

The Regulation and
Quality Improvement
Authority

The Oak Tree Centre
RQIA ID: 11237
1a Rath Mor Centre
Bligh's Lane, Derry
BT48 0LZ

Inspector: Suzanne Cunningham
Inspection ID: IN23242

Tel: 02871372195
Email: raymond.boyle@westerntrust.hscni.net

**Unannounced Care Inspection
of
The Oak Tree Centre
25 November 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 November 2015 from 10.15 to 15.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

The details of the QIP within this report were discussed with the Mr Raymond Boyle, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust/Mrs Elaine Way CBE	Registered Manager: Mr Raymond Boyle
Person in Charge of the Day Care Setting at the Time of Inspection: Anne O'Neill (Senior Day Care Worker) and Raymond Boyle arrived for feedback	Date Manager Registered: 21 February 2014
Number of Service Users Accommodated on Day of Inspection: 21	Number of Registered Places: 25

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed:

- the registration status of the service;
- incidents notification which revealed three incidents reported to RQIA since the last inspection and the outcome assessment did not reveal any concerns;
- written and verbal communication received since the previous care inspection which did not reveal any issues to follow up during this inspection
- the returned quality improvement plans (QIP) from the care inspection undertaken on 5 March 2015 which revealed two requirements and one recommendation had been made.

During the inspection we met for general discussions with five service users and completed questionnaires with nine service users. Three staff discussed their views about the care in the day care setting and completed RQIA questionnaires. There was no visiting professionals to talk to however, one family member gave their views as part of the inspection. On the day of the inspection the manager sent a letter sent to parents notifying them of the inspection and informing them how to give comments.

The following records were examined during the inspection:

- the settings statement of purpose and service user's guide;
- four service users individual care records including care plans, assessments and review documentation;
- the complaints / issue of dissatisfaction record which revealed one had been made and recorded in 2014;
- a sample of the settings monthly monitoring visit records (regulation 28) from March 2015 to October 2015;
- a sample of the settings incidents and accident records from March 2015 to November 2015;
- service users meetings from April, June & September 2015
- staff meetings June to November 2015
- policies and procedures regarding standards 5 and 8.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 5 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 23	<p>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 concerns. 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.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed this had been actioned through discussion with the senior day care worker and review of the trust response in the last QIP. On the day of the inspection no concerns or issues regarding staffing were observed.</p>	
Requirement 2 Ref: Regulation 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>	Met
	<p>Action taken as confirmed during the inspection: The monitoring records were reviewed from March 2015 to October 2015, this provided evidence that the reporting had improved in this regard. Records showed there is a clear action plan recorded following each visit. This ensures issues for improvement or concerns are improved and dealt with. Progress is followed up during the next visit.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 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>	Partially Met
	<p>Action taken as confirmed during the inspection: The appraisal records evidenced staff had received an annual appraisal meeting in 2015.</p> <p>The supervision records should have shown at least two records of supervision for all staff since the last inspection. Evidence of this improvement was not seen during this inspection. A record of staff receiving group supervision since the last inspection was available however; this is not compliant with the standard. The supervision part of the recommendation is restated.</p>	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The discussion with the senior day care worker and the review of four service users individual files; including the care plan and review records showed service users in this setting are independent in their intimate care. However, records do acknowledge the service users may need help at times; and information is provided to deliver this as required.

Discussions with staff and documentation inspected provided evidence staff are not just responding to need but were also improving independence and outcomes where possible. Examples were given regarding service users who had come to the setting requiring support and assistance, who had developed socially confidence and independence.

Observations of the staffs' interaction with service users' provided evidence the staff were responsive to service user's individual needs. They presented as knowledgeable of the service user's individual behaviours and responded to the service user's individual communication methods well.

There was not a continence promotion policy and procedure at the time of this inspection. A recommendation is made in this regard.

Three service users showed and discussed with the inspector where the toilets are and the important things they need to remember when using them such as washing hands, the call bell, using toilet paper and the supplies that are kept in the toilets. Service users also showed the inspector the staff toilets which they said they don't use. A small supply of continence products were being kept in the store cupboard and Personal Protection Equipment (PPE) was available for staff to access if needed. Staff discussion showed they were aware of the importance of protecting everyone's health and hygiene needs. The inspector was satisfied staff were able to link their practice to appropriate infection control guidance; and staff confirmed they had received training in this regard.

Staff discussed they have not received specific continence promotion training and there was no one at the centre who currently needed assistance in this regard however, the senior day care worker stated if anyone does need more support in this area they would ensure staff are trained. Staff had received training regarding vulnerable adults, infection protection and control and moving and handling training.

Observations of the environment did not identify any concerns regarding odour, location / storage of PPE and continence products.

Five staff completed RQIA inspection questionnaires and they stated they felt satisfied to very satisfied they had received mandatory training and appropriate training to meet the service users' needs, equipment is obtained in a timely manner and the centres environment is appropriate. Staff felt satisfied to unsatisfied that the service users receive timely support from the multi-disciplinary team and this feedback has been passed to the manager to ensure service users receive timely support where possible. One staff member commented they "Huge waiting list for multidisciplinary input and resources are limited".

Twelve service users completed RQIA questionnaires they reported they felt satisfied to very satisfied they feel safe and secure in the day care setting and staffing levels are appropriate. Comments made were "we know how to go out if there is a fire, we did a fire drill", "we learnt safety in the kitchen and keeping us safe", "staff help me feel safe", "there is a lock on the door to the centre, I can get out but strangers can't get in". "Staff help me cross the road on the zebra crossing", "the toilets have toilet roll and they are ok to use clean". In conclusion this was very positive feedback from the service users regarding why they feel safe in this setting and highlighted staff help service users to keep themselves safe.

In conclusion the individual care plans did identify how individual needs are met in this day care setting. Observation showed service users were safely supported in this day care setting and this view was also reflected in the service user feedback.

Is Care Effective?

The service users in this setting are encouraged to communicate verbally and non-verbally. Observation of staff communicating with service users showed staff take time and use their knowledge of each individual to ensure the group are able to express themselves and enjoy the social aspect of this day care setting. The inspector observed how confident the service users were when communicating and socialising. They confidently articulated to the inspector their feelings, thoughts and preferences.

The inspection evidenced the setting has effective measures in place to meet service users' individual continence needs and promote improved outcomes for them. The inspection included review of four individual service user records. The records contained person centred documentation which clearly described each service user's individual methods of communicating, personal care needs and preferences. Furthermore assessments and care plans were dated and signed by all relevant parties. The inspection concluded this documentation was informative and discussions with staff ascertained they were knowledgeable regarding the content.

Twelve service users responded in RQIA questionnaires they felt satisfied to very satisfied that staff know how to care for them and respond to their needs. Comments made were "when we go to the bathroom we need to lock the door and wash hands after". "Staff are good at their job because they know what we want and what we need".

Five staff responded in inspection questionnaires they are very satisfied they have access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre.

The inspection concluded care provided by staff is effectively promoting and supporting all needs including continence needs.

Is Care Compassionate?

The inspection observed that care is compassionate in this setting. Service users were observed being treated with dignity and respect. The inspection of records, discussions with staff and observation of practice evidenced that service user behaviours, non-verbal communications and representative views are integrated into decision making regarding service user's care and support.

Discussions with staff evidenced they were knowledgeable regarding person centred care and they were very aware of need to protect service user's dignity when providing continence care.

Five staff reported in the questionnaires that they are very satisfied service users are afforded privacy, dignity and respect at all times; they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

Twelve service users reported in the questionnaire's they felt very satisfied to satisfied with the care and support they receive. Comments made were "staff make me happy when they take me to tech (college)", "staff make me happy when they make me a cup of coffee", "I like going on the bus", "they are good to me", "staff make me feel happy when they look after me".

The inspection concluded staff approached meeting service users' needs with compassion and ensured service users are given time to talk openly or privately.

Areas for Improvement

One area for improvement was identified regarding the service users care plan - Where appropriate service users receive individual continence promotion and support:

1. A recommendation is made for the registered manager to ensure the staff has access to a continence promotion policy and procedure that is appropriate for the needs of the day centre and service users.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

The staff had actively sought and interpreted service user's views using individual modes of communication and this was well documented in the service user's individual records. Feedback from service users and representatives was being used to shape the quality of services and facilities provided by the setting, furthermore it was being used to provide safe and needs led care packages in this setting. Representatives had been encouraged to attend reviews and other meetings. The service user's/representative annual satisfaction surveys are used to ensure that choices, issues of concern, complaints or risks had been recorded and acted on. One representative gave feedback during the inspection and commented the centre had brought her child on greatly, the staff had let her know what her child does in day care and they talk about the best way to respond to her behaviour. The representative said she wouldn't want her child to go anywhere else, she said she couldn't say a bad word about the centre and said the staff have helped her a lot. Another representative commented "The staff in the oak tree centre keep in close contact with us as a family and act immediately on any concerns about (their son) we may have".

The inspection included review of four individual service user records. These evidenced the needs assessment, risk assessments and care plans had been kept under review. They had been amended as changes occurred and accurately reflected the needs and preferences of the service user. The needs assessment and care plan were also appropriately signed by the service users and representatives.

The inspection concluded this setting does integrate service users' views and comments in the day to day care. However, the following policies and procedures regarding this standard were not available for reference and a recommendation is made in this regard:

- 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 Setting.

The inspection confirmed staff are effectively communicating with service users and they use the information gathered to ensure care is safe and responsive to need.

Is Care Effective

There is a range of methods and processes where service users' and their representatives' views are sought, recorded and include details of the action taken. Records inspected included:

- Four service user's care files. They contained evidence of file audit; about me assessment; general assessment; care planning documentation; activity and care records; risk assessment; review documentation and minutes. The review of these files did not identify any improvements.
- The Complaints and Compliments record was reviewed and this revealed one complaint had been recorded in the complaints record in 2014 regarding repetitive outings. The staff met with carer and resolved this locally. Nine compliments had been made since the last inspection and they all complimented the quality of service and care delivered in The Oak tree Centre and staff knowledge.
- Monitoring reports: The monthly monitoring reporting arrangements and reports for the period from March 2015 until October 2015 were inspected. The content did reveal the monitoring officer had not contacted relatives at all and had relied upon contacting staff where the service users live. To be compliant with the regulation the monitoring officer should also make efforts to contact relatives and advice was given in this regard.
- Service users meetings were reviewed for April June & September 2015. These revealed they had discussed using toilets, hand washing, safety, activities, behaviours, communication and ideas, preferences. There is also a service user activity that helps service users understand their human rights and adult safeguarding.

Overall the inspection evidenced there are effective measures in place for service users views and comments to shape the quality of services and facilities provided in this day care setting. Discussions with staff and the documentation provided evidence staff are not just responding to need but also exploring opportunity to improve outcomes for service users.

The discussion with staff concluded they are committed to ensuring service user's dignity and privacy is respected and that service users have choices. Staff they have a good programme of activities and communication ongoing with the service users. They have a communication tutor who will give talks about safety, help service users with basic literacy skills, will talk about emotions, relationships and life skills. Staff are also learning Makaton.

Service user feedback also showed service users feel they are consulted. One service user said "staff look after me. They ask me questions".

There are policies regarding:

- consent
- management, control and monitoring of the setting
- quality improvement
- complaints, yes.

The inspection confirmed staff are communicating with service users and using the information gathered to ensure care is effective and responsive to need.

Is Care Compassionate?

Overall this inspection evidenced service user's views and comments are sought in a compassionate way that is focussed on service user's modes of communication.

The inspection concluded service users are listened and responded to by staff that are knowledgeable about the service users' individual communication needs.

12 service users completed questionnaires for this inspection and they felt satisfied to very satisfied that their views and opinions are sought regarding the service.

Five staff questionnaire's stated they felt satisfied to very satisfied that: service users are involved in and are given opportunities to influence the running of the centre; systems are in place to seek service user's views; management action service user's suggestions, issues or complaints; and service users are kept informed regarding any changes. Staff commented "I enjoy very much working in the Oaktree centre due, I believe, to good management".

In conclusion this inspection confirmed the staff were using a compassionate approach to gather service user's views, opinions and preferences.

Areas for Improvement

One area of improvement was identified in the inspection of service user's involvement:

A recommendation is made the registered persons make the following policies and procedures available for staff reference:

- 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 Setting.

A recommendation regarding policy and procedures was also made in the examination of standard 5, that recommendation has been merged with this recommendation in the quality improvement plan.

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Raymond Boyle, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 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.

6.1 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 (Northern Ireland) 2007.

6.2 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 person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 22</p> <p>Stated: Second time</p> <p>To be Completed by: 20 January 2015</p>	<p>The responsible person should make appropriate arrangements for the supervision 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.</p> <p>Arrangements to achieve this must be reported by the responsible person in the returned QIP.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: To achieve the minimum quarterly supervision standard, staff within the Oaktree Centre and the registered Manager have agreed a number of days within which all staff will receive their supervision. For example between Tuesday 19th January and Thursday 21st January 2016 all staff will receive supervision for this quarter. Staffing assistance has been agreed to accommodate this and to also not interfere with service users' programme of events.</p> <p>This quarterly "booking of dates" will continue with the next set number of days being in April 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by: 20 January 2015</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 Setting. <p>Response by Registered Person(s) Detailing the Actions Taken: The above listed areas of care, practice and service users and carers involvement are noted and we will ensure that staff will have access to relevant policies, protocols and/or good practice guidelines pertinent to these areas.</p> <p>With reference to a continence promotion policy, the Trust recognises the work needing to be done in this area. Since this inspection on the 25th November 2015 the registered manager has sourced existing; "Continence Support Guidelines" for staff working in Adult Learning Disability Day Care Services from within WHSCT and "Guidelines for Continence Promotion in Day Care Services" from another Trust area.</p>

Both of these, in conjunction with the W.H.S.C.T.'s Intimate Care Guidelines for Adults January 2014 and the guidelines for the Selection of Continence Supplies/Continence Products 2010, will form the basis for developing specific continence promotion guidelines for the Oaktree Centre staff.

Staff are aware of the present Trust Health and Safety Policy.

Registered Manager Completing QIP	Raymond Boyle	Date Completed	19/01/16
Registered Person Approving QIP		Date Approved	4.2.16
RQIA Inspector Assessing Response		Date Approved	10.2.16.

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address