meetings were held generally at least quarterly. The last staff meeting was held on 20 January 2020 and minutes were available. Previous staff meetings had been undertaken on 23 October and 30 September 2019. Areas discussed included staff training opportunities, service users' needs, health and safety, care file audits, NISCC registration and deprivation of liberty safeguards. The manager confirmed that the minutes of staff meetings were made available for staff to consult.

The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly. A sample of reports viewed for October 2019 to December 2019 provided evidence that the visits included engagement with service users and staff; a review on the conduct of the day care setting and development of action points and review of previous action points.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support 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
- Disability awareness

On the day of the inspection there was evidence of effective leadership and management in The Oak Tree Centre and a culture focused on the needs of service users.

Discussion with service users, a relative and staff evidenced that they felt the service was well led. The following is a sample of comments made:

Service users’ comments:

- “This is a very good centre. I know if things weren’t right I could talk to the staff.”
- “I have no complaints. All is fine.”

Relative’s comments:

- “Good communication, staff keep me up to date with any changes regarding my daughter.”

Staff comments:

- “There has been great improvement in the management of the centre. Staff are very much involved in the decision making processes.”
- “I feel the centre is very well organised, all information is readily available to staff.”

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 in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

An area for improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Sandra Boyd, manager and a senior day care worker, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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.

7.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 21</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall improve the staff training record to show the following:</p> <ul style="list-style-type: none"> • an overview of the content of the training attended including the qualifications of the trainer is available. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Content of the training provided and the qualifications of the trainer will be available within the training file for inspection.</p>

Please ensure this document is completed in full and returned via Web Portal



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