



The Regulation and
Quality Improvement
Authority

SECONDARY UNANNOUNCED CARE INSPECTION

Inspection no: 20017
Establishment ID no: 11237
Name of establishment: The Oak Tree Centre
Date of inspection: 6 August 2014
Inspector's name: Suzanne Cunningham

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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General Information

Name of centre:	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 HSC Trust
Registered manager:	Mr Raymond Boyle
Person in Charge of the centre at the time of inspection:	Ms Anne O'Neill & 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:	21
Scale of charges (per week):	N/A
Date and type of previous inspection:	3 March 2014
Date and time of inspection:	6 August 2014 12:00pm – 2:30pm
Name of inspector:	Suzanne Cunningham & Michele Kelly

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 secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether 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.

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.

METHODS/PROCESS

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

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

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during the previous inspection.

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.

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.

SUMMARY

An unannounced secondary inspection was undertaken in The Oak Tree Centre on 6 August 2014 from 12:00pm to 2:30pm. This was a total inspection time of two hours and thirty minutes.

This inspection was undertaken following the last inspection on 3 March 2014. The inspection had identified nine requirements; three of those were restated from the previous inspection. The inspector had identified the setting was not managed day to day by the registered manager and this had highlighted concerns regarding the setting achieving compliance under the current management and staffing structure. Therefore it was decided a further inspection would be carried out as a follow up to the last inspection to ensure compliance was achieved and the setting was focused on improving the service for the service users and achieving compliance with the day care settings standard and regulations.

This inspection reviewed the following documentation, evidence, discussion and observation:

- Two service users individual records
- Discussion with the registered manager, staff, the service users in the setting at the time of the inspection
- Staffing records
- The regulation 28 reporting since the last inspection
- Tour of the day care setting

Summary of the outcome of inspection

The inspectors reviewed a wide range of evidence for this inspection and the focus of the inspection was the returned QIP for the inspection undertaken on 3 March 2014. The outcome of this inspection identified seven of the nine requirements made had been improved and were compliant at the time of this inspection. However, this inspection also identified two requirements had not been sufficiently improved and are restated as part of this inspection.

The first issue of non-compliance regarding the need for improved staffing arrangements, sought to verify staff had clear roles and responsibilities and ensure there is enough staff on duty to meet the service user's needs. This had not been progressed as was detailed in the returned quality improvement plan and is therefore restated for a second time and a clear plan to address this must be detailed in the returned QIP.

The second issue of non-compliance is regarding the service users reviews which must be scheduled and occur in compliance with standard 15. This had not been fully achieved at the time of this inspection therefore the arrangements to achieve this must be clearly detailed in the returned QIP.

The inspector wishes to acknowledge the work undertaken by the manager and staff since the last inspection and their open and constructive approach throughout this inspection. Gratitude is also extended to the service users who welcomed the inspectors to their centre and engaged with them during the inspection. Overall the inspector commends the staffs' commitment to providing an interesting and service user centred programme of activities for the service users who come to this setting. In this day care setting the staff provide an environment where service users are encouraged to be independent in meeting their own needs and receive support to help them achieve this, there is also a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose.

As a result of the inspection a total of two requirements and no recommendations have been made. The first requirement is stated for the second time and is to improve staffing arrangements; the second requirement is stated for a second time and is to improve review arrangements. This was reported to the registered manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 28(3)	The registered person must make adequate arrangements to ensure that monitoring visits to The Oak Tree Centre are carried out monthly, in accordance with Regulation 28. The quality improvement plan must detail arrangements in place to ensure this is achieved.	This had been stated for the second time. Monitoring visits were examined and had been carried out since the lapse in 2013 on a monthly basis. Arrangements stated in the returned QIP (3 March 2014) had improved outcomes in this regard.	Compliant
2	Regulation 28(5)(a)	The registered person shall ensure that a copy of the report for each of the next four monitoring visits to The Oak Tree Centre is provided to the RQIA within two weeks of the completion of each monitoring visit.	This had been stated for the second time. These had been forwarded to RQIA following each visit by the monitoring visitor.	Compliant
3	Regulation 28 (4)(a) Regulation 28 (4) (b)	<p>The registered person must improve the quality of the regulation 28 visits specific attention must be given to the following matters;</p> <ul style="list-style-type: none"> • Interviews with service user representatives • Inspection of the day care setting ,its record of events and records 	This was stated for the first time and review of monitoring reports written since the last inspection evidenced improvements had been made in this regard.	Compliant

		<p>of any complaints</p> <ul style="list-style-type: none"> Action plans and details of who is responsible for tasks and detail clear and achievable timeframes <p>The quality improvement plan must detail arrangements in place to ensure this is achieved.</p>		
4	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> <p>(a) adequate and effective arrangements are evidenced as in place for the day to day management and operation of the centre.</p> <p>(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>	<p>This was stated for the first time.</p> <p>The registered manager described the review of staffing in this setting had been completed and a report had been forwarded to his senior manager that identified the setting may benefit from an additional band 5 post. The outcome of this assessment had not been received by the registered manager at the time of this inspection.</p> <p>The housekeeping post which was stated as imminent in the returned QIP had not been filled at the time of this inspection and there was no date for this to be resolved at the time of this inspection.</p> <p>Capability and competency assessments had not been undertaken at the time of this inspection.</p>	Moving towards compliance

		The returned QIP must detail the arrangements in place to achieve this.	The inspector assessed this as a poor response to this requirement by the registered manager and this requirement is restated	
5	Regulation 20(2)	The registered manager must plan for and ensure all staff receive individual supervision at least every three months. Arrangements put in place to achieve this must be reported on the returned QIP and compliance must be evidenced.	This was stated for the second time. The Band 5 day care worker had implemented a supervision schedule and this was evidenced during the inspection. To date this was effective in meeting this requirement however; the shortage of staffing in this setting does leave this at risk of not being met in the future.	Compliant
6	Regulation 20(1) (a) Regulation 20 (1) (c)	The registered manager must ensure that training for staff in the management of challenging behaviours (MAPA) which is being planned by the Trust, is provided no later than the end of May 2014. The date and arrangements for this training should be stated on the returned QIP.	This was stated for the first time. The two day MAPA training had been delivered to staff on 3 & 4 July 2014. This should be renewed every eighteen months through the mandatory training programme.	Compliant
7	Regulation 16 (2) (b)	The registered person must put in place arrangements for service users to have a review of their care plan happen at least annually. This review should be a person centred process and involve other professional's and representatives as described in standard 15. Arrangements in place to	This was stated for the first time. The inspector reviewed the review schedule for the service users and five service users had not received a review in the last twelve months. This still requires improvement and is restated.	Moving towards compliance

		achieve this and monitor the frequency of reviews should be described on the returned QIP.		
8	Regulation 5 (1)	<p>The registered person should update the Service Use Guide to ensure it refers only and specifically to The Oak Tree day care setting.</p> <p>A copy of this revised document should be returned to RQIA with the QIP.</p>	<p>This was stated for the first time.</p> <p>The updated service users guide was submitted to RQIA with the QIP.</p>	Compliant
9	Regulation 18 (b)	<p>The registered person should ensure that the settee in the main area of the centre is repaired or replaced.</p>	<p>This was stated for the first time.</p> <p>At the time of this inspection the settee had been removed.</p>	Compliant

AREAS EXAMINED

The inspectors reviewed the following as evidence for this inspection:

The returned QIP for the inspection undertaken on 3 March 2014
 Monitoring visits carried out since March 2014 to July 2014
 Day to day staffing arrangements
 Daily programmes of activities
 Training evidence for staff
 Two service user's individual records
 Supervision schedules and minutes
 Progress with the competency assessments of staff
 Observation of service users in the setting
 Discussion with the band 5
 Discussion with the registered manager
 Informal discussion with the staff on duty
 Informal discussion with the service users
 Review of the environment.

The outcome of this inspection identified seven of the nine requirements made had been improved and were compliant at the time of this inspection. However, this inspection also identified two requirements had not been sufficiently improved and are restated as part of this inspection.

The first issue of non-compliance, regarding the need for improved staffing arrangements, sought to verify staff had clear roles and responsibilities and ensure there is enough staff on duty to meet the service user's needs. This had not been progressed as was detailed in the returned quality improvement plan. The inspector is concerned the trust and particularly the registered person have left this setting and the service users at risk of not having their needs met in the centre due to insufficient staffing arrangements. The requirement is restated and a clear plan to address this must be detailed in the returned QIP.

The second issue of non-compliance is regarding the service users reviews which must be scheduled and occur in compliance with standard 15. This had not been fully achieved at the time of this inspection however, the band five staff member did provide assurance this would be resolved. The inspector acknowledges the work that had taken place to date to achieve improvement in this regard. However, the staffing arrangements in this setting do impact on this requirement due to the band five having to remove herself from the day to day care role to undertake management tasks such as organising, preparing for and chairing the service users reviews. Therefore the arrangements to achieve this must be clearly detailed in the returned QIP.

Discussion with the service users in this setting identified they are taking part in a wide range of activities in the setting and outside of the setting. They are given a number of choices of activities and are encouraged to suggest new activities for the daily activity programme. Service users discussed with inspectors a range of subjects which included praising the staff and manager regarding the care they receive, what activities they enjoy and the independent tasks they are encouraged to take part in. Service users did not raise any concerns regarding their time in day care with the inspectors.

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The inspectors spoke with three care worker staff during the inspection and identified two of the staff were agency staff, one had been in the setting for a long period of time. Generally this did not present as a concern, they confirmed their training was kept current and one agency member of staff had been trained to drive the bus which had ensured the service could meet the demands of the activity schedule.

Discussion with the registered manager and band five staff member did identify the staffing gaps will have a continued impact on the service being able to meet the minimum standards and regulations. Whilst the inspector acknowledges the progress made in this regard the trust do need to respond openly and clearly regarding the arrangements for the future staffing of this setting with evidence of how this meets regulation 13 & regulation 20 (1).

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Raymond Boyle, Registered Manager, 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

Secondary Unannounced Care Inspection

The Oak Tree Centre

6 August 2014

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 during 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	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> <p>(a) adequate and effective arrangements are evidenced as in place for the day to day management and operation of the centre.</p> <p>(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> <p>The returned QIP must detail the arrangements in place to achieve this.</p>	Second	<p>(a) A staff/client analysis has been undertaken for adult learning disability day care facilities within the Western Trust. At present this is being analysed and considered at Head of Service and Assistant Director level. The appointment of the 17.5 hour per week Housekeeper unfortunately was held for redeployment purposes. Our Human Resources Department is working through this process and estimate that an appointment to this post will materialise in October 2014.</p> <p>(b) The agreed Competency and Capability assessment for deeming Senior Day Care Workers competent prior to being left in charge of the facility is now complete for the present member of staff.</p>	1 October 2014
2	Regulation 16 (2) (b)	The registered person must put in place arrangements for service users to have a review of their care plan happen at least	Second	The outstanding 'out of date' reviews as highlighted during inspection of 6 th August 2014	1 October 2014

		<p>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>have now all been completed. As of 26.09.14 all clients' reviews are within the agreed time frame. An annual visual schedule has been compiled so as to assist staff organise annual reviews in a timely fashion and to not fall outside of the agreed time frame as outlined in Standard 15.</p>	
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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.
Name of Responsible Person / Identified Responsible Person Approving Qip	Aine Hay

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Boyle	10/10/2014
Further information requested from provider			