

Unannounced Care Inspection Report 01 July 2016



Castlecroft Beacon Centre

Type of Service: Day Care Setting
Address: 64 Main Street, Lisnaskea, BT92 0JD
Tel No: 029 6772 1838
Inspector: Angela Graham

1.0 Summary

An unannounced inspection of Castlecroft Beacon Centre took place on 01 July 2016 from 09.55 to 15.55 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Service users will be referred to as “members” throughout the report as this is the title preferred by those who attend the centre.

Is care safe?

On the day of the inspection Castlecroft Beacon Centre was found to be delivering safe care. There was very positive feedback from all members, spoken with, about the delivery of safe care in the day centre. Observations of care practices showed there was a culture of ensuring members were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection it was assessed that the care in Castlecroft Beacon Centre was effective. Observations of staff interactions with members and discussions with a total of five members evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to members. No areas for quality improvement relating to effective care were identified during this inspection.

Is care compassionate?

On the day of the inspection Castlecroft Beacon Centre was found to be delivering compassionate care. Observations of care delivery evidenced that members were treated with dignity and respect. Staff were observed responding to members’ needs and requests promptly and professionally. Discussions with members provided evidence they were listened to, valued and communicated with in an appropriate manner. No areas for quality improvement were identified.

Is the service well led?

On the day of this inspection there was evidence of effective leadership, management and good governance arrangements in Castlecroft Beacon Centre and a culture focused on the needs of members. Staff confirmed that they were well supported in their roles and that good training is provided.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 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 were discussed with Ms Finola Crudden, Registered Manager as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

There were no further actions required to be taken following the most recent inspection.

2.0 Service details

Registered organisation / registered provider: NI Association for Mental Health/Mr William Henry Murphy	Registered manager: Ms Finola Crudden
Person in charge of the day care setting at the time of inspection: Ms Finola Crudden	Date manager registered: 25 September 2009

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- The previous care inspection report.

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

- Discussion with the registered manager
- Discussion with one care staff and one administrative staff member
- Discussion with five members
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with five questionnaires to distribute to members; five staff members and five members representatives for their completion. The questionnaires asked for members, staff and members' representatives' views regarding the service, and requesting their return to RQIA. Five members' questionnaires and three staff questionnaire were returned to RQIA. The content of the questionnaires are discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints and compliments record
- Accident / untoward incident record
- Staff supervision and appraisal records
- Elements of two members' care records
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of staff meetings
- Minutes of members meetings
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10 November 2015

The most recent inspection of the day care setting was an unannounced care inspection. There were no requirements or recommendations made as a result of this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 10 November 2015

There were no requirements or recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the members were met. A review of the staffing rota for week commencing 07 June until 01 July 2016 evidenced that the planned staffing levels were adhered to.

Staff consulted confirmed that staffing levels met the assessed needs of the members. Observation of the delivery of care evidenced that members' needs were met by the numbers of staff on duty.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21, Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and that records were retained at the organisation's personnel department.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A schedule for annual staff appraisals and staff supervision was maintained and was available for inspection. A review of the schedule confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager; records of competency and capability assessments were retained.

Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous inspection.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

Discussion with the registered manager and review of records evidenced that care staff were registered with Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. The registered manager stated that there were no current safeguarding concerns ongoing.

Discussions were held with five members. The members confirmed that they felt safe in the centre and when taking part in organised activities. Members told the inspector they can talk to staff on a range of issues including if they had concerns about the care in the setting. Members also confirmed they felt comfortable in the centre.

Review of the completed members' and staff questionnaires asking for opinions on how safe the care is concluded all of the responses were positive.

A review of the members' environment was undertaken. The day centre was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of members, visitors or staff. Fire exits and corridors were observed to be clear of clutter and obstruction.

Inspection of the internal and external environment identified that on the day of inspection the day care setting and grounds were kept tidy, safe, suitable for and accessible to members, staff and visitors.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.4 Is care effective?

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the members. Discussions with five members also concluded their needs are being met in the day care setting.

Review of elements of two members care records evidenced there are risk assessments and care plans in place. There was evidence that risk and other assessments informed the care planning process. There was also recorded evidence of multi-professional collaboration. Members and / or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process.

Review of two member's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to members at appropriate intervals.

Records were made available for inspection concerning audits of the environment, training and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with members, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, members and staff meetings.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager confirmed that staff meetings were held on a quarterly basis and records verified this. The last meeting was held on 04 April 2016 and the registered manager confirmed that the minutes of the meeting were made available for staff to consult.

Members spoken with expressed their confidence in raising concerns with the day centre's staff / management.

Members spoken with and observation of practices evidenced that staff were able to communicate effectively with members.

Review of the completed members' questionnaires asking for opinions on how effective the care is concluded all of the responses were positive. All members agreed they got the right care, at the right time, with the best outcome for them; that staff communicate well with them; staff know their needs and choices; staff help them and promote their independence; they have choice in regard to participation in planned activities and they have been involved in their review.

Review of the completed staff questionnaires asking for opinions on how effective the care is concluded all of the responses were positive. These staff confirmed members are involved in the development of their care plan and members are responded to in a timely manner.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.5 Is care compassionate?

Members confirmed management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting.

Staff interactions with members were observed to be compassionate, caring and timely. Members were afforded choice, privacy, dignity and respect. For example, one care staff member was overheard offering a service user a choice of activity.

Staff demonstrated a detailed knowledge of members' wishes, preferences and assessed needs as identified within the members' care plan. Relationships between all staff and members were observed to be relaxed and friendly.

Discussions with members along with observations of practice during this inspection confirmed that members were enabled and supported to engage and participate in meaningful activities e.g. computer session and an information session on nutrition.

The registered manager informed the inspector that a number of members are involved in the BKN Project. This project involves upcycling old furniture and giving it a new lease of life, along with other creative and traditional crafts. This practice is commendable.

The registered manager confirmed that members were listened to, valued and communicated with, in an appropriate manner. Discussions with members and observation of practice confirmed that members' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of members were sought and taken into account in all matters affecting them.

The views of members were sought during the monthly quality monitoring visits and these comments were included in the monthly reports for April, May and June 2016 which were reviewed.

Members are consulted in an informal daily basis via discussions with staff and the registered manager. Members are consulted on a formal basis via members' meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Castlecroft Beacon Centre. The findings from the annual survey had been collated into an evaluation / summary report.

Members spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by members are listed below:

- “I can talk to staff about anything at any time.”
- “Service excellent. I am very pleased how staff treat me.”
- “Great place. I feel safe here.”
- “Staff are very friendly and helpful. I would feel comfortable raising any issues with the manager or staff.”
- “I am very happy coming here. I enjoy all of the classes and activities provided.”

Review of the completed members’ and staff questionnaires asking for opinions on how compassionate the care is concluded all of the responses were positive.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of members.

There were quality assurance systems in place to promote quality improvement which included regular audits and satisfaction questionnaires.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Staff confirmed that they had access to the day centre’s policies and procedures.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the day care setting. An organisational chart was displayed within the day care setting. Staff were able to describe their roles and responsibilities.

In discussion members were aware of the roles of the staff in the day care setting and whom they should speak to if they had a concern.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The day care setting’s complaints record was reviewed during this inspection. Review evidenced that there had been no complaints recorded since the centre’s previous care inspection on 10 November 2015.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for members, their representatives and RQIA.

Discussion with staff confirmed they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

Discussions with staff also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Review of the completed members' questionnaires asking for opinions in regard to the management of the service concluded all of the responses were positive. The members confirmed the service is managed well; the staff respond well to issues, concerns or suggestions; and staff ask their views.

Review of the completed staff questionnaires asking for opinions in regard to the management of the service concluded all of the responses were positive. Staff confirmed that the service is managed well, the service is monitored, there are staff meetings and communication between the staff and management is effective.

Based on the findings of this care inspection RQIA concluded the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in which Castlecroft Beacon Centre were focused on the needs of members.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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