

Inspection Report

16 February 2024



The Oak Tree Centre

Type of service: Day Care Setting
Address: 1a Rath Mor Centre, Bligh's Lane, Derry, BT48 0LZ
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Ms Sandra Boyd
Responsible Individual: Mr Neil Guckian	Date registered: 5 June 2020
Person in charge at the time of inspection: Ms Sandra Boyd	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 16 February 2024 between 10.15 a.m. and 3 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to care records and transport assessments.

Good practice was identified in relation to service user involvement, monthly monitoring reports and staff training. There were good governance and management arrangements 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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has 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 services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking 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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I am happy here."
- "I enjoy coming here."
- "We have someone who comes in and does pampering."
- "We go to the bowling alley."
- "We get snacks and we can choose what we want."
- "I am involved in my care plan and I sign it."
- "The staff are good and they listen to us. I would share any concerns with the staff."
- "It is nice and warm in here."

Staff comments:

- "The service is well led by the management team. If there were any concerns, I would speak to the manager. There is a lovely atmosphere within the day centre. I was made to feel welcome when I first started working here. I keep my mandatory training and NISCC registration up to date."
- "I am up to date with my mandatory training and I am aware of my NISCC requirement to keep my registration up to date. The service is 100 percent person centred and the service users are given a wide choice of activities and food choices. I have no concerns"

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:

- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support met their needs. Written comments included:

- “It’s comforting to know when I have a worry or concern that there is someone who cares and there to help and put me at ease.”
- “They always make you feel welcome.”
- “The staff do a wonderful job.”
- “I love my work and get on well with staff and clients. My highlight is the day trips.”
- “As a parent, I would like to commend staff for the care my child receives.”

No responses were received to the electronic staff survey.

5.0 The inspection

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

The last care inspection of the day care setting was undertaken on 3 December 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

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

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They could also describe their role in

relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A number of service users were assessed as requiring high levels of supervision or monitoring and restriction. A review of the service users care plans indicated that they did not accurately reflect the assessed levels of supervision or monitoring and restriction. An area for improvement has been identified.

The day care setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of the service users, visitors or staff.

The day care setting's fire safety precaution records were reviewed. The records examined identified that a number of safety checks and audits had been undertaken including weekly fire alarm testing. It was noted that the last full fire evacuation drill was undertaken on the 30 January 2024. All staff had completed fire training. Fire exits were observed to be clear of clutter and obstructions.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

A review of the care records relating to service user transport arrangements identified that not all the transport assessments were kept up to date. An area for improvement has been identified.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Activities
- Menu

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

A review of the care records relating to SALT evidenced that they had not been kept up to date to accurately reflect at all times the needs of the service user. An area for improvement has been identified and subsumed into the area for improvement stated in 5.2.1. In addition, the service user risk assessments relating to SALT had not been kept up to date. An area for improvement has been identified.

There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate.

5.2.4 What systems are in place for staff recruitment and are they robust?

The manager advised that there were no newly recruited staff to the day care setting and that the staff team had all worked in the day care setting for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum

standards, before staff members commence employment and direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that newly appointed staff are required to complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. This included a structured induction programme.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints were received since the last inspection.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	3

Areas for improvement and details of the QIP were discussed with Ms Sandra Boyd, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 5.6 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that care plans are kept up to date and reflects the service user current needs. Ref: 5.2.1, 5.2.3
	Response by registered person detailing the actions taken: All Care Plans have now been reviewed and include more detail in relation to both the SALT and DOL's recommendations, as specifically stated within those individual assessments.
Area for improvement 2 Ref: Standard 12 Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure transport arrangements meet the needs and requirements of the service users and support the objectives of the day care provision. This relates specifically to the review of transport assessments. Ref: 5.2.1
	Response by registered person detailing the actions taken: All transport assessments have now been reviewed.
Area for improvement 3 Ref: Standard 4.4 To be completed by: Immediate and ongoing	The registered person shall ensure that assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user. This relates specifically to service user risk assessments. Ref: 5.2.3
	Response by registered person detailing the actions taken: All risk assessments have been reviewed and reflect those recommendations highlighted within both SALT and DOL's assessments. The Day Centre Manager has introduced an file audit tool by way of review of all paperwork within the files.

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