



The Regulation and
Quality Improvement
Authority

Woodvale Beacon Centre
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32 Ballymoney Road
Ballymena
BT43 5BY

Inspector: John McAuley
Inspection ID: IN23078

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**Unannounced Care Inspection
of
Woodvale Beacon Centre**

28 January 2016

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

1. Summary of Inspection

An unannounced care inspection took place on 26 January 2016 from 10:15am to 2:30pm. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection.

This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health/Mr William Henry Murphy	Registered Manager: Mr Alexander Patrick McKeown
Person in Charge of the Day Care Setting at the Time of Inspection: Judith Taylor Peripatetic Support Manager until 1pm then the registered manager	Date Manager Registered: 21 October 2013
Number of Service Users Accommodated on Day of Inspection: 25	Number of Registered Places: 25

3. Inspection Focus

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

Standard 5: Care Plan - Each service user has an individual and up to date comprehensive care plan.

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

4. Methods/Process

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

- discussion with person in charge of day centre
- discussion with service users
- discussion with staff members
- discussion with a visiting tutor
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection.

During the inspection the inspector met with sixteen of the service users, three members of staff, one visiting tutor and the registered manager.

The following records were examined during the inspection:

- the statement of purpose
- monthly monitoring reports completed for November and December 2015
- minutes of service users meetings for January 2016
- selected policies and procedures
- four care records
- accident and incident records since 28 April 2014
- record of complaints and investigations
- fire safety training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service an announced estates inspection dated 05 August 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection on 28 April 2014

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.4	Given the close working relationships of all the centre's staff with service users who attend, it is recommended that training on Safeguarding Vulnerable Adults should be extended to include the clerical staff and others, as appropriate.	Met
	Action taken as confirmed during the inspection: An inspection of the staff training records confirmed that all staff are in receipt of this training including clerical staff.	
Recommendation 2 Ref: Standard 7.3	When a service user accesses his or her file, it is recommended that this should be recorded, either by the member's signature or by a staff note in the progress notes.	Met
	Action taken as confirmed during the inspection: An inspection of service users' care records confirmed that access by the member was duly recorded.	

5.3 Standard 5: Care Plan - Each service user has an individual and up to date comprehensive care plan.

Is Care Safe? (Quality of Life)

Woodvale Beacon Centre has organisational policies and procedures pertaining to assessment, care planning and review.

Service users are encouraged to make their own decisions and be independent with support from staff as needed. Discussions with staff and the registered manager found them to be knowledgeable and understanding of service users' needs.

A sample of four service users' care records was inspected on this occasion. These records were found to be individualised with an associated care plan based on the service user's need and purpose for attendance at the centre.

Is Care Effective? (Quality of Management)

An inspection of the Statement of Purpose detailed that service users are encouraged to be actively involved in their care plans.

An inspection of four service users' care records found that these had service user participation. Care records were dated and signed by the service user, staff member and manager. There was evidence the care plans were kept up to date and reflect the service user's needs and reason for attendance.

Inspection of a sample of service user's progress care notes was undertaken. These were qualitative and informative regarding how the service user was feeling on the day and any activities, groups or classes they participated in.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users were treated with dignity, kindness and respect. Discussions with staff reflected a person centred approach is used with service users.

Discussions with service users concluded the quality of their lives has improved significantly as a result of attendance. Many said the ongoing support from staff and friendships with their peers helps them to maintain good mental health and coping mechanisms.

Areas for Improvement

No areas of improvement were identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

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

Is Care Safe?

There was evidence that as an organisation, the Northern Ireland Association for Mental Health (NIAMH) promotes service user involvement and empowerment. A range of effective policies, procedures, and consultation documents were available.

A complaints procedure was available and appropriate records were maintained of any complaints received. The last recorded complaint was in 2014. Discussions with staff confirmed that expressions of dissatisfaction were taken seriously and that these would be managed appropriately. Discussions with service users confirmed that they felt no apprehension with raising a complaint and felt such would be dealt with appropriately.

Policies regarding the protection of vulnerable adults from abuse and whistle blowing were available. There was evidence staff were in receipt of the required training.

An inspection of four service users' care records confirmed that service users are encouraged to be involved in the planning of their care.

Service users meetings take place on a regular basis. The record of the meeting for January 2016 was inspected. This record had details of the topics discussed, areas identified for action and the outcomes of the action taken.

Is Care Effective? (Quality of Management)

The annual report completed for March 2015 was inspected. This report provided information on the number of service users consulted throughout the year and a synopsis of their comments.

Discussions with service users confirmed that they attended the service user's meetings, and confirmed they were encouraged to provide their views into the day to day running of the service.

There was evidence that review meetings were taking place and service users were encouraged to take part and actively contribute to the process. Records were maintained of community keyworkers visits.

The registered person's monthly monitoring reports for November and December 2015 were inspected. These reports were maintained satisfactorily with evidence of service user consultation.

Discussions with staff and the registered manager confirmed knowledge and understanding of service users' needs. Confirmation was also provided that staff and the registered manager understood the importance of service users' contribution and consultation on the in the running of the service.

Inspection of the Statement of Purpose gave detail on how service users were enabled and encouraged to contribute to the running of the service. A strong example of this is that on Tuesdays and Fridays this service is led by service users, with on call support of the registered manager.

Is Care Compassionate? (Quality of Care)

The general atmosphere in the centre was busy but comfortable and relaxed. Planned programmes of activities were in place for those service users choose to attend. For those who choose not to partake, they were found to be in enjoyment with the general company of one another. Staff interactions with service users were found to be polite, friendly, warm and supportive.

An appetising dinner time meal was provided for, for which service users commented very positively on.

Discussions with service users throughout this inspection were all positive regarding the service. Some of the comments made included statements such as;

- "I really look forward to coming here".
- "It really does me good getting out to come here".
- "There is a great atmosphere here".
- "I can't think of any improvements to the centre".
- "I love coming here".
- "Everyone is very friendly".

Seven service users' questionnaires were distributed during this inspection. None were returned in time for inclusion to this report.

Discussions with a visiting tutor who was providing a programme of activity was very positive. The tutor made comment that there was always a nice atmosphere in the centre and that it was a great part of the local community.

Staff spoke on positive basis about their roles, the teamwork, and the provision of training and managerial support. Staff declared that they felt the service provided a good standard of care.

Areas for Improvement

No areas of improvement were identified with this standard. This standard was found to be met and considered to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.4.1. General environment

The centre was found to be generally clean and tidy. The décor and furnishings were in large a dated and tired appearance but fit for purpose.

5.4.2. Fire safety

An inspection of fire safety records confirmed fire safety training was maintained on an up to date basis. A programme of fire safety checks was in place in the environment.

There was no obvious fire safety risks observed in the environment at the time of this inspection, such as wedging opening fire safety doors.

5.4.3. Accident/incident reports

An inspection of these reports found that was no recorded accidents/incidents since the previous inspection on 28 April 2014.

Number of Requirements:	0	Number of Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Alex McKeown	Date Completed	08/02/2016
Registered Person	Billy Murphy	Date Approved	08/03/2016
RQIA Inspector Assessing Response	John McAuley	Date Approved	10/03/2016

Please provide any additional comments or observations you may wish to make below:

Please complete this document in full and return to day.care@rqia.org.uk from the authorised email address