

Unannounced Care Inspection Report 15 February 2018



The Oak Tree Centre

Type of Service: Day Care Setting

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

Tel No: 02871372195

Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 users in the day care setting daily. A programme of day care and day time activities is delivered from Monday to Friday for adults with learning disability.

3.0 Service details

Organisation/Registered Provider: Western HSC Trust Responsible Individual(s): Dr Anne Kilgallen	Registered Manager: Mr Raymond Boyle
Person in charge at the time of inspection: Anne O'Neill Senior Day Care Worker (SDCW) Oonah Cassidy (Manager) from 15.00 hours.	Date manager registered: 03 January 2018 (Oonah Cassidy covering manager role until permanent manager appointed)
Number of registered places: 25 - DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on 15 February 2018 from 10.45 to 16.00.

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 care records; reviews, communication between service users and staff; staff listening to and valuing service users; taking account of service users views; the new manager implementing improvements and maintaining good working relationships.

Areas requiring improvement were identified in relation to: safe staffing arrangements; management of service users money; the environment; management arrangements; recruitment practices; induction arrangements; the training record; the quality of incident and accident recording; the reporting of incidents and accidents; the annual survey outcome report; quality of monitoring visits; policies and procedures; the frequency of staff supervision and audits.

A relative said: "excellent care given at Oaktree and always striving to promote independence for their clients".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	10

Details of the Quality Improvement Plan (QIP) were discussed with Oonah Cassidy, 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 15 February 2018

Following this inspection a Failure to Comply meeting and Serious Concerns meeting was held at RQIA on 28 February 2018 with the registered person's representative of the day care setting. This meeting was held to give the registered person's representative the opportunity to discuss one area of improvement they had failed to improve for the third time, the outcome of the inspection and their planned action to address the serious concerns. The outcome was RQIA were satisfied the action plan presented by the trust was sufficient to the areas of improvement identified as needing urgent action.

The requirements and recommendations made as a result of this inspection; and the action plan submitted to RQIA on 28 February 2018 by the registered persons to address issues will be closely monitored by RQIA.

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 registered manager and Western Health and Social Care Trust (WHSCCT)
- incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in August 2016
- unannounced care inspection report 25 August 2016
- announced premises inspection report 03 March 2017

During the inspection the inspector met with:

- the manager
- the senior day care worker (SDCW)
- six service users
- two care staff

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Two were returned by staff; and six were returned by service users or relatives.

The following records were examined during the inspection:

- the daily staffing arrangements
- the staff training information for 2017 and 2018
- a sample of incidents and accidents records from August 2016 to February 2018
- fire safety records
- Two service users' individual care files
- a sample of service users' daily records
- the service user survey report for 2017
- the setting policies and procedures
- staff supervision dates for 2017 and 2018
- The complaints/issue of dissatisfaction record from April 2016 to February 2018
- monthly monitoring reports from May 2017 to January 2018
- the settings statement of purpose and service user guide

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as not met in regard to one regulation and two standards; and as met in regard to one regulation and one standard.

Areas for improvement identified at the last premises inspection were reviewed and assessment of compliance recorded as met.

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 announced premises inspection.

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

This QIP will be validated by the care inspector at the next care inspection.

6.2 Review of areas for improvement from the last Premises inspection dated 03 March 2017

Areas for improvement from the last premises inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 28.2 Stated: First time	The registered provider should consider the provision of a magnetic hold open device on the door from the entrance foyer to the activity area. The device should be linked to the automatic fire alarm and detection system. The fire risk assessor should be consulted accordingly.	Met
	Action taken as confirmed during the inspection: A magnetic hold device was installed following this inspection.	

6.2 Review of areas for improvement from the last care inspection dated 25 August 2016

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 26 (4) (a) Stated: First time	The registered provider shall ensure that a current fire risk assessment of the centre is undertaken with a copy of the assessment retained in the centre.	Met
	Action taken as confirmed during the inspection: Inspector confirmed a review of the fire risk assessment had been undertaken on 05 January 2018 and the outcome was that no action plan was required.	

<p>Area for improvement 2</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p>	<p>The registered provider must ensure monthly monitoring visit reports made on behalf of the registered provider were available in the centre. Reports must be made available, on request to: RQIA; the registered manager; a service user or his representative and officer of the WHSC Trust in accordance with Regulation 28 of The Day Care Settings Regulations (2007).</p>	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>When the monitoring reports were requested the records kept by the SDCW did not include reports for June, July, October and November 2017. The SDCW said she had requested these missing reports prior to this inspection. During the inspection these were sent to the SDCW for reference.</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 18</p> <p>Stated: Second time</p>	<p>The registered manager should ensure the staff has access to the following policies and procedures which should be written and stored in compliance with this standard:</p> <ul style="list-style-type: none"> • a continence promotion policy and procedure; that is appropriate • service users' meetings and forums • listening and responding to service users' views • service users' involvement in activities and events • communications with carers and representatives • general communication arrangements • safe and healthy working practices • inspections of the Day Care Settings 	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The staff were asked to locate these policies. A guidance document regarding promoting service users' continence was located and the rest were not located by staff. All policies and procedures should be accessible for all staff. This improvement was discussed in a serious concerns meeting on 28 February 2018 and is stated for a third time in the QIP for this</p>		

	inspection.	
Area for improvement 2 Ref: Standard 11.7 Stated: First time	The registered provider should ensure that reconciliation of service users' money held is carried out and evidenced on a monthly basis.	Partially Met
	Action taken as confirmed during the inspection: The evidence of reconciliation of service users' money was made available during the inspection and provided evidence of improvement in recording. However this revealed concerns regarding management of service user's monies. This improvement was discussed in a serious concerns meeting on 28 February 2018 and a new improvement is stated in the QIP for this inspection.	
Area for improvement 3 Ref: Standard 23.7 Stated: First time	The registered manager's time spent working in the centre should be recorded within the staff duty roster.	Not Met
	Action taken as confirmed during the inspection: The above improvements were not recorded in the staffing record/roster at the time of this inspection. This improvement is stated for a second time in the QIP for this inspection.	

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.

The settings daily staff arrangements and records were sampled for 2017 and inspected in detail for January and February 2018. The manager's presence in the setting was not recorded in the staffing arrangements record; this was stated in the care inspection QIP for 25 August 2016 and had not been improved. Management presence and oversight in this setting is required to ensure management systems and arrangements are in place that support and promote the delivery of quality care that is safe, effective and meets the minimum standard. This is stated for a second time in the QIP for this inspection.

Since the last inspection the registered manager had retired in January 2018 and the trust was in the process of recruiting a new manager. At the time of this inspection the trust had not notified RQIA what cover arrangements were in place to manage this setting in the interim

period. Following this inspection the trust notified the cover arrangements on 19 February 2018 which were accepted by RQIA as an interim measure to ensure there was a management presence and oversight of this setting.

Individual staff files containing evidence of; safe recruitment practices, safe and effective induction practices and competency to undertake their roles and responsibilities were requested for the staff who were working in the setting on the day of the inspection. They were not made available for this inspection. Discussion with the day care worker (DCW) confirmed they were willing to undertake management tasks and had taken responsibility for staff and groups of service users in a different day centre prior to moving to The Oak Tree Centre. The SDCW stated they had the QCF level five qualification which was adequate verification of their competency.

On the day of the inspection evidence was not found to assure the inspector that suitably qualified, competent and experienced persons were working in the day care setting, including a competent and capable person in charge of the day care setting at all times. In light of the concerns that were found during this inspection, evidence of quality management oversight and the competence of those left in charge must be in place, and any deficits found in the skills or knowledge of those left in charge must be addressed. Staff induction records were requested and records were not made available for inspection. Discussion with staff revealed a competency based induction for staff was not in place. This inspection found awareness amongst staff regarding some of the minimum standards and trust policies and procedures, particularly regarding the managers presence and the safety of the environment was poor. Therefore the induction of new staff into this day care setting should be improved particularly in the delivery of safe and effective care. The two areas for improvement identified in regard to this are:

1. the safe practices regarding recruitment of staff must be improved.
2. the safe and effective practices regarding staff induction must evidence the competency of all staff particularly those left in charge in the manager's absence.

The mandatory training and other appropriate training relevant to staff roles and responsibilities was requested for inspection. The individual records of training the staff had attended were provided. However this did not detail the; individual training needs of the staff or if adequate arrangements were in place to meet their needs. The training records available did not provide an overview of the content of the training or the qualifications of the trainer, which is needed to verify the training was adequate for the needs of the staff and would meet the needs of service users in The Oak Tree Centre. An improvement is made in this regard.

The incident and accident records held by the setting were reviewed which revealed the record described what had happened; and not the action taken or action to prevent reoccurrence. Therefore it was not possible to verify if future and or reoccurring safety issues and risks would be identified and managed. The record should be improved and this is stated in the QIP.

The inspection of the incident records identified one incident in October 2017 which should have been reported to RQIA. The record of incidents should be reviewed by the trust to ensure there are no other incidents which are notifiable to RQIA under Regulation 29. An improvement is made in this regard.

Financial issues were identified in the last inspection QIP and subsequently the setting had established a spreadsheet to demonstrate the reconciliation of service users' money held on a monthly basis as stated in the last QIP. However, this spreadsheet showed that not all individuals had their monies spent on them, for example excess balances were being used to fund other individuals over spends and additional treats such as Christmas treats, coffee trips and presents etc. This was identified as a failure to safeguard individual service user's monies and failure to safeguard service user property. The trust responded to this concern in the serious concerns meeting and proposed a change in process to ensure individuals monies were safeguarded, they also agreed they will calculate and make a repayment to individuals to ensure they are not out of pocket. An improvement is made in the QIP to ensure practices are made safe and changes are effective in this regard.

During the inspection of this setting a hazard was identified in the environment. A number of small circle shaped glass mirrors were stuck to a wall at varied heights, they were cracked and contained loose shards/splinters of glass. The SDCW said she had reported these to the trust estates department however there was no record of the contact made. The inspection found the staff lacked awareness regarding the hazard the mirrors presented to service users safety in the setting. Staff were asked to ensure the mirrors were removed immediately and notify RQIA when this was done. This was completed on 21 February 2018. This was discussed in the serious concerns meeting with the trust on 28 February 2018 to ensure arrangements were put in place that assure health and safety matters are identified in a timely manner. Furthermore that arrangements are in place were effective and robust enough to prevent another event of this nature happening. An improvement is made in the QIP to monitor arrangements in this regard.

Discussion with service users on the day of the inspection revealed they felt safe in the setting and they knew they would be safe because they could speak to the SDCW if they needed help or they could tell staff if they needed help. They knew where to go if the fire alarm sounded and the furniture in the setting was safe for them to sit on and do activities at. Six service users and relatives returned questionnaires to RQIA post inspection, they identified they were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean. Overall it is encouraging to note that the service users and relatives experienced the day care setting as a safe place and felt confident they could seek help from staff if they did not feel safe.

On the day of inspection discussion with staff regarding is care safe revealed they aim to provide a nice, warm, welcoming and safe environment. They did not recognise there were any issues regarding safety in the setting; however they did recognise staff training enabled them to practice safely. If they had any concerns they could speak to the SDCW who they felt would respond positively. Staff identified they use their assessment and planning tools to ensure care was responding to service users individual needs.

Two staff returned questionnaires to RQIA post inspection, one identified they were "satisfied" and one identified they were "unsatisfied" regarding questions on "is care safe" in this setting. The response was in relation to; staff being employed in sufficient numbers to meet the needs of the service users; staff having been inducted and received all mandatory training; staff having received safeguarding training and all staff being aware of their responsibility to report any concerning or unsafe practice. The response did not include any explanation regarding why the staff member was unsatisfied however, in view of the concerns found during this inspection this

is not unexpected. The next inspection will gauge staff satisfaction again to see if this has improved.

Areas of good practice

This report does detail a number of serious concerns regarding safe care, however after the inspection the trust response showed they had taken the concerns seriously and were committed to improving resources and putting measures in place to support the staff to provide safe care in this setting. The inspection also revealed a number of positive comments from the service users and staff.

Areas for improvement

Nine areas for improvement were identified for improvement in relation to safe staffing arrangements; management of service users money; the environment; management arrangements; recruitment practices; induction arrangements; the training record; the quality of incident and accident recording and the reporting of incidents and accidents.

	Regulations	Standards
Total number of areas for improvement	3	6

6.5 Is care effective?

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

Two service user's care files were inspected and this found individual assessments and care plans were in place for each service user. The documentation described the service users' physical, social, emotional, and psychological needs and how they should be met, including the service users goals. The documentation on each file included an individual written agreement that set out the terms of their day care placement, an up to date assessment of needs, risk assessment, care plans and regular records of health and well-being of the service users. Records were stored safely and securely in line with data protection.

There were arrangements in place to review the service users within the centre and documentation included verification that the placement was meeting the service user's health and social care needs.

The discussion with staff, observation of care and activities provided in the setting and inspection of service user's individual records showed evidence that staff were taking a person centred approach to care and support and the service was focused on improving outcomes from this perspective. However the weaknesses and concerns found in regard to safe care and the leadership structure did not provide assure that service users were always getting the right care; at the right time. The inspection concluded safe, effective, compassionate and well led care was not effectively measured nor were concerns challenged to ensure that the care being delivered was good enough or that there was an ethos of a quality improvement agenda. This is further discussed in section titled "is the service well led".

Service users spoken to during the inspection discussed they thought staff knew what they were doing because they took them out to do activities, helped them to be part of a group and encouraged them to share with each other. They said their review meeting was a chance for them to talk about what they were doing and what they would like to do in the centre. Six service users and relatives returned questionnaires to RQIA post inspection and they identified they were “very satisfied”; regarding the questions “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Discussion with staff on the day of the inspection revealed staff were well informed regarding service users’ needs that were there on the day and how they should be met. Staff said there was good direction provided by the SDCW regarding how needs should be met and service users day books were maintained by staff so when they went home their carers knew what they had been doing in day care and could talk to them about it with them.

Two staff returned questionnaires to RQIA post inspection, they identified they were “satisfied”, regarding questions on “is care effective” in this setting. They identified that the services users had been assessed and were in the right place for their needs to be met, staff were kept informed of changes to service user care plans, referrals/treatment to/from other agencies and professionals was dealt with promptly and the service had good working relationships with other professionals/agencies.

Areas of good practice

There were examples of good practice found during the inspection in relation to care records, reviews and communication between service users and staff.

Areas for improvement

No areas for improvement were identified regarding “is care effective” during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff. Examples of staff promoting service users’ independence and preferences regarding activities, finding calm space, and promotion of self-care when appropriate; was observed. On the day of the inspection the service users spoke enthusiastically about activities they were enjoying including yoga that was planned for the day of the inspection.

The SDCW stated the service user annual surveys had been distributed and returned however the outcome report was not available for inspection. This should be forwarded to RQIA with the QIP for this inspection and an improvement is made in this regard.

Discussion with service users revealed they felt the support from the staff was positive and ensured they were involved in activities and their care. Six service users and relatives returned questionnaires to RQIA post inspection. They identified they were “very satisfied”; regarding questions on “is care compassionate” in this setting. They identified they were treated with kindness, respect and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Two staff were asked to describe their delivery of compassionate care, they described they understood the service users’ needs and were approachable for service users to feel that they could talk to them. Staff described service users were asked their views all the time and during their review process. Staff identified they observe body language as well as what is said to ensure they understand if a service user is really happy. They said staff are open and honest with service users and this has created relationships based on trust, clear communication and compassion with service users.

Two staff returned questionnaires to RQIA post inspection, one identified they were “very satisfied” and one identified they were “very unsatisfied” regarding questions on “is care compassionate” in this setting. The questions were did staff treat service users with kindness; dignity and respect; did all staff engage with service users with warmth and consideration; was care delivered in a person centred individual manner and not routinely; did staff communicate with service users about their care and treatment in a manner which was understood; was there a culture of reporting any concerning practice and confidence that these concerns would be dealt with. The response did not include any explanation regarding why the staff member was unsatisfied however, in view of the concerns found during this inspection this is not unexpected. The next inspection will gather staff satisfaction again to see if this has improved.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection in relation to the annual survey outcome report.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

There were a range of policies and procedures in place to guide and inform staff which were kept in files in the office. Staff were asked to look for a selection of eight policies, the DCW or SDCW could not locate seven out of eight of the policies within the files or on the electronic system which staff had access to. This was the second time this had been stated in the QIP

and it was disappointing that these were still not accessible for the staff member in charge during the inspection. Policies and procedures should be in place to safely and effectively direct the quality of care and services. The lack of progress in this regard was brought to the trusts attention during the serious concerns meeting. A plan was presented which provided assurances that measures would be put in place to ensure staff can and will be able to access polices as required. This improvement is stated for the third time in the QIP.

The inspection of staff supervision records showed the frequency of staff supervision should be improved for all staff, particularly the SDCW and DCW. The manager who had been in post since January 2018 had completed one supervision meeting with both the SDCW and DCW, however they did not have records of supervision for the previous 12 months. The manager noticed the records kept of supervision could be improved and had introduced an improved format, which would ensure all elements required to be discussed during a supervision meeting were recorded. The new manager's approach to improvement in this example is commended.

The previous care inspection on 25 August 2016 identified the availability of monthly monitoring reports should be improved and during this inspection reports were missing, they were reports for June, July, October and November 2017. Since the new manager had commenced the report for January had been forwarded to the SDCW. The SDCW stated she had requested the missing reports following the last inspection but they had not been sent. During the inspection the missing monitoring reports were forwarded for inspection. This was presented to the trust as a failure to comply during the meeting with the trust on 28 February 2018. The trust provided assurances processes had been put in place following the inspection to ensure reports were forwarded for to the day care setting in a timely manner after the visit.

The monthly monitoring reports for May, August, September, December 2017 and January 2018 were inspected. The quality of the reporting was found to be poor, specifically the monitoring officer did not report on the records kept in the day care setting; for example the complaints records or incident records, the reports did not identify any of the concerns found during this inspection regarding records or the premises, nor did they include an improvement focus.

The centres' audits of records were requested particularly service users individual file audits; safety audits; audits of records specified in appendix three of the Day Care Minimum Standards (January 2012). These were not provided. Evidence of audit and self-governance is a measure of whether a service is aware of areas that need to be improved and what they have done to improve matters. There was no evidence that effective practices were in place in this regard. Therefore the trust should improve their systematic audit and self-governance programme in this setting to assure the trust and RQIA that effective practices are in place to improve the quality of care and support provided in this day care setting.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together and the SDCW was responsive to them if they needed support, advice or guidance. They reported they have regular team meetings and feel this is a well-run service. Overall the staff confirmed this was a supportive environment to work in, that staff worked well together, they cooperate to do the best job they can and the manager was approachable. Two staff returned questionnaires to RQIA post inspection, they identified they were "satisfied" regarding questions on "is care well led" in this setting. They identified there was 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.

Six service users and relatives returned questionnaires to RQIA post inspection. They identified they were “very satisfied” regarding questions on “is care well led” in this setting. They knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found during the inspection in relation to the new manager implementing improvements and maintaining good working relationships.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to the quality of monitoring visits; policies and procedures; the frequency of staff supervision and audits.

	Regulations	Standards
Total number of areas for improvement	1	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Oonah Cassidy, 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 20 (1)</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2018</p>	<p>The registered person shall ensure the following evidence is in place:</p> <ol style="list-style-type: none"> 1. Evidence available that at all times suitably qualified, competent and experienced persons are working in The Oak Tree Centre. 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>Response by registered person detailing the actions taken: Individual staff files have been reviewed, files now evidence:- the capability and competency of staff proforma which is completed for all staff. NISCC registration details on staff file. Induction completed with all new staff. Staff Supervision and Appraisal – all up to date. A staff roster is in place, with the Day Services Manager to be in the centre for two half days per week. The SDCW will undertake operational responsibilities in the absence of the Manager. The Manager is available by phone during Day Centre Hours. In the absence of the Day Services Manager, the SDCW can contact the Community Services Manager. Training needs analysis has been completed and a training matrix is in place for the next year. There is designated area for policies/procedures within the Oaktree. Policy training is scheduled for May 18.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: First time</p> <p>To be completed by: 12 April 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'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>Response by registered person detailing the actions taken: "Record of monies received for weekly activities" proforma has been introduced. Information recorded on an individual basis. Money sent</p>

	<p>in by family/carer is retained in individual service user envelopes and locked away for safe keeping.</p> <p>Day Services Manager will include audit of monies within the “Periodic Service Review” proforma, that is carried out on a quarterly basis.</p> <p>Audit of monies will be included in monthly monitoring check list. Staff will be advised of responsibility re safe handling of service user monies. Staff to adhere to policy/procedure and avail of staff training.</p> <p>An audit to be undertaken of monies paid by individual clients over the last financial year against money spent. Clients to be reimbursed with any money due.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (1)</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: Day Services Manager has discussed with the SDCW the need to take responsibility for timely reporting of environmental health and safety concerns and follow up actions to ensure the premises are safe.</p> <p>Health and Safety at work policy will be included in the Induction for all new staff. Training for existing staff, including the SDCW is being revisited. It has now been reviewed with staff at the team meeting and signed off by those in attendance.</p> <p>All improvement to address serious concerns will be overseen by the Community Services Manager and will be a focus for monitoring visits.</p> <p>Monitors to ensure adherence to the Monitoring Checklist</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 28 (4)</p> <p>Stated: First time</p> <p>To be completed by: 12 April 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: 6.7</p>
	<p>Response by registered person detailing the actions taken: All monitoring visits have been completed within the Oaktree Centre over the last 12 months. The monitoring form has been reviewed to support more qualitative monitoring reporting and completion of the monitoring process has been discussed with responsible officers on the 15th March 2018. Currently, monitoring visit reports are uploaded on to WHSCT shared drive. Hard copies are retained within the Day Centre for the attention of the registered manager. Staff/visitors can access for reference. There is a more robust system for evidencing the implementation of actions taken to address recommendations and requirements identified in the Quality Improvement plan and feedback from monitoring visits. The monitoring reporting form has been adapted so that the monitor updates at the beginning of the report on recommendations from QIPs and the previous monitoring visit.</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 23.7</p> <p>Stated: Second time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: There is a new roster in place, completed on a weekly basis which shows staff on duty, staff on leave, training, hours worked and any agency staff used. The roster will highlight the times the Day Services Manager will be attending the centre.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: All records pertaining to Standard 20 are held with the Trust's recruitment Department who ensure that robust checks are carried to ensure that staff recruited by the Trust meet the required standard. Where staff are recruited through the agency - as staff profile is forwarded to the Day Centre Manager, evidencing that the staff member meets the minimum standard.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: A new staff Induction file is in place, there is a specific format for a range of staff, Trust and agency staff. NISCC standards are available for reference.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 21</p> <p>Stated: First time</p> <p>To be completed by: 12 April 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: 6.4</p> <p>Response by registered person detailing the actions taken: A staff training matrix has been completed which evidences training undertaken by individual staff members. Training schedule will be completed for the next year, up to Dec 2018. The content of each training delivered will be available on file.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: A new file has been introduced where incidents/events are recorded. An analysis of the incident, to include Adult Safe Guarding concerns and complaints, is undertaken which details how the concern was managed, action taken and how to prevent re-occurrence – lessons learned. Datix will be closed off by Day services Manager. SDCW will assume responsibility in DSM absence.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: As stated a new system has been introduced which will include an analysis of all incidents reported where learning outcomes are identified and disseminated throughout the staff team.</p>
<p>Area for improvement 7</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: The service user annual survey is available for inspection at the front entrance of the centre.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 18</p> <p>Stated: Third time</p> <p>To be completed by: 12 April 2018</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>Response by registered person detailing the actions taken: Service Users meetings and forums, It Matters to be, Day Care Review, All about me. Staffing structure in place which highlights lines of management. Health and Safety at work policy. SDCW has been re appraised of e procurement process for Minor Capital Works QIPs are available on file. This is available for staff and service users/families. Communication books /Daily records</p>
<p>Area for improvement 9 Ref: Standard 22.2 Stated: First time To be completed by: 12 April 2018</p>	<p>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</p> <p>Response by registered person detailing the actions taken: The system has been reviewed and put in place to ensure that the SDCW and DCW receive monthly supervision and the care assistants minimum three monthly.. The SDCW attends quarterly staff meetings at Maybrook Achievement of this performance target will be monitored by the CSM and in monitoring visits.</p>
<p>Area for improvement 10 Ref: Standard 17.9 Stated: First time To be completed by: 12 April 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 Ref: 6.7</p> <p>Response by registered person detailing the actions taken: Audits of working practice are in place, which include monthly checks of water temperature, daily fire door /alarm checks. Audit of service user files to be introduced .</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)