

Unannounced Care Inspection Report 25 August 2016



The Oak Tree Centre

Type of Service: 1a Rath Mor Centre, Bligh's Lane, Derry, BT48 0LZ

Address:

Tel No: 02871372195

Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Oak Tree Centre took place on 25 August 2016 from 10.00 to 15.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Settings was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was good supporting evidence that the centre was providing safe care which included appropriate staffing; new staff induction; staff training; supervision and appraisal; infection prevention and control measures; risk management; and positive feedback from staff and service users.

One requirement made related to the availability of a current fire risk assessment. One recommendation made related to reconciliation of service user finance records

Is care effective?

There was supporting evidence that the care provided was effective, with positive feedback from service users and staff. Needs assessments were complemented with risk assessments, and care plans reflected measures to minimise identified risks.

No requirements or recommendations were made in this domain.

Is care compassionate?

There were several examples of good practice in relation to the culture and ethos of the day care centre, listening to and valuing service users and taking account of the views of service users and their relatives. Several user friendly notices, minutes of meetings of service user meetings and health topics, as well as photographs of social events, were displayed.

No requirements or recommendations were made in this domain.

Is the service well led?

Staff gave positive feedback in respect of leadership and team work, with good support and encouragement provided by the manager and senior day care worker through effective communication, supervision, and the open door approach.

One requirement was made in relation to the retention of monthly monitoring visits within the centre. Two recommendations were made. One recommendation restated for a second time from the previous inspection dated 25 November 2016, related to the provision of identified policies and procedures. The second recommendation related to the recording in the duty roster of the manager's time spent in the centre

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Raymond Boyle, registered manager and Ann O'Neill senior day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organization/registered provider: Western HSC Trust/Elaine Way CBE	Registered manager: Raymond Boyle
Person in charge of the day care settings at the time of inspection:	Date manager registered: 21 February 2014
Number of service users accommodated on day of Inspection: 21	Number of registered places: 25

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Accident Incident notifications
- QIP from last care inspection
- Correspondence.

During the inspection the inspector met with 15 service users, and three staff and the registered manager. Fifteen satisfaction questionnaires were provided for distribution, completion and return to RQIA within the timescale. Ten questionnaires, five from service users and five from staff, were completed and returned to RQIA within the timescale.

The following records were examined:

- RQIA Certificate of registration
- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training records
- Three service user's care files
- Statement of purpose and service users guide
- Minutes of recent staff meetings
- Complaint records
- Audits
- Equipment maintenance records
- Accident/incident/notifiable events records(7)
- Annual summary evaluation report (2015)
- Minutes of recent service user'/representatives' meetings
- Monthly monitoring reports
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Policies and procedures.

.An inspection of the internal environment was undertaken.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 25 November 2016.

The most recent inspection of the day care centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 25 November 2016

Last care inspection statutory requirements		Validation of compliance
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p>	<p>The responsible person should make appropriate arrangements for the supervision of staff to be provided for all staff in this settings 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.</p> <p>Arrangements to achieve this must be reported by the responsible person in the returned QIP.</p> <p>Action taken as confirmed during the inspection:</p> <p>The manager and staff who spoke with the inspector confirmed that supervision of staff has been undertaken on a three monthly basis. Records of staff supervision were in place.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered manager should ensure the staff has access to the following policies and procedures which should be written and stored in compliance with this standard:</p> <ul style="list-style-type: none"> • a continence promotion policy and procedure; that is appropriate • service users' meetings and forums • listening and responding to service users' views • service users' involvement in activities and events • communications with carers and representatives • general communication arrangements • safe and healthy working practices • inspections of the Day Care Settings. <p>Action taken as confirmed during the inspection:</p> <p>The manager explained that he had spoken with his line manager in regard to the availability of listed policies. Policies listed were not available on the day of inspection.</p>	

	This recommendation has been restated for a second time.	
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4.3 Is care safe?

The manager confirmed that staffing levels were satisfactory and subject to regular review to ensure the assessed needs of the service users were met.

The manager confirmed that all newly appointed staff undertakes a period of induction. Induction programmes examined for one staff member was completed, dated and signed by both parties.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Day Care Settings Care Homes Regulations (Northern Ireland) 2007 and that all new staff recruitment records were held off site at the Trust's Human Resources Department. The registered manager has responsibility to check directly with the Human Resources Department that all necessary checks have been completed prior to the staff member commencing service. Review of the WHSC Trust recruitment and selection policy and procedure confirmed compliance with current legislation and best practice.

Discussion with staff and a review of records confirmed that mandatory training, supervision (three monthly) and annual appraisal was provided. Records of mandatory training evidenced mandatory and other training including risk management, dementia awareness, data protection, communication and deaf awareness.

Accident/incident records were available within the centre. Records examined showed that appropriate action was taken and reflected within care records.

Discussion with staff confirmed that they were aware of the new regional policy entitled Adult Safeguarding Prevention and Protection in Partnership (July 2015) and the WHSC Trust had adopted this policy. Staff demonstrated knowledge and understanding of adult safeguarding principles and were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. The manager and staff confirmed that any safeguarding issues arising would be reported and managed in accordance with the WHSC Trust policy/procedure. Staff training records reflected staff training in safeguarding of vulnerable adults was held on 29 June 2016. The manager confirmed that one safeguarding matter had been forwarded recently to the WHSC Trust advice and resolution team and that RQIA would be informed of the outcome. The manager advised there were no outstanding safeguarding issues.

Records were being maintained in respect of money paid by service users for meals, arts/crafts and outings etc. All transactions were recorded with receipts issued and two signatures recorded. Discussion was held with the manager as there was no recorded evidence of reconciliation of finances. One recommendation was made in this regard.

The manager and staff confirmed that there are no measures of restraint currently in use within the centre and that appropriate documented assessment, collaboration and review involving specialist multi-professional Trust personnel would be sought and records retained if restriction was to be used for the safety of the service user.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

Service user risk assessments were in place and based on assessed needs, for example: fall risk and challenging behaviours. Risk assessments were viewed were noted to be updated on a regular basis or as changes occurred. .

Review of the infection prevention and control (IPC) policy and procedure confirmed that the policy was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC, which was in line with their roles and responsibilities. Inspection of the centre confirmed availability of clean wash hand basins; adequate supplies of liquid soap; alcohol hand gel; and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. Records showed staff training in IPC was provided on 25 June 2014.

Hand hygiene was a priority in the centre and efforts were applied to promoting good standards of hand hygiene among service users, staff and visitors. Notices displaying the seven steps of good hand hygiene were displayed in both written and pictorial formats.

Inspection of the internal environment was observed to be tidy, organised, safe, fresh smelling and suitable for and accessible to service users, staff and visitors. Fire doors were closed and fire exits free from obstruction. Records of training evidenced that fire safety was provided on 11 May 2015, and fire drill on 13 October 2015. The fire risk assessment of the centre was dated November 2013. One requirement was made in this regard as a current risk assessment is necessary in accordance with regulation 26 (4) (a) of The Day Care Regulations (Northern Ireland) 2007.

Ten satisfaction questionnaires were completed and returned from staff (5) and service users (5) to RQIA within the timescale. All respondents recorded positive responses in respect of the safe care domain.

Service users and staff who met with the inspector indicated that the care provided was very good. No issues or concerns were raised or indicated.

Areas for improvement

One requirement made related to the provision of a current fire risk assessment report and one recommendation made related to reconciliation of service user finance records.

4.4 Is care effective?

Discussion with the manager established that staff responded appropriately to meeting the assessed needs of the service users who currently attend the day care centre.

A review of three care records confirmed that identified assessed needs recorded were being maintained in line with legislation and standards. The manager and staff confirmed that each service user had an individual care record file containing all the required documents. Care records examined contained an up to date assessment of needs, life history, risk assessments,

associated care plans and daily/regular statements of health and well-being of the service user. Care records also reflected the multi-professional input into the service users' health and social care needs, and were found to be updated regularly to reflect the changing needs of the service user.

There was recorded evidence that service users and/or their representatives were encouraged and enabled to be involved in the needs assessments, care planning and review process. Discussion with staff confirmed that a person centred approach underpinned practice, for example care records showed that service users were consulted with choice, views and preference reflected within their person centred care plans. Regular notes were recorded within five days of attendance or more frequently if required. Care records were stored safely and securely in line with data protection.

Review of care records confirmed that initial review of care was held following commencement of a service user's placement to ensure their needs were being met and that the placement was appropriate. Annual reviews are also undertaken with service users/representatives in attendance.

There was evidence of good modes of communication and information sharing between service users, staff and other stakeholders. For example, service users' meetings were held every three months, user friendly information displayed on notice boards, care review and monthly visits conducted on behalf of the registered provider. An "open door policy" is provided by the manager and senior day care worker.

The centre's service users/representative annual satisfaction survey was conducted during September 2015. Overall a 100% positive response was returned in respect of overall care provided. Recorded recommendations identified for improvement in the survey report related to care plans and meals and the layout of the questionnaire template questions. Recommendations have been action by staff.

Other quality assurance methods utilised includes, fire safety audits and daily transport safety. Other audits are undertaken by the monthly monitoring officer. For example care record random selection audit, staff feedback on the provision of care and environmental inspection audit.

The provision of staff meetings were discussed with the manager and senior day care worker who confirmed these were held on a three monthly basis. Minutes of meetings were recorded and available in the centre.

Areas for improvement

No areas were identified for improvement from this domain.

4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect; independence; rights; equality and diversity; choice and consent of service users. This was reflected within care records and minutes of meeting held.

The manager, staff and service users, who were able to communicate, confirmed that consent was sought in relation to care and treatment. Discussion with service users and staff alongside

observation of practice and interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity. Staff were also able to demonstrate how service users' confidentiality was protected. For example, any discussions held with service users regarding personal matters would be undertaken in private; care records are only shared with consent and to those who need to know. A policy/procedure on confidentiality was available in the centre.

The manager and staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, one representative and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

The summary report on the outcome of the service users' satisfaction survey is reflected under section 4.4 of this report. The manager and service users who spoke with the inspector confirmed that the outcome of this survey was shared with staff and service users.

Areas for improvement

No areas were identified for improvement from this domain.

4.6 Is the service well led?

Raymond Boyle is the registered manager of The Oak Tree centre. He is also the registered manager of Maybrook Adult Training Centre in which he is based. In his absence from The Oak Tree centre Ann O'Neill, senior day care worker, is in charge. A copy of the competency and capability assessment of staff left in charge when the manager is out of the premises was available in the centre.

The centre had a staff duty roster showing staff on duty each day. It is recommended that the registered manager's time spent working in the centre is recorded within the staff duty roster.

The manager confirmed that the registered provider was kept informed regarding the day to day running of the centre through line management and that the centre operated in accordance with the regulatory framework.

The centre's certificate of registration with RQIA was displayed in a prominent position.

There was a clear organisational structure within the centre and staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's statement of purpose and service user guide. Discussion with the manager identified that he had good understanding of his role and responsibilities under the Day Care Settings Regulations.

The provisions of policies and procedures for staff were discussed with the manager and senior day care worker. One recommendation made at the previous inspection in respect of availability of policies and procedures had not been addressed and are therefore restated for a second time in this report. Every effort must be made in regard to staff access to policies and procedures. Reference to the policies and procedures which should be available in the centre is listed within the Day Care Settings Minimum Standards (2012) appendix 2.

Staff who spoke with the inspector demonstrated knowledge and understanding of whistle blowing policy and procedure.

Records of complaints were in place. One complaint received since the previous inspection was discussed with the manager and day care worker who confirmed that these had been addressed and the complainant was fully satisfied. User friendly Information on how to complain was displayed on the notice board and contained within the service user guide.

The manager explained the audit arrangements in place to evaluate the quality of care provided within the centre. Reference to audits undertaken is referred to under section 4.4 of this report.

Monthly quality monitoring reports were inspected and discussed with the manager. Reports for the months May and June 2016 were not available. One requirement was made in regard to ensuring monthly monitoring visit reports made on behalf of the registered provider were available. Reports must be made available, on request to: RQIA; the registered manager; a service user or his representative and officer of the WHSC Trust in accordance with Regulation 28 of The Day Care Settings Regulations (2007).

Areas for improvement

One requirement and two recommendations were made in this domain. One requirement related to ensuring monthly monitoring visit reports were retained within the centre. Two recommendations made related to the recording in the duty roster of time spent by the manager in the centre and a restated recommendation from the previous inspection dated 25 November 2016 regarding policy and procedures.

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Raymond Boyle, registered manager and Ann O'Neill senior day care worker as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to day.care@rqia.org.uk by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 September 2016</p>	<p>The registered provider shall ensure that a current fire risk assessment of the centre is undertaken with a copy of the assessment retained in the centre.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>Centre manager checked with Trust Fire Officer since the unannounced inspection of 25 Aug 2016. A more recent Fire Risk Assessment was carried out on 19 November 2015. Copy of this Fire Risk Assessment and associated Action Plan forwarded separately to RQIA day care department for inspection.</p> <p>Copy of this November 2015 Risk Assessment and Action Plan now issued to Oaktree Centre and is within the Unit's Fire Safety Log Book. Next Fire Risk Assessment due in November 2016.</p>
<p>Requirement 2</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2016</p>	<p>The registered provider must ensure monthly monitoring visit reports made on behalf of the registered provider were available in the centre. Reports must be made available, on request to: RQIA; the registered manager; a service user or his representative and officer of the WHSC Trust in accordance with Regulation 28 of The Day Care Settings Regulations (2007).</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>The Trust accepts the monthly quality monitoring reports for May and June 2016 were not available on the day of inspection. The registered manager is following up on these two missing reports.</p> <p>The registered manager will ensure that all future monthly monitoring reports are on file and available for inspection.</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 18</p> <p>Stated: Second time</p> <p>To be completed by: 31 November 2016.</p>	<p>The registered manager should ensure the staff has access to the following policies and procedures which should be written and stored in compliance with this standard:</p> <ul style="list-style-type: none"> • a continence promotion policy and procedure; that is appropriate • service users' meetings and forums • listening and responding to service users' views • service users' involvement in activities and events • communications with carers and representatives • general communication arrangements • safe and healthy working practices • inspections of the Day Care Settings. <p>Response by registered provider detailing the actions taken: This list of policies and procedures to guide staff in their care and practice are noted and the Registered Manager will endeavour to make available to staff such guidelines, protocols and/or good practice guidelines relevant to these areas. In the absence of a Trustwide Continence Promotion Policy the Centre Manager has sourced Continence Support Guidelines, Conitence Promotion Guidelines, Continence Assessment form and Continence Care Plan. These will be issued to staff within the Oaktree by 31 November 2016 and will form the overall Continence Promotion Guidelines that are appropriate to the needs of the service users within the unit. In relation to "safe and healthy working practices" , staff are aware of the present Trust Health and Safety Policy and is available to them on the Trust Intranet.</p>
<p>Recommendation 2</p> <p>Ref: Standard 11.7</p> <p>Stated: First time</p> <p>To be completed by: 31October 20916</p>	<p>The registered provider should ensure that reconciliation of service users' money held is carried out and evidenced on a monthly basis.</p> <p>Response by registered provider detailing the actions taken: Since the inspection visit of 25 August 2016, Centre Manager arranged a meeting with one of the Trust's Corporate Financial Accountants. This meeting took place on Tuesday 4 October 2016 within the Oaktree Centre. The outcome of this is that a draft Excell spreadsheet has been developed to track individual clients' money expenditure on a weekly basis. The system is formulated so that weekly balances and totals will automatically populate. Staff within the unit are piloting this for a number of weeks with our accountant at hand to see us through the initial stages of it. The system will reconcile clients' incoming money with weekly expenditure and give a weekly "Balance at the week-end". Manager will sign off print-outs on a monthly basis.</p>

Recommendation 3 Ref: Standard 23.7	The registered manager's time spent working in the centre should be recorded within the staff duty roster.
Stated: First time To be completed by: 30 September 2016	Response by registered provider detailing the actions taken: The Centre Manager is also Manager of the Larger Maybrook Centre. Although based primarily in Maybrook, the Registered Manager carries equal managerial responsibility for both centres. Pre-set times are allocated or arranged for the manager to be within either centre as need dictates. Examples of these are client reviews, staff meetings, dissemination of information and staff supervision. All staff within the Oaktree Centre are aware of the Manager's point of contact, phone number and email contact. Going forward Manager will visit a minimum of once weekly and record same within centre's diary.

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