

# Inspection Report

## 27 May 2021



### The Oak Tree Centre

Type of Service: Day Care Service  
Address: 1a Rath Mor Centre, Bligh's Lane,  
Derry, BT48 0LZ  
Tel No: 028 7137 2195

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western HSC Trust	<b>Registered Manager:</b> Ms Sandra Boyd
<b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Date registered:</b> 5 June 2020
<b>Person in charge at the time of inspection:</b> Registered manager	
<b>Brief description of the accommodation/how the service operates:</b>	
The Oak Tree Centre is a day care setting with up to 23 places that provides care and day time activities Monday to Friday for adults with varying degrees of learning disability needs.	

## 2.0 Inspection summary

An announced inspection took place on 27 May 2021, at 11.00 am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, Dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the centre. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service

- Reviewing a range of relevant documents, policies and procedures relating to the day centres governance and management arrangements

#### **4.0 What people told us about the service?**

We spoke with two service users and two care staff and the manager.

A number of questionnaires were issued to service users and or relatives for comment on the quality of service.

Comments received:

- “I am always encouraged by staff to stay in contact.”
- “The day is invaluable, staff are professional and caring.”

Comments received during the inspection process:

**Service users’ comments:**

- Good Centre
- “I’m safe and secure”
- “I enjoy going out with staff”
- “It’s good to be back”
- “No complaints”
- “Lots of activities”

**Staff comments:**

- “Good management”
- “Good regular supervision”
- “The manager has an open door policy”
- “My induction was excellent”
- “We provide a good range of activities”
- “We keep people safe with good PPE and Covid guidance”

#### **5.0 The inspection**

##### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

During the previous inspection of the 31 March 2020 one area for improvement was issued.

Areas for improvement from the last inspection on 31 March 2020		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 21 <b>Stated:</b> Second time <b>To be completed by:</b> 31 March 2020	The registered person shall improve the staff training record to show the following: <ul style="list-style-type: none"> <li>An overview of the content of the training attended including the qualifications of the trainer is available.</li> </ul> Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> It was noted that the standard 21 area for improvement was in place and reviewed this was up to date at the time of inspection.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The centre's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report was not available for review but was discussed with the manager to action with the HSC Trust.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and annual updates thereafter. Records reviewed clarified all training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting has a system for recording referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The centre has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

All staff had completed DoLS training appropriate to their job roles. Records reviewed clarified all training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that the day care setting does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the day centres staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives and staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users, staff and relatives during their monthly quality monitoring:

**Service users:**

- “A good centre”
- “I’m happy here.”
- “The staff are good.”

**Staff:**

- “I like my role.”
- “Good team.”
- “Well supported by the manager.”

**Relatives:**

- “Excellent staff”
- “No concerns.”
- “Good communication.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

It was good to note that all service users had received an annual care review. We have noted some of their comments that reflect their thoughts about the quality of care provided:

- “I feel well supported.”
- “I love going to Oak Tree.”
- “Everything perfect.”

There is a process for recording complaints in accordance with the agency’s policy and procedures. It was noted that no complaints had been received since the last inspection and this was supported during the inspector discussions with service users.

The manager confirmed that the day care setting had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users dysphagia needs to ensure the care received in the service was safe and effective.

Staff described their role in relation to reporting poor practice and their understanding of the centres policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI’s)/Significant Event Analysis’s (SEA’s) or Early Alert’s (EA’s).

The Centre completed a quality survey recently with service users seeking their views on the quality of service provided, the outcome was good and some of the comments included:

- “There is good staff in Oak Tree.”
- “Staff help me and take me out for treats.”
- “I like staying with staff.”
- “Good help and support for me here.”

## 6.0 Conclusion

Based on the inspection findings and discussions held with the service manager, staff and service users, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

## 7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms Sandra Boyd Registered Manager, as part of the inspection process and can be found in the main body of the report.



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