

Unannounced Care Follow Up Inspection Report 20 August 2018



The Oak Tree Centre

Type of Service: Day Care Service
Address: 1a Rath Mor Centre, Bligh's Lane, Derry, BT48 0LZ
Tel No: 028 71372195
Inspector: Suzanne Cunningham

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 provider 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 daily. A programme of day care and day time activities is delivered from Monday to Friday for adults 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

4.0 Inspection summary

An unannounced inspection took place on 20 August 2018 from 11.00 to 14.30.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007 and the Department of Health Day Care Settings Minimum Standards January 2012.

The inspection sought to assess the level of compliance achieved in relation to two Failure to Comply (FTC) Notices. The areas identified for improvement were in relation to Regulation 14 (1) (a) (c) (3) and Regulation 28 (4) (a) (b) (c) of the Day Care Setting Regulations (Northern Ireland) 2007. The date for compliance to be achieved was 20 August 2018 and this inspection was undertaken on the same day.

The FTC Notices issued by RQIA were:

FTC ref: FTC00007 issued on 27 June 2018

FTC ref: FTC00008 issued on 27 June 2018

The inspection found evidence that the registered person and manager had complied with the Failure to Comply Notices issued, however the trust has been asked to continue to submit the monthly monitoring visit report to RQIA monthly to enable ongoing monitoring of the improvements.

During the inspection the service users spoken to said they were happy doing the activities available to them on the day of the inspection and the staff was helping them when they needed it. In the morning there was a choice of a physical activity in the community or a film in the day centre and in the afternoon they chose between an outing and a pamper session, the service users confirmed with the inspector they choose what they wanted to do and had enjoyed their chosen activity. During lunch time one service user said their sandwich that was prepared by staff was good. Another service user who was helping in the office said they liked the day centre and liked helping the senior day care worker. Overall the discussions and observations of service users concluded service users were happy in the setting, liked what they were doing and received help from staff when they needed it.

The findings of this report will provide the day care setting 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	1	0

Further enforcement action did not result 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.

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
- unannounced care inspection report 14 June 2018 and action plan submitted to RQIA by the WHSCT
- one monitoring report which described the visit undertaken on behalf of the registered provider
- two Failure to Comply Notices
- information and correspondence received from the manager and Western Health and Social Care Trust (WHSCT) since the last inspection
- incident notifications which revealed one notification had been submitted to RQIA since the last care inspection in June 2018
- the Oak Tree Centre statement of purpose.

The following records were examined during the inspection:

- staff training planned since the last inspection
- staff meeting minutes for 28 June and 18 July 2018
- the minute of the staff briefing on the day of the inspection
- one service users individual records including the risk assessment and care plan
- environmental health and safety risk assessment outcome
- the team improvement plan.

During the inspection the inspector met with six service users, two staff, and two visiting beauty therapists. No service users' representatives were present during the inspection.

The areas for improvement from the last care inspection conducted on 14 June 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

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 14 June 2018

This inspection focused solely on the actions contained within the two Failure to Comply Notices issued on 27 June 2018 following the most recent unannounced care inspection. The eight areas for improvement from the last care inspection conducted on 27 June 2018 were not reviewed as part of this inspection and are carried forward to the next scheduled care inspection.

6.3 Inspection findings

The purpose of this inspection was to assess the compliance of the service in meeting the following failure to comply notices:

FTC Ref: FTC00007

Notice of failure to comply with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007

Regulation 28.-

(4) The person carrying out the visit shall:

- (a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting;
- (b) inspect the premises of the day care setting, its record of events and records of any complaints; and
- (c) prepare a written report on the conduct of the day care setting.

In relation to this notice the following actions were required to comply with this regulation:

The registered person must establish and implement a robust system to monitor and inspect the conduct of the day care setting that is compliant with Regulation 28 (4) of The Day Care Setting Regulations (Northern Ireland) 2007.

The report of the visits undertaken in accordance with this regulation must evidence the setting's progress towards compliance with the most recent RQIA Quality Improvement Plan.

The reports of the visits undertaken in accordance with this regulation must evidence the improvements made since the last inspection and include evidence of improved outcomes for service users.

The reports of the visits undertaken in accordance with this regulation must be forwarded to RQIA on a monthly basis until further notice.

Inspection findings

The registered person had submitted one monthly monitoring visit report to RQIA as requested, prior to this inspection. The report was reviewed prior to the inspection and discussed with the manager during the inspection.

The report provided evidence the monitoring process was in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The monitoring visitor was the community services manager who was familiar with the service and the FTC notice. The report showed they had interviewed service users, representatives, professionals and employed staff about the quality of the service provided. They had reviewed progress with actions from the previous visit; progress with the inspection findings; reviewed records made since the last visit such as accidents, incidents, events, complaints, selected care records and inspected the day care setting premises.

Recommendations and agreed improvement actions from the visit were recorded; who was responsible for the action and timescale for completion were recorded. The new format provided assurance actions and improvements will be reviewed at the next visit and areas not improved will be carried forward until they are.

The monitoring visit undertaken was an unannounced visit. The report was retained within the day care setting, was sent to RQIA and was available on request during the inspection. Discussion with staff found they were aware the visit happened in July, they confirmed they had been involved in the visit, were informed regarding the outcomes, and had been involved in improvement of the setting by the manager and senior day care worker. Discussion with the manager and senior day care worker revealed they felt this monitoring visit was a supportive process for the team and they used it to focus on how they could improve. Overall the visit and report presented as an improved governance arrangement implemented by the trust.

The discussion with the manager, senior day care worker and two staff on duty found they were fully informed of the issue and content of the Failure to Comply Notices. They described they were committed to meeting the regulations and minimum standards. The inspection found the staff was aware that continual improvement would provide best care and support for service users and ensure they provided safe, effective and compassionate care.

The review of the monitoring visits and report, and the discussion with the manager and staff provided evidence of compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. However the improvements in the monthly monitoring visit report submitted to RQIA were recent and not tested over time. Therefore the trust was asked to continue to submit the monitoring visit report to the inspector each month until further notice and this has been included in the QIP for this inspection.

	Regulations	Standards
Total number of areas for improvement	1	0

FTC Ref: FTC00008

Notice of failure to comply with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007

Further requirements as to care and welfare**Regulation 14.-**

- (1) The registered person shall ensure as far as reasonably practicable that—
- (a) all parts of the day care setting to which service users have access are free from hazards to their safety;
 - (c) unnecessary risks to the health or safety of service users are identified and so far as possible eliminated; and
- (3) The registered person shall make arrangements, by training persons employed in the day care setting or by other measures, to prevent service users being harmed or suffering abuse or being placed at risk of harm or abuse.

In relation to this notice the following actions were required to comply with this regulation:

The registered person must undertake a health and safety risk assessment of the setting and demonstrate implementation of any action plans arising from this assessment. 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.

Inspection findings

The manager produced the health and safety risk assessment of the setting which did not result in an action plan. The manager also provided evidence that daily planning meetings had been implemented and records were available to show decisions made. This included naming staff to undertake specific duties including supporting service users when eating, managing behaviours and assisting service users to engage in activities. This was a significant improvement in daily planning since the last inspection, processes in place identified risks to service users daily and agreed actions were recorded. The staff reviewed the outcomes of care from the day before at the morning meeting and any changes to service user's needs, plan or assessment were also discussed.

The manager provided examples of other audits and processes that reviewed and monitored the effectiveness of measures taken to improve safe and effective care in this setting. These were: the monthly team health check that audited a number of matters relevant to providing an effective service, this had been submitted to the senior management team monthly. The registered provider monthly monitoring visit records; monthly team meetings minutes; individual supervision meetings with all grades of staff; monthly service user meeting minutes; daily, weekly and monthly health and safety checks undertaken by staff; review of individual service users records; team training plans; review of the statement of purpose; and reviews of individual service users care plans. These documents showed concerns and areas of good practice were discussed, monitored and reviewed to evidence the team were providing safe, effective and compassionate care that was well led and focussed on continuous improvement. The management team had also submitted a quality improvement plan to RQIA that would be implemented from July to October 2018. The records inspected; discussion with staff and observations during the inspection provided assurance that the actions and measures identified to improve the setting were either in place or being implemented.

Two staff spoken to during the inspection confidently described the care provided was safe and effective. They said the morning discussions enabled them to plan and assure themselves that they were meeting all of the service users' needs including the more complex needs. They described they had met as a staff team to discuss health and safety, they were clear it was everyone's responsibility to take action to ensure care was safe and effective which was consistent with their safeguarding training. The staff said they could report any concerns they had to their manager, they said she had attended their team meetings and was enabling them to identify concerns and find solutions to address them. The staff said they were keen to improve the care they were providing to the group and individuals in the day care setting and they described ways the management team had worked together with them to achieve this. Overall this inspection found the registered person and manager was committed to ongoing improvement to ensure the day care setting was a safe place; governance arrangements and communication with staff was monitoring the risk to the health safety and wellbeing of service users with the aim of minimising or removing risk where possible. The managers development of safe systems and processes was commended in this regard.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 agency. 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 (5) (a)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2019</p>	<p>The registered person shall each month and on completion submit a copy of the monthly monitoring report to RQIA until further notice.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Monthly monitoring reports will be sent to RQIA as per requirement until further notice.</p>
<p>Area for improvement 2</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</p> <p>Response by registered person detailing the actions taken: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (1) (a) (c) (3)</p> <p>Stated: Second time</p> <p>To be completed by: 20 August 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 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 any action plans arising from this assessment. • 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: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 4</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: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</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</p> <p>Response by registered person detailing the actions taken: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</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</p> <p>Response by registered person detailing the actions taken: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>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</p> <p>Response by registered person detailing the actions taken: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</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: 6.2</p> <p>Response by registered person detailing the actions taken: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</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: 6.2</p> <p>Response by registered person detailing the actions taken: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>



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