

Unannounced Care Inspection Report 14 June 2018



The Oak Tree Centre

Type of Service: Day Care Setting

Address: 1a Rath Mor Centre, Bligh's Lane, Derry, BT48 0LZ

Tel No: 028 71372195

Inspectors: Suzanne Cunningham and Alan Guthrie

www.rqia.org.uk

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting that provides care and support for a maximum of 25 service user's daily. A programme of day care and day time activities is delivered from Monday to Friday for adult's who have a learning disability.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Nicola Cooke (Not registered)
Person in charge at the time of inspection: Nicola Cooke	Date manager registered: 28 June 2018 application received - registration pending
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 14 June 2018 from 11.00 to 17.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to new record and practices in relation to staff induction and training; examples of staff providing the right care, the new manager's understanding of what improvements were required, plans to improve effective care; the provision of activities; the manager and staffs' commitment to improve the provision of care and support in this service.

Areas requiring improvement were identified in relation to: the management of health and safety in this day care setting; the staff training record; responding to service users care and welfare needs; care plans; service users' individual assessments; management and recording of service users' money; the statement of purpose; the visits by the registered provider and audits.

Service users' who were being supported in this setting were communicating in a variety of ways; they used limited verbal communication, sounds, hand gestures or body language to communicate with inspectors. Some service users' smiled, indicating they were happy and others sought staff support and reassurance when inspectors spoke to them during the inspection. This suggested they were comfortable with staff and they felt staff could assist them when they felt they needed this.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and the service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	5

Details of the Quality Improvement Plan (QIP) were discussed with Nicola Cooke, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

4.2 Action/enforcement taken following the most recent care inspection dated 14 June 2018

This inspection found the setting was failing to comply with two of The Day Care Setting Regulations. In accordance with RQIA's Enforcement Policy and Procedures, an enforcement meeting was held with the registered person's representatives on 26 June 2018 in the RQIA office. After hearing the actions taken by the trust and referring to an action plan, RQIA made a decision to issue two Failure to Comply notices on 27 June 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received from the manager and Western Health and Social Care Trust (WHSCT) since the last inspection
- incident notifications which revealed none had been notified to RQIA since the last care inspection in February 2018
- unannounced care inspection report 15 February 2018

During the inspection the inspector met with:

- the manager
- a senior day care worker (SDCW)
- three service users'
- two care staff

Questionnaires were given to the manager to distribute between service users', representatives and staff. Six were returned by staff; and none were returned by the service users' or their relatives.

The following records were examined during the inspection:

- the staffing arrangements for the day of the inspection
- the new management arrangements
- the staff training information for 2017 and 2018
- a sample of incidents and accidents records from February to June 2018
- three service users' individual care files
- the setting policies and procedures
- a sample of staff supervision dates for 2017 and 2018
- monthly monitoring reports from March to May 2018
- the settings statement of purpose

Fourteen areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met in regard to two regulations; partially met in regard to one regulation and two standards; and met in regard to one regulation and eight standards.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 February 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 February 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) Stated: First time	The registered person shall ensure the following evidence is in place: 1. Evidence available that at all times suitably qualified, competent and experienced persons are working in The	Met

	<p>Oak Tree Centre.</p> <ol style="list-style-type: none"> 2. Evidence that all staff are competent to undertake their role and responsibilities with service users who attend The Oak Tree Centre. 3. Evidence that staff left in charge of The Oak Tree Centre are willing to act up in the managers absence. 4. Evidence that any gaps identified in knowledge, skills or competence are addressed and interim measures are put in place while competence is being achieved to ensure practice is safe and effective. <p>Ref: 6.4</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed the following evidence was in place: evidence of staff registration with NISCC; individual staff supervision meetings planned at least every three months with their supervisor; arrangements to raise staff awareness of policies and procedures; review of staff training; staff meetings; evidence that staff were willing to act up in the manager's absence. The evidence found showed improved arrangements were in place to improve the matters stated.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the records that evidence the management and reconciliation of individual's finances show each individual service user's monies are for their use as detailed in their care plan, activity plan and individual agreement. All records must show service users monies are safeguarded.</p> <p>Ref: 6.4</p>	<p>Partially met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed with the manager that the trust had undertaken an audit of service user financial arrangements. The records of the management and reconciliation of service users money was not totalled when overspends had occurred. Staff did not have</p>	

	<p>a procedure in place to manage overspends and did not give a clear description of how they were reconciled. However there was clear evidence underspends were returned to the service user at the end of each week. A new improvement in the QIP to ensure reconciliation of records is improved in relation to overspends.</p>	
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (1)</p> <p>Stated: First time</p>	<p>The registered person shall improve arrangements in place to assure health and safety matters are identified in a timely manner in this day care setting and risks eliminated. Arrangements put in place must be effective and robust enough to ensure safety issues or hazards are identified and managed in a timely manner thereby assuring service users access to all parts of the day care setting free from hazards to their safety.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector observed a number of health and safety matters that were not responded to by the staff on duty, and these were highlighted to staff during this inspection, such as the positioning of furniture, cleaners store was left open, the area service users' hung their coats was cluttered.</p> <p>This improvement was subject contained in a Failure to Comply notice which was issued to the registered person on 27 June 2018 and an improvement is made against the same regulation in the QIP.</p>	<p>Not met</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 28 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the arrangements for the monitoring visits are robust enough to:</p> <ol style="list-style-type: none"> 1. find serious concerns and put improvements in place to address any concerns in a timely manner. 2. ensure the person carrying out the visit inspects the premises of the day care setting, it's record of events, any complaints and seeks to obtain feedback from service users, relatives, staff and other stakeholders. 	<p>Not met</p>

	<p>3. ensure a written report is provided on the conduct of the day care setting and a copy is made available in the setting in a timely manner.</p> <p>Ref: 6.7</p>	
	<p>Action taken as confirmed during the inspection: The inspector confirmed visits had occurred monthly and the reports were available and up to date at the time of inspection. However the content did not show the visitor had: reviewed improvements that had come about following the last inspection; examined the conduct of the day care setting; or put in place an action plan to ensure serious concerns were being responded to.</p> <p>This improvement is stated for a second time and a Failure to Comply notice was issued to the registered person on 27 June 2018.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 23.7</p> <p>Stated: Second time</p>	<p>The registered person shall ensure the manager’s time spent working in the centre is recorded within the staff duty roster.</p> <p>Ref: 6.2 & 6.4</p> <p>Action taken as confirmed during the inspection: A new manager had commenced in the setting on 7 June 2018. The rota showed the managers presence was recorded in the staff rota and she had spent two afternoons in the setting to date, this was an improvement since the last inspection.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</p>	<p>The registered person shall ensure evidence is in place to verify that staff recruitment practices are safe and consistent with the minimum standard; and that such records are made available for inspection at the inspector's request.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Since the last inspection the staff records had been moved to this setting. Two were reviewed for this inspection and the content had been improved. The records showed staff had been through a robust employment process facilitated by the personnel department and all checks were completed. Identification and NISCC registration was also in the staff individual record.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p>	<p>The registered person shall improve the structured orientation and induction for social care staff who are newly appointed, agency staff and students, NISCC's induction standards for new workers in social care can be made reference to.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Since the last inspection no new staff had commenced in the setting however an induction pack had been put together which included reference to induction standards and staff reflection on their role and responsibilities.</p>		

<p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person shall improve the staff training record to show the following:</p> <ol style="list-style-type: none"> 1. staff individual training needs and the arrangements in place to meet them. 2. an overview of the content of the training attended including the qualifications of the trainer is available. <p>Ref: 6.4</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The new manager described she wanted all staff to have a structured training programme that met their mandatory and other training needs to ensure staff could deliver the right support and care. At the time of the inspection these records were not fully in place however the individual staff training record had been moved to the setting and the content of training was being collated. This will be restated to monitor the manager’s progress and the improvement of the record.</p>		
<p>Area for improvement 5</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p>	<p>The registered person shall improve the incident and accident records held by the setting, the record should describe the action taken or action to prevent reoccurrence to verify that future and or reoccurring safety issues and risks have been identified and managed.</p> <p>Ref: 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The accident and incident records were available for the inspection. The sample inspected showed staff had recorded the event with their assessment of what had happened, they also assessed did the plan need to be changed. The manager had reviewed and signed the record to verify they had been seen.</p>		

<p>Area for improvement 6</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</p>	<p>The registered person shall review the record of incidents to ensure all reportable incidents have been reported to RQIA. Future arrangements in place for reporting incidents must be robust enough to ensure compliance with regulation 29.</p> <p>Ref: 6.4</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The record of incidents showed one reportable incident had not been sent to RQIA, this happened in the changeover of managers'. This was completed after the inspection.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p>	<p>The registered person shall forward a copy of the service user annual survey outcome report to RQIA with the returned QIP for this inspection.</p> <p>Ref: 6.6</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The annual survey was forwarded to RQIA as stated above.</p>		
<p>Area for improvement 8</p> <p>Ref: Standard 18</p> <p>Stated: Third time</p>	<p>The registered person shall 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"> • 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>Ref: 6.2 & 6.7</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The policies and procedures were available in an indexed folder and on the staff intranet. On</p>		

	request a staff member accessed the safeguarding policy during this inspection. The manager had put in place a system for reviewing policies and procedures with staff in the team meeting to facilitate opportunity for staff to familiarise themselves with the policies and procedures for this day care setting.	
Area for improvement 9 Ref: Standard 22.2 Stated: First time	The registered person shall improve the frequency of staff supervision sessions to ensure they are consistent with the day care setting procedures and no less than every three months. Ref: 6.7	Met
	Action taken as confirmed during the inspection: Staff supervision was held at least every three months, at the time of the inspection. The meeting was individual, between the supervisor and supervisee, and the discussion was recorded.	
Area for improvement 10 Ref: Standard 17.9 Stated: First time	The registered person shall put in place audits of working practices that ensure working practices are consistent with the day care settings documented policies and procedures, and action is taken when necessary to improve safe, effective, compassionate and well led care Ref: 6.7	Partially met
	Action taken as confirmed during the inspection: The audits and evidence of governance and monitoring were requested. Examination of records revealed that the audits of working practices in place were not thorough and the file audits did not provide evidence that practice was consistent with minimum standards.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On the day of the inspection, the inspector's observations of staff providing care, the environment and discussions with staff revealed concerns regarding the staffs' awareness and competence in relation to protecting service user's care and welfare. The concerns were:

- The staffing arrangement in the main setting on the day of the inspection was one day care worker and one care worker. The care worker was provided to the setting by an agency but had worked in the setting for a long period of time and was present during the last inspection. Three other staff on duty had gone out with a group of service users' and there was no evidence that the staffing had been reviewed to assess could staff safely meet the assessed needs of the service users' who remained in the centre. Later the manager and a senior day care worker arrived in the setting to assist staff with the delivery of care and support. After the inspection a morning meeting was introduced by the manager to ensure staffing was right to meet the needs of service users' in all areas.
- On arrival the inspectors observed service users' seated with a drink and a small snack in front of them or moving around the room. One service user was seated in a chair with the chair arms pushed up against the table with two further chairs pushed against each side of the service user. This had the effect of restraining and restricting the service user's movement. After around 10 minutes the care staff did approach the service user and remove the chairs, they said they shouldn't be there and staff did not do this. In conclusion staff did not immediately identify restrictive practices in place and this practice is not consistent with the day care setting minimum standards or regulations, the staff must ensure restraint is only used in exceptional circumstances.
- A service user presented as sleepy and did not have any support, supervision or attention given to them by staff for around ten minutes. The service user had some food items on the table in front of them. Inspectors were concerned to note this, given that this service user had a Speech and Language Therapy (SALT) assessment in place which ensured they ate the right food and did not choke. In this example staff did not keep this service user safe by implementing the SALT recommendations, staff must ensure individual service user's care and welfare is free from hazards and risks.
- The safety of environment in the day care setting and the way it was managed was a concern on the day of the inspection, the inspector found the cleaners store was left open all day and this contained a range of cleaning materials. The support staff member and the manager verified the store was left open and this was not consistent with the settings procedure regarding access to the store. The store was cluttered with numerous mop buckets and mop heads which were stored beside the facilities electricity box. A number of potentially hazardous cleaning products were also easily accessible. The room where the store was situated was used to hang up service users' coats and was accessed by service users all day, it was cluttered with bottles of concentrated juice, a heavy chain and lock, service users' clothing, wipes, kitchen roll and numerous facility records such as staff records. Whilst records were not a hazard to service users' safety their presence

in this unsecured store was a indication a lack of knowledge/awareness in relation to storing items safely and a potential data protection concern.

- During a mindfulness activity tables were stacked on top of each other. The legs of the tables pointed toward the ceiling and presented as a potential eyeline hazard for service users' who may walk near them to the bathrooms. This hazard was highlighted to the manager and staff during the previous inspection. There were three chairs with ripped covers and a low level sink situated in the main lounge area that was badly stained.

In conclusion since the last inspection the trust had acted to remove the mirrors which were a significant risk to service users' safety; however the observations, discussions with staff and findings from this inspection found that staffs awareness and the monitoring of risks in the environment had not improved. Inspectors did not conclude a safe environment was provided at all times for service users' in this setting. Moreover evidence was not found that supported the plan presented during the serious concern meeting and actions detailed in the last QIP had been fully actioned or had an impact.

On 26 June 2018 these concerns were discussed with the representatives of Western Health and Social care Trust at a meeting in the RQIA office. The organisation's representatives presented evidence that the cleaners store had been secured, the room where service users' hang their coats had been decluttered, mops moved and staff spoken to regarding the risks identified. Daily environmental checks had been implemented by the manager and action plans put in place would be monitored. RQIA was satisfied the immediate risk had been addressed by the organisation however maintaining improvement was a concern in this setting. In view of the lack of robust processes implemented since the last inspection a Failure to Comply notice was issued in this regard.

Since the last inspection an induction folder including a structured induction programme was established for new staff commencing within the centre. The induction incorporated reflection in regard to standards of care however, no new staff that had commenced the new induction since the last inspection thus no evidence was available regarding its effectiveness. This will be looked at again when a new staff member has commenced employment in the setting and has used the induction pack.

The individual senior day care worker and day care worker staff record were reviewed. Evidence of their NISCC registration, role and responsibilities in the setting, support provided and training was stored in the record. Inspection of this information did not reveal any concerns regarding them undertaking their role in the setting. The discussion with the day care worker revealed he felt well able to undertake his role with support from management.

Since the last inspection a training file had been established in the setting. This contained limited evidence of the content of staff mandatory training and other appropriate training relevant to their roles and responsibilities. The manager explained this was a new record and more time will be given by the new manager, senior day care worker and staff to ensure the record of the content of all training is in place, with the details of the trainer. Assurance was also given that a training matrix was being established to show all staff have been trained to work effectively and safely in this setting within required or recommended timescales. The last inspection identified this as an improvement; and because this was not fully met this is stated for a second time and will be revisited during the next inspection to ensure it has been met.

A sample of accidents, incidents and notifiable events recorded since the last inspection was inspected. This showed they had been improved; for example staff were recording more detail regarding what had happened and what they could do to prevent reoccurrence. One incident was tracked in detail that featured a serious accident, the incident record detailed actions taken that presented as in the best interests of the service user at the time of the incident. There was also evidence of reflection regarding how the service user could be kept safe in day care and review of risks for this service user in day care. The risks had been transferred into the service users' risk management plan however it was not easy to ascertain what staff needed to do differently to prevent reoccurrence. Discussion with staff revealed they were concerned about the safety of service users' in the setting who had unpredictable behaviours or outcomes. Discussion with staff revealed generally they were managing their concerns by increasing the supervision of service users' in the day care setting, they mentioned one to one care arrangements but were not clear regarding what this meant. In conclusion the inspection of risk management and accident recording revealed staff had recorded incidents and reflected on how to prevent reoccurrence however, this was not transferred into a clear plan for staff to follow that would keep service users' safe in this setting. An improvement is made in the QIP in relation to improving care planning and advice has been provided to the manger regarding what information should be in a care plan.

Six staff returned questionnaires to RQIA post inspection, five identified they were "satisfied" to "very satisfied" and one identified they were "very unsatisfied" regarding the question "is care safe" in this setting. Their feedback was in relation to were staff employed in sufficient numbers to meet the needs of the service users, had staff been inducted and received all mandatory training, had staff received safeguarding training and were all staff were aware of their responsibility to report any concerning or unsafe practice. The respondent who was unsatisfied did not give any specific information regarding what was not safe in the setting however a comment was written that described concerns regarding service users changing needs and queried were they still safe to attend the setting, they noted their MAPPA (behaviour management training), and first aid training was out of date. These concerns were also raised during the inspection and discussion with the manager revealed training needs were being met in a planned way. She identified MAPPA training was not essential for the service user group in this setting because no one had a behaviour management plan in place that included MAPPA interventions at the time of the inspection. This assured inspectors the new manager was informed regarding these matters.

Areas of good practice

There were examples of good practice found during the inspection in relation new records and practices in relation to staff induction and training.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to: the trust and settings management of health and safety matters in this day care setting; further development of the staff training records; responding to service users' care and welfare needs and care plans.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The inspection of effective care included observation of staff providing care, reading three service users' individual care planning records and discussing with staff their thoughts about effective care, including the outcomes they had achieved in this setting. Inspectors found indicators of some service users needs being met on the day of the inspection through the provision of activities. For example service users who chose to take part in the mindfulness/ yoga session were responding positively to the activity, they presented as relaxed and others were enjoying taking part in table top activities. Furthermore service users' responded positively to staff who encouraged them to communicate regarding a range of matters. Nevertheless, inspectors also identified at least one service user not receiving the care they required which was written in their assessment. This example was described in section 6.4 of this report and was a clear example of the staff not providing the enhanced support required in a timely manner.

The discussion with staff regarding this revealed they were not clear regarding the how the right support should be provided for this service user or the need to respond to restrictive practice without delay. The staff identified the service users' care plan could be easier to follow and inspection of the care plan verified the document was large and lacked clear direction. Staff communicated they were frustrated that there was no clear direction for them in relation to meeting service users' needs who had become more complex since they commenced in the setting. It was agreed plans could include clearer guidance for staff regarding changes to monitoring, support or observation which may increase the effective support of service users'. An area for improvement was made in section 6.4 to improve care plans which will also address the effectiveness of service users care planning.

Three individual service user risk assessments were inspected and the content was found to be difficult to follow and did not prioritise the risk. The service user assessment records had been reviewed and updated since the last inspection, however staff communicated the new format was difficult for them to follow and therefore they did not feel the changes had been effective. One risk assessment contained 20 pages detailing a number of risks associated with the service users presenting needs. The actions written were not consistent with the risks and therefore did not present as reducing or eliminating the risk. There was no effective guidance to inform staff, nor clear steps to be taken within a time line. The information recorded in all of the service users assessments should be reviewed to ensure they accurately reflect the needs of the individual service user. This improvement is in the QIP for this inspection.

The inspection of three service users' individual files found systems were in place to review their placement within the centre and ensure that it was appropriate to meet their health and social care needs. However the effectiveness of this process could not be evidenced, particularly in relation to one service user whose needs were more complex than their initial referral. In this example an emergency review meeting had been requested, however the meeting had not happened and there was no multi-disciplinary decision to verify this day care setting was a suitable place to meet the service users' needs; nor if specific resources or support was required to meet their needs while the service user was attending the setting. Staff had written a risk assessment and voiced their concerns regarding the risk, however they were concerned that they could not meet the service users' needs in the long term. This was discussed with the manager because there must be a proper process in place to ensure

service users' who attend this setting can have their needs met by this service. The manager was advised to review the statement of purpose and improve the content to ensure it clearly describes the range of needs that can be met in this setting and admission criteria. Furthermore if a service users' needs fall outside of these criteria there should also be a clear process in place to review their placement and consider where and how their needs will be best met by the trust. On the day of the inspection and in subsequent communications with the trust they confirmed they had reviewed the needs of this service user and provided examples of how they were planning to meet their needs on a daily basis. RQIA were satisfied the trust had put in place measures to strengthen the effective care and support provided in this example however an improvement is detailed in the QIP in this report to ensure the services provided by this day care setting are properly described and service users' needs are appropriately matched to this service.

The trust reported in the previous inspection quality improvement plan returned to RQIA an audit of service users' money collected and spent over the last financial year would be completed and after this inspection, a record that evidenced this had been completed was provided to RQIA. Discussion with staff revealed they found the new financial recording process burdensome and they did not appreciate the need for a change in the financial record. The reconciliation record of money was inspected and found the daily/weekly recording had been improved. However the inspection revealed overspends were not totalled and there was no record of how overspend were paid for. Discussion with staff revealed they paid extra money owed and a service user might bring in the money the next time they were in day care. The staff did not communicate a clear procedure in this regard and the recording of the same did not reconcile all money collected. It should be noted this potentially presented in the service users' favour not disadvantage however, whilst improved transparent arrangements had been put in place in relation to recording finances, they were not properly reconciled. Therefore an improvement is detailed in the QIP for this inspection regarding this matter. Furthermore service users' money should be effectively monitored through audit and/or monitoring arrangements which should ensure transparent accurate records are maintained, audits are further discussed in section 6.7 of this report.

These matters were discussed on 26 June 2018 with the representatives of Western Health and Social Care Trust at a meeting in the RQIA office. The trust representatives presented evidence that staff would receive training required in relation to recording finances; the manager was reviewing the care planning and risk management documentation; and service users' with complex needs who attend the service were being reviewed to ensure they were receiving the right care, in the right place.

One relative spoke with the inspectors during the inspection; they said the day care setting was "a great place and valuable to . . ."(relative).

Discussion with staff regarding effective care revealed the staff intended to provide effective care however they identified they described concerns that they felt were not being responded to by management, such as: the ageing service user group and the service users' changing needs that they described as more complex. Staff concluded if they are going to deliver the same programme of activities they would need to provide one to one support to some service users to facilitate their safe involvement. Staff also identified since the last inspection a significant amount of time had been spent on implementing a new file structure, including rewriting service users' individual records. They concluded this was the priority area identified at the last inspection but found the new formats complex. The staff's concerns were reported to the new manager, she acknowledged she shared some of their concerns and in subsequent

communications she sent the inspector evidence that she had sourced an alternative care plan format; arranged daily meetings for the staff team to plan how they will meet service users' complex needs in the setting safely and effectively; liaised with other trust staff regarding their specific needs and how they can be best met; and confirmed she was present in the setting to offer management support to the team. This prompt and detailed response is commended and showed her commitment to facilitating change and supporting the team to improve their delivery of safe and effective care.

Six staff returned questionnaires to RQIA post inspection, four identified they were "satisfied" to "very satisfied" one identified they were undecided; and one identified they were "very unsatisfied" regarding the question "is care effective" in this setting. The question was in relation to had services users been assessed and were they in the right place for their needs to be met, were staff kept informed of changes to service users' care plans, was referrals/treatment to/from other agencies and professionals dealt with promptly and did the service had good working relationships with other professionals/agencies. The respondent who was unsatisfied did not give any specific information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond. One comment was written in relation to effective care, they said: "I have worked in learning disability sector for a very long time and can honestly say that the commitment and teamwork from the front line staff to ensure clients' needs are met and service is of a high standard is second to none".

Areas of good practice

There were examples of good practice found during the inspection in relation to staff providing the right care, the new managers grasp of what improvements are required, plans to improve effective care and the provision of activities.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to service users' individual assessments; the management of service users' money and recording of the same and the statement of purpose.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with service users' and observations of staff meeting their needs at different intervals during the inspection showed staff were promoting and maintaining their independence, and staff communicated with service users in a caring manner. Service users were enabled and supported to engage and participate in meaningful activities such as table top activities, outings, their hobbies and interests; and the yoga/ mindfulness session.

Evidence of service users and their representatives being involved in matters affecting them was contained in the records kept in the setting, for example the annual survey, service users'

individual reviews, service users' meetings and records of complaints and areas of dissatisfaction. These were examples of robust systems in place that can contribute to the promotion of effective communication between each service user, staff and other key stakeholders. The new manager also discussed she intended to provide support, guidance and leadership to ensure service users and their relative's views and suggestions are sought and they are fully involved.

Six staff returned questionnaires to RQIA post inspection, five identified they were "very satisfied" and one identified they were "very unsatisfied" regarding the question "is care compassionate" in this setting. The question was in relation to: do staff treat service users' with kindness; dignity and respect; do staff engage with service users' with warmth and consideration; is care delivered in a person centred individual manner and not routinely; do staff communicate with service users' about their care and treatment in a manner which was understood; and is there a culture of reporting any concerning practice and confidence that these concerns will be dealt with. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond.

The staff wrote some comments which described their views of compassionate care in the setting, they said:

"I feel that the Oaktree centre is an amazing place to be for both staff and service users. I enjoy coming to my work every day and working with such a great team. The service users are fully stimulated throughout their day at the centre; they take part in great activities that are all chose by themselves. I feel that the centre provides great opportunities for all service users and gives them as much independence as possible. All staff members are great team workers, since I've come to the Oaktree I have felt so welcome and involved. If I have any concerns or issues in the centre I know I can ask other staff for support and advice. The Oaktree is a lovely warm and enjoyable place to be."

"We offer a wide range of activities suitable to the client needs and abilities. These activities were chosen by clients through advocacy groups and staff sourced them. We change our activities twice a year and all are person centred and catered to the clients choice of activity. Our clients are both stimulated and happy."

"Our full service is client led and the activities are the same. We offer full person centred programmes to all of the clients and they are given choice daily in everything thing they do."

These comments support the inspectors' assessment which was staff were intending to support and care for service users compassionately in this setting, including meeting individual needs and involving service users in decisions about the activities.

Areas of good practice

There were examples of good practice found during this inspection in relation to listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Inspection revealed there were weaknesses in the leadership structure in this setting. Since the registered manager had retired a temporary manager had covered the post and recently a new manager had been recruited and commenced as manager. During the inspection the staff said these management changes in a short space of time had a negative effect, they described the senior day care worker had been doing their best to provide direction and support however they identified the lack of consistent management over time had been a concern. At the time of this inspection the influence of new manager was unknown however, her communications with RQIA post inspection showed she had some understanding of the concerns identified and gave actions to improve care.

The manager, with the support of senior managers in the trust presented a comprehensive action plan to RQIA on 26 June 2018 to address the concerns identified during this inspection. The action plan was discussed during the meeting and actions were discussed that aimed to improve the staffs general approach to safety; weaknesses in staff knowledge and staffs awareness of their role and responsibilities. This assured RQIA the WHSCT were planning to put in place arrangements that could improve matters identified for improvement. In contrast to this it was disappointing to find that during the inspection the trusts processes to monitor improvements, outcomes and compliance had not commented on or tracked the improvements identified during the last inspection and found again in this inspection. The registered provider visits which were recorded in the monthly monitoring reports should have monitored the conduct of the day care setting or improvements however inspection of the reports found the commentary did not examine the following:

- If improvements implemented since the last inspection had been effective and improved service users' outcomes.
- If improvements implemented since the last inspection had addressed the matters discussed in the serious concerns and failure to comply meetings held between RQIA and the trust on 28 February 2018.
- Evidence that the monitoring visitor has taken a robust approach to examining records.
- Enquire with service users', relatives or staff had any changes implemented resulted in improved outcomes.
- Follow up on issues raised by staff.

Visits by the registered provider are part of the overall governance arrangements that should ensure the setting is providing care and support that is consistent with the day care setting regulations and standards. The monitoring visit reports are an addition to audit processes and quality assurance mechanisms that should be in place to verify the settings working practices are consistent with their policies and procedures and action is taken when necessary. If the monitoring visits, audits and quality assurance mechanisms had been effective it is likely the

concerns identified in this inspection would have been found by the trust through these processes.

On 26 June 2018 these concerns were discussed with the representatives of Western Health and Social Care Trust at a meeting in the RQIA office. The organisation's representatives presented evidence that they intended to review the visits by the registered provider and would ensure more robust recording mechanisms were put in place in line with the day care setting standards and regulations. RQIA was satisfied the trust intended to address the lack of compliance in this regard however improvement had not been sustained in this area. Furthermore there was not yet evidence that robust process were in place that could monitor compliance with the settings regulations and standards, establish an action plan that could improve concerns identified and monitor the effectiveness of outcomes. Therefore a Failure to Comply notice was issued in this regard. This improvement is also included in the QIP for this inspection.

Visits by the registered provider is only one quality assurance mechanism that should be in place to ensure concerns are identified and planned improvements are put in place in a timely manner. Effective audits and other governance arrangements should also be in place and the improvement is stated for a second time in the QIP for this inspection.

The settings statement of purpose was not in keeping with the presenting needs of all service users on the day of the inspection, some of whom were noted to be presenting with physical health needs (epilepsy management) and behavioural needs (autism) which was not specified in the admission criteria or needs the service can meet. One service user also required the support of a rollator. Discussion with staff revealed they were also unclear regarding the settings procedures in relation to the meaning and the use of one to one support/supervision that they were using with one service user, which was also not described in the statement of purpose.

As detailed in section 6.5 of this report the centre's statement of purpose should be reviewed in relation to needs that can be met in the day care setting and the admission criteria. The lack of clarity in these areas carries the risk that a service user may continue in this setting without the right resources in place to meet their needs. For example this setting does not present as resourced to meet complex needs however staff described they are providing this level of care. Whilst the document is being reviewed and amended; time should also be taken to ensure the document is compliant with the content of Schedule 1 of the day care setting regulations.

Six staff returned questionnaires to RQIA post inspection, five identified they were "very satisfied" to "satisfied" and one identified they were "very unsatisfied" regarding questions on "is care well led" in this setting. The question was in relation to: was there a culture of staff empowerment and involvement in the running of the service, a culture of learning and upskilling, a culture of continuous quality improvement and all staff were encouraged to bring forward new ideas and innovations. Managers/leaders were approachable and open to whistleblowing or raising concerns. The respondent who was unsatisfied did not give any further information; the manager has been informed to ensure they have effective measures in place so staff can report dissatisfaction and the manager can respond. One respondent made the following comments about The Oak Tree Centre which gives a positive view in relation to their experience of working in the centre -

“The services at Oak Tree is first class. They are person centred and all activities are geared around the client’s needs and aspirations. Reports from both clients and parents is that they are happy with the service. I am very happy at my work and enjoy coming to my work every day.”

Areas of good practice

There were examples of good practice found during this inspection in relation to the manager and staff commitment to improving the provision of care and support in this service.

Areas for improvement

Two areas for improvement were identified during the inspection in relation to the visits by the registered provider and audits.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Nicola Cooke, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 day care setting. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28 (4)</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2018</p>	<p>The registered person shall ensure the arrangements for the monitoring visits are robust enough to:</p> <ol style="list-style-type: none"> 1. find serious concerns and put improvements in place to address any concerns in a timely manner. 2. ensure the person carrying out the visit inspects the premises of the day care setting, its record of events, any complaints and seeks to obtain feedback from service users, relatives, staff and other stakeholders. 3. ensure a written report is provided on the conduct of the day care setting and a copy is made available in the setting in a timely manner. <p>Ref: 6.2 & 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. The monitoring visit template has been reviewed and amended to enable the monitoring officer to document any serious concerns within a specified timeframe. The monitoring form will address the action plan and provide a clear trail of actions completed or in the event of not being completed an explanation will be required and documented and kept on the agenda until completion has been achieved. 2. The monitoring form will capture the day care environment and a visual inspection will be required by the monitor in relation to the day care environment. The associated records relating to the environment will be inspected alongside any complaints received or outstanding complaints. Feedback will be sought from service users, relatives, staff and stakeholders as part of the monitoring visit and a section will prompt the monitor to reflect this within the monitoring report. 3. The completed monitoring report will be shared with the day care setting and will be uploaded to Share point (WHSCCT intranet) for viewing purposes in a timely manner. A hard copy of completed monitoring reports will be kept within day care setting for staff to view. Comments will be documented in relation to the conduct within day care setting. Monthly monitoring reports will be forwarded to RQIA on a monthly basis until otherwise advised by RQIA.
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (1) (a) (c) (3)</p> <p>Stated: Second time</p> <p>To be completed by:</p>	<p>The registered person shall improve arrangements in place to assure health and safety matters are identified in a timely manner in this day care setting and risks are eliminated. The following arrangements in the setting should be improved in relation to service users care and welfare:</p> <ul style="list-style-type: none"> • The registered person must undertake a health and safety risk assessment of the setting and demonstrate implementation of

<p>20 August 2018</p>	<p>any action plans arising from this assessment.</p> <ul style="list-style-type: none">• The registered person must put in place measures to ensure that staff can identify risks to service users and to take appropriate action.• The registered person must put in place a system for the regular review of the effectiveness of the measures taken to promote the safety of service users. <p>Ref: 6.2 & 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none">1. The registered manager has completed an annual health & safety generic risk assessment on the setting. Any identified action points raised in this document will be reviewed by senior management to ensure that follow up on action points are achieved.2. The registered manager will ensure that implemented health and safety checks are completed on an ongoing basis by day care staff as per health & safety policy within WHSCT. Records kept within day care setting will be viewed and checked as part of quality and governance measures within day care setting. Any action plans will be actioned or in the event of non-action an explanation will be provided and carried over as an outstanding issue to be addressed.3. Service user safety will be kept under review on an ongoing basis and discussed within team meetings, individual supervision sessions, daily briefings & within the handover process on a daily basis. Senior day care worker and registered manager will liaise and monitor service user safety within the care management process. A multi disciplinary team approach will consider and manage service user safety as part of the care management approach.4. Outstanding items on the previous QIP have been completed apart from the painting of the wall in the main hall. The registered manager will continue to work with the estates department to ensure that this work is completed as soon as possible.

<p>Area for improvement 3</p> <p>Ref: Regulation 4 & Schedule 1</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2018</p>	<p>The registered person shall improve the settings statement of purpose. The document should be reviewed and amended to ensure the content is compliant with Schedule 1 of the day care setting regulations. Particular attention should be given to the sections regarding:</p> <ul style="list-style-type: none"> • The range of needs the setting is intended to meet • Any criteria used for admission to the day care setting <p>All service users' placements should be consistent with the range of needs to be met and criteria for admission.</p> <p>The revised copy of the statement should be submitted to RQIA with the returned QIP for this inspection</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Statement of Purpose has been amended to reflect the range of needs that the day care setting is required to meet. Admission criteria has been amended to ensure that short term measures are in place to meet the complex and changing needs of the service users attending the Oak Tree. SOP submitted to RQIA alongside the QIP.</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 26 June 2018</p>	<p>The registered person shall ensure the records that evidence the management and reconciliation of individual's finances show each individual service user money is reconciled</p> <p>Ref: 6.2 & 6.5</p> <p>Response by registered person detailing the actions taken:</p> <p>Records relating to the service users finances within day care has been amended to reflect reconciliation of individual service user's monies and breakdown of daily amounts. The monies received and monies returned will be clearly documented and signed off by two staff at all times. The registered manager and administrative staff will also sign off financial records as proof of auditing purposes and will act as another layer of governance and monitoring on a weekly basis. All associated records pertaining to service user's monies will be available for inspection purposes when required.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 9 August 2018</p>	<p>The registered person shall improve the staff training record to show the following:</p> <ol style="list-style-type: none"> 1. staff individual training needs and the arrangements in place to meet them. 2. an overview of the content of the training attended including the qualifications of the trainer is available. <p>Ref: 6.2 & 6.4</p>

	<p>Response by registered person detailing the actions taken: The registered manager has transferred existing staff training information onto a training matrix. The training matrix will document staff name, date of training and expiry date as well as upcoming training sessions booked. All training is completed by the WHSCT training team or external providers who are competent in delivering training - this will be further evidenced by completion of staff training sheet which documents the trainer qualifications and staff attendance sign in.</p>
<p>Area for improvement 3 Ref: Standard 17.9 Stated: First time To be completed by: 20 August 2018</p>	<p>The registered person shall put in place audits of working practices that ensure working practices are consistent with the day care settings documented policies and procedures, and action is taken when necessary to improve safe, effective, compassionate and well led care</p> <p>Ref: 6.2 & 6.7</p> <p>Response by registered person detailing the actions taken: The community service manager and registered manager will evaluate and monitor the effectiveness of the above domains on a daily basis by observational methods, by auditing staff rosters, daily planners, daily records, speaking to service users and or their families on their opinions and experiences within the setting. Service user and parent carer questionnaires to be distributed on an annual basis and subsequent findings to be shared with the team to promote service improvement strategies within day care setting.</p> <p>The registered manager will monitor staff morale on an ongoing basis when present in the setting. Staff issues raised in supervision can be explored further with senior management and resolution sought to avoid any negativity with the team. Team meetings provide opportunities for staff to reflect on practice including positive and negative aspects with an agreed focus to ensure that the service offered is safe, effective and compassionate and suggestions for capturing this to be discussed and recorded.</p> <p>Policies and procedures are discussed on a monthly basis as a standing team meeting agenda item to support and promote staff discussion/learning and application within day care setting as well as implications in practice. Minimum standards, NISCC codes of conduct and professional requirements to be discussed during team meetings as a reminder of individual staff requirements and responsibilities related to their designated roles. RQIA inspection domains is discussed as themes during team meetings as a method of reminding staff of the required domains and how this is translated into practice on a daily basis. Areas for improvements to be promoted and encouraged by management within a supportive, learning culture which promotes opportunities to learn and improve as we focus on quality improvement areas within the above illustrated domains.</p>

	<p>The registered manager has introduced a comprehensive filing system which has provided structure and clarity and will help promote staff confidence and competence as well as providing an holistic approach within the day care setting.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2018</p>	<p>The registered person shall improve the service users' individual care plan format and the way information is recorded in the care plan to ensure it is accurate, accessible for staff and when possible the service user and their representatives/relatives, includes service users' personal outcomes and directs staff what plan is in place to manage and respond to any risks identified.</p> <p>Ref: 6.4 & 6.5</p> <p>Response by registered person detailing the actions taken: Each service user has an individual, up to date comprehensive care plan in place to reflect their identified needs and associated action plan. The care plan format has been agreed and all information relating to the service users care plans have been transferred onto this template. Information is concise, easily understood and provides a clear method of intervention specific to the identified service user's needs. The overall care plan format illustrates service user outcomes and identified risks with a clear action of plan how to manage same. The care plan promotes multidisciplinary involvement and enables additional methods of interventions to be incorporated and reflected.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 20 August 2018</p>	<p>The registered person shall improve the service users' individual assessments and the way information is recorded to ensure it is accurate, accessible for staff, clearly details risks and refers to other relevant professional's assessments when necessary.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: As above a revised care plan has been introduced which is service user focused and provides clear, concise methods of managing risks as well as illustrating any other professional assessments and or recommendations in place for the identified service user.</p>



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