

Primary Announced Care Inspection

Name of Establishment:	The Oak Tree Centre
RQIA Number:	11237
Date of Inspection:	5 March 2015
Inspector's Name:	Suzanne Cunningham
Inspection ID:	IN020553

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	The Oak Tree Centre
Address:	1a Rath Mor Centre Bligh's Lane Derry BT48 0LZ
Telephone Number:	(028) 7137 2195
E mail Address:	raymond.boyle@westerntrust.hscni.net
Registered Organisation/ Registered Provider:	Ms Elaine Way CBE Western Health and Social Care Trust
Registered Manager:	Mr Raymond Boyle
Person in Charge of the Centre at the Time of Inspection:	Mr Raymond Boyle
Categories of Care:	DCS-LD, DCS-LD(E)
Number of Registered Places:	25
Number of Service Users Accommodated on Day of Inspection:	23
Date and Type of Previous Inspection:	6 August 2014 Secondary inspection
Date and Time of Inspection:	5 March 2015 10:00–15:30
Name of Inspector:	Suzanne Cunningham

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	6
Staff	5
Relatives	0
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	5	5

6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

7.0 Profile of Service

The Oak Tree Centre is operated by the Western Health and Social Care Trust (WHSCT). The day care centre is located within the Rath Mor shopping complex in the city of Derry. The centre formerly operated as the Greenhaw Centre in other premises and relocated to its current position with a new name in September 2010.

The centre provides support, personal care and therapeutic interventions for up to twenty one persons between the ages of 18 and 65 years of age, who have been assessed as having a learning disability.

The primary purpose of the centre is to promote independence through programmes of integration and interactions within the local community. Individuals who attend the centre participate in a wide range of activities including leisure, education, crafts and work based experience.

Referral to the service is via the WH&SCT Community Learning Disability Team. Ms Anne O'Neill, Senior Day Care Worker manages the centre on a day to day basis with the support of the team of care staff. Mr Raymond Boyle has overall responsibility, as Registered Manager, for this and another other centre in the Derry area.

The service is delivered within office hours; five days per week.

8.0 Summary of Inspection

A primary inspection was undertaken in The Oak Tree Centre on 5 March 2015 from 10:00 to 15:30. This was a total inspection time of five hours and thirty minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the manager, senior day care worker and the all the staff in the setting during the inspection regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records, promoting service users rights and management arrangement's in this day care setting. The inspection assured the inspector staff were well informed regarding their roles and responsibilities in this regard however, some concern was expressed regarding the staffing structure in this setting and the trusts response to staff concerns. The issues raised were focused on staff not having a proper break time and the manager not being on site.

Discussion with the manager revealed the staff review had been completed by the trust however, the outcome was not available for inspection. This was followed up by the inspector on the day of the inspection by issuing an urgent notice to report to RQIA on the outcome of the review and the return by the trust stated staffing was at the right level to meet the needs of service users.

Five staff questionnaires were returned to RQIA for this inspection and they reported satisfactory arrangements were in place with regard to supervision; staff training; management arrangements; responding to service user's behaviour; confidentiality and recording. All of the questionnaires and a separate letter from a member of staff raised concerns regarding sufficient staffing in this setting. It was stated staff numbers are insufficient and the juggling of roles has potential to pose a risk to services provided in this setting. The inspector did not note any concerns regarding the staffing structure on the day of the inspection however, staff reported completion of records is compromised. Therefore a requirement is made for the trust to meet with the staff group and resolve their concerns regarding staffing to ensure they can confidently undertake their roles and responsibilities.

The staff members praised the quality of care provided within the returned questionnaires and made the following comments: "Excellent service provided to a high standard but need for more staff"; "Its excellent and very high standard"; "Care on the ground is excellent"; "Excellent service provided to a high standard, needs extra staff for clients"; and "Excellent staff go above and beyond to ensure clients are receiving a quality service at times to their detriment because of the demand and stress of the centre". In summary whilst staff explains the service is delivering good quality care, they did highlight concerns regarding staffing numbers. Given the trust have reported staffing numbers are appropriate for the number and needs of service users, a requirement is made to resolve the staff concerns regarding this matter.

The inspector observed all of the service users in the setting during the inspection and spoke with six service users regarding the standards and themes inspected. The service users confirmed they were aware an individual record is kept about them, that it is updated and kept securely. Service users were able to identify they saw parts of this record such as assessment, care planning documents and they were involved in the preparation for their review. Service users said they would speak to staff if they had any issues or concerns with the staff and they were aware who the manager is and who manages the service day to day. Service users made positive comments throughout the discussions such as: "I love work (Oak Tree Centre)", "we do jobs and everyone helps", "It's alright here", "I love it here, staff sort us out", "I get on with all staff".

The inspector spoke with one visiting professional during the inspection who described the staff are "excellent communicators". She told the inspector the staff have excellent insight into behavioural needs and have proven this by providing a successful day care package to a service user who would not settle in another centre. The professional identified staff liaise well with professionals and care provided in this setting is person centred which is producing great outcomes for the service users.

The previous announced inspection carried out on 6 August 2014 had resulted in two requirements, the first regarding the staffing structure which had not been evidenced as complied with at the time of this inspection. Because this had been stated for the second time and staff expressed concerns again regarding the staffing arrangements the inspector issues and urgent action notice to the responsible person. The reply was received by RQIA within the requested timescale and confirmed staffing was adequate and in compliance with the stated

regulation. The second requirement was regarding service user reviews and this had been improved.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. Five of the criteria inspected were assessed as compliant; and one was assessed and substantially compliant. One requirements regarding regulation 28 reporting and no recommendations are made regarding this standard.

Observations of service users; discussion and review of three service users' individual files provided evidence that the centre is performing well regarding standard 7, albeit as a result of preparation for this inspection. However the setting does have policies and procedures for staff which describe how service user's information should be kept; they specify recording procedures and describe access. The service user guide details information about records that are kept and how to service users can access information.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. One requirement and no recommendations are made regarding this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable due to the centre not having any plans including restraint or incidents of restraint. No requirements or recommendations are made regarding this theme.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no requirements or recommendations are made.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. One of the criteria were assessed as compliant, and two of the criteria were assessed as moving towards compliance. One requirement is made regarding the staffing arrangements and one recommendation is made regarding improving the supervision and appraisal arrangement's for staff.

Based on the evidence reviewed the inspector has assessed the centre as moving towards compliance in this theme; one requirement and one recommendation is made regarding this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record, and validated the registered manager's pre inspection questionnaire. This did not reveal any additional improvements that were required or recommended.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection.

As a result of the inspection two requirements are made regarding staffing and regulation 28 reporting. One recommendation is made regarding supervision and appraisal for staff. This was reported to the management team at the conclusion of the inspection.

9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 13(1)(a)(b)	<p>The registered person must make arrangements for the review the current staffing structure and day to day arrangements concerning The Oak Tree Centre. There must be:</p> <ul style="list-style-type: none"> (a) adequate and effective arrangements are evidenced as in place for the day to day management and operation of the centre. (b) Ensure capability and competency assessments are in place for the senior staff in charge of the centre when the manager is absent from the day care setting. (Criterion 23.3 refers). <p>The returned QIP must detail the arrangements in place to achieve this.</p>	<p>The manager stated the review had been completed by the trust but he had not been informed regarding the outcome. An urgent action notice was issued to the responsible person to respond to RQIA regarding this matter. During the inspection staff expressed concerns again regarding the staffing arrangements in the setting.</p> <p>The trusts reply confirmed staffing was adequate and in compliance with the stated regulation.</p>	Substantially compliant
2	Regulation 16 (2) (b)	<p>The registered person must put in place arrangements for service users to have a review of their care plan happen at least annually.</p> <p>This review should be a person centred process and involve other professionals and representatives as described in standard 15. Arrangements in place to achieve this and monitor the frequency of reviews should be described on the returned QIP.</p>	<p>Four examples of service user reviews were inspected and all had been completed. However the senior day care worker explained these were brought up to standard for inspection. This is not an acceptable response to regulation and the inspector will expect to see ongoing improvement in subsequent inspections.</p>	Substantially compliant

10.0 Inspection Findings

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff within the Oaktree are aware of their legal and ethical duty to maintain confidentiality in respect of service users' personal information whether in paper, electronic or any other format. Staff are aware that all such information must be managed in accordance with DPA legislation. Staff have access to the following Trust policies/procedures: Data Protection and Confidentiality (November 2013), Records Management (November 2013), Code of Practice on Protecting Confidentiality of Service Users' Information (2012) and Procedure for Accessing Client Records (2011). Staff received Information Governance and Records Management training on 07/05/2013. Update Information and Governance and Records Management training planned for Spring 2015.	Compliant
Inspection Findings: The inspector sampled four service users' individual records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Records are kept in a secure office and locked cabinets. Policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion are available for staff reference. Recording practices and storage of service user information presented as reflective of current national, regional and locally agreed protocols. Discussion with staff confirmed management and staff have clear knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the need to maintain the quality of recording and management of service users personal information commensurate with their role and responsibility.	Compliant

Discussion with service users confirmed they are informed regarding confidentiality of personal information and recording practices in the day care setting.	
Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>There is no restriction on service users within the Oaktree Centre seeing their day care file/records if requested. With a clients' consent, another person acting in their best interest will also be entitled to see their file. Service users and/or their family member/carer are encouraged to sign revised care plans and reviews at their annual review or when updated as required.</p> <p>A signed letter by client or person acting on their behalf authorising access to clients' files or information is kept within file. To date no such requests have been made within the Oaktree Centre. A record of all requests for access and their outcomes will be maintained when such occurrences happen.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Discussion with staff working and review of a sample of records including service user's individual records and the service user agreement verified service users are encouraged to be involved in recording and the agreement clearly details information will be kept confidentially and service users can access their information kept by staff.</p> <p>Service users were aware that a service user record is kept and had been informed how they can access the records.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
All service users have an individual file containing all the elements of information outlined above. For accidents that may occur, these are also reported on the Trust's DATIX Reporting system.	Substantially compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector's review of a sample of four service user individual records evidenced the above records and notes are available and maintained.</p> <p>The case records and notes presented as current, person centred, incorporate service user recording when possible, and care reviews present as taking place as described in standard 15. However discussion with the manager revealed the service user records had been prepared for inspection. Review of monitoring visits confirmed the monitoring visit report for December 2014 noted seven reviews were out of timescales and staffing concerns and issues remain. The inspector found the October 2014 to January 2015 reports all featured the same concerns. The inspector is concerned regarding the effectiveness of the monitoring process because</p>	Moving towards compliance

<p>nothing had changed until the inspection was scheduled which is not an approach that is compliant with the day care settings regulations or standards. Monitoring of the day care setting is to monitor conduct of the day care setting, if there are concerns regarding the conduct of the setting this should be escalated to the responsible person or their representative with a view to ensuring conduct issues are improved and resolved. A requirement is made in this regard.</p>	
<p>Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>I can confirm that in the absence of a recordable event occurring and, as a minimum, there is an entry recorded in all clients' files at least every five attendances. Where an untoward event occurs, this is recorded on the day.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>Examination of a sample of four service user care records evidenced individual care records have a written entry at least once every five attendances for each individual service user. The information recorded was focused on care plan and assessment information as well as achievements and general wellbeing/observations.</p>	<p>Compliant</p>

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment: From both Trust and Centre inductions, staff are made aware of the reporting and referral procedures. Staff are aware of the Trust Incident Reporting Policy and Procedures 2014. A Care Pathway for Adults Safeguarding flowchart is on site for staff to follow. Staff received inservice training from the new Gateway VA Team which included the process for referral on the 12.01.15. Centre Manager holds an onward referral book for referring matters arising to i.e. Community Learning Disability Team, S.A.L.T. etc. It is common every day practice that staff report wellbeing of clients to families with all onward incidents being reported to families immediately.	Compliant
Inspection Findings: Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. Evidence on files confirmed service users and or representatives are informed as appropriate regarding information that may be reported or referred. Staff discussed their awareness of consent issues and the importance of ensuring information that has been reported; is reported to the right people and outcomes are recorded.	COMPLIANCE LEVEL Compliant

Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment: All records are recorded in a timely fashion in all clients files and in accordance with Trust policy. All entries are dated and signed off by staff member. They are periodically signed off by Centre Manager. Staff received information Governance Training in May 2014 with an update planned for Spring 2015.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Examination of a sample of four service user individual records confirmed this criterion is being met.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Physical hands-on restraint of clients is not used by staff within the Oaktree Centre. Staff have received their MAPA 2 day Disengagement and Holding Skills Course in July 2014. To date staff have had no need to deploy this technique. Staff attended inservice training on "Risk Management in Context of Person Centred Care, Including Human Rights "on 18.03.14. Staff also attended training on the 25.08.14 looking at the W.H.S.C.T.'s DOLS Guidance 2014 and Restrictive Intervention Policy.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There were no records of restraint, or seclusion and discussion with staff revealed there is no restraint in this setting. The training records evidenced staff training is in place and discussion with staff revealed they were knowledgeable of exceptional circumstances and DOLs. Staff described they have a good understanding human rights and how service users can be restricted in day care.	Compliant

Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider's Self-Assessment:	
If restraint is required on any Service User, the registered Manager will record all elements of the occasion as outlined above. RQIA will also be notified as soon as is practicable. Datix report will be submitted with all information recorded in client files.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
No service users had been subject to restraint and this setting has no plans in place that require restraint which is consistent with the settings ethos, statement of purpose and aims of the service.	Not applicable

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete
INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>Present staffing and management structure is as follows in the Oaktree Centre</p> <p>1 x band 7 Manager based primarily at Maybrook Centre (full time)</p> <p>1 x band 5 Senior Day Care Worker(full time)</p> <p>1 x band 4 Day Care Worker presently working 3 days per week</p> <p>3 x band 3 Care Assistants all full time</p> <p>1 x band 2 House Keeper 17.5 hours per week.</p> <p>1 of the band 3's acts into band 4 role 2 days per week.</p> <p>All staff were subject to Selection and Interview process and deemed suitable qualified for the posts they hold.</p> <p>All staff given their job descriptions clearly outlining their roles and responsibility.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector noted prior to the inspection the staff questionnaires and a letter sent to the inspector by one member of staff identified staffing numbers and in their view arrangements had not improved since the last inspection. Overall staffing was identified as not sufficient. The discussion with the senior day care worker revealed in her opinion the service users' needs are being met in a working atmosphere that can be pressured and paperwork had suffered until they were instructed to catch up for inspection. An urgent issues notice was given to the trust at the time of the inspection regarding existing staffing concerns. The trust responded that staffing was adequate which leaves a discrepancy between the staff and trust regarding staffing arrangements. This does need to be resolved and a requirement is made. The inspector also noted staff appraisal and supervision arrangements are not adequate and a recommendation is made in this regard.</p>	Moving towards compliance
Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>The Senior Day Care Worker carries out staff supervision with the band 4 and band 3's , The Registered Manager provides supervision to the Senior Day Care Worker.</p> <p>On a day to day basis the Senior Day Care Worker oversees the activities, staff interactions and running of the facility, ensuring that the standard of service is delivered in accordance with Daycare Minimum Standards and Trust Policies and Procedures.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspection revealed supervision and appraisal is not consistent with the standards and a recommendation is made to improve these arrangements.</p>	Moving towards compliance

Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment: Appropriate and required qualifications are outlined in the Essential Criteria within the Job Specification for all posts within the W.H.S.C.T. Only those with such qualifications can progress through the Interview and Selection process.. During induction, areas of training needs are identified and required Mandatory Training is provided. Other appropriate training specific to the needs of the client group and service area is also provided. Emerging training needs can be discussed at team meetings and staff supervision. Registered Manager plans 6 staff training days per year for update of Mandatory and other required training.	Compliant
Inspection Findings: The manager of this setting is nursing qualified and the Senior Day Care Worker is completing the QCF level 5 qualifications. These arrangements are consistent with the day care setting standards.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

11.0 Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the record. Furthermore no complaints had been recorded for 2014 and examination of the records did not reveal any concerns regarding the response and management of the complaints.

11.2 Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding the managers registration with NMC; support for staff; policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The questionnaire does report appraisals are not up to date. Information reported was validated and a recommendation is made regarding improving arrangements for appraisal.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Raymond Boyle, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



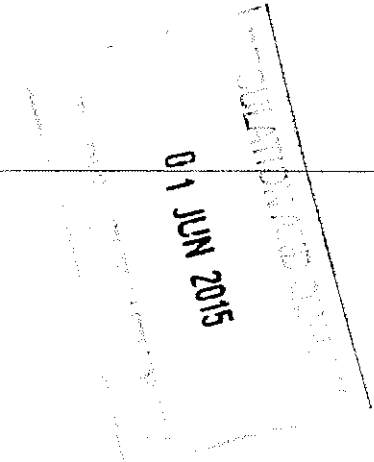
The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

The Oak Tree Centre

5 March 2015



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Raymond Boyle (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	23	The responsible person must make appropriate arrangements to consult with staff regarding their comments about staffing which are reported in this inspection report. The returned QIP must describe what steps the trust have taken to consult with staff and post consultation the measures that will be taken to improve staff morale. The trust must ensure staff are satisfied they are working in a setting where they can ensure service users are safe and their welfare is protected.	First	<p>The Registered Manager and Community Services Manager are meeting with the Oaktree staff team on Wednesday 29th April 2015 to consult with them on the issues raised both within their staff questionnaires and on the day of the inspection. Both a team meeting and individual meetings, if requested, will be offered. All staff will be encouraged to discuss all future concerns with the registered Manager at the very earliest opportunity.</p> <p>The respective managers carrying out the Reg. 28 monthly monitoring visits will be instructed to speak to all staff present on the day of each visit and ascertain and report any concerns raised .</p> <p>Both the Head of Service with managerial responsibility for the Oaktree centre and the Head of Service who carries a</p>	30 April 2015

				<p>strategic lead for daycare jointly visited the Oaktree recently and spoke to staff.</p> <p>The Registered Provider has already responded to the RQIA Urgent Action Notice issued on the day of the inspection.</p>	
3.	28	<p>The responsible person must make appropriate arrangements and report them in the returned QIP to ensure concerns and improvements identified in the monitoring visit are addressed and improved and do not become repetitive concerns. Such as reviews out of timescales, staffing concerns and issues.</p> <p>The returned QIP must report how the effectiveness of the monitoring process will be improved and thus the conduct of the day care setting will be improved.</p>	First	<p>Once highlighted within the Reg.28 monitoring reports, the registered manager will specify and communicate in writing all concerns and required improvements to both the Community Services Manager and Head of Service in a timely fashion.</p> <p>The Registered Manager will ensure that these, too, become a standing item within his Monthly Managerial Update with his Community Services Manager.</p> <p>The monitor carrying out the monthly Reg. 28 visit will highlight "The number of times stated" on all issues raised. This will again highlight the urgency and immediacy required for action.</p>	30 April 2015

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	22	<p>The responsible person should make appropriate arrangements for the supervision and appraisal of staff to be provided for all staff in this setting within stated timescales. That is a minimum of one individual meeting with an appropriately trained and experienced person for each member of staff at least once every three months for supervision and an annual appraisal for each individual member of staff.</p> <p>Arrangements to achieve this must be reported by the responsible person.</p>	First	<p>The Registered Manager will ensure that the 3 outstanding staff members requiring annual appraisal will be appraised by Friday 15th May 2015.</p> <p>The Registered Manager will ensure that all staff receive the required frequency of supervision within the stated time frames. The Registered Manager has compiled a year-long supervision plan for all staff to assist with this recommendation.</p>	30 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing QIP	Raymond Boyle <i>Raymond Boyle</i>
Name of Responsible Person / Identified Responsible Person Approving QIP	<i>Claire Hay</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.	<i>Dunlop</i>	2/6/2015.
Further information requested from provider			