



The **Regulation** and
Quality Improvement
Authority

Castlecroft Beacon Centre
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**Unannounced Care Inspection
of
Castlecroft Beacon Centre**

10 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1. Summary of Inspection

An unannounced care inspection took place on 10 November 2015 from 12.00 to 16.00. 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. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

There were no requirements or recommendations arising from the last inspection and no matters notified since then to be followed up.

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

Findings of this inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: NIAMH	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
Number of Members Accommodated on Day of Inspection: 13	Number of Registered Places: 15

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 - where appropriate members receive individual continence promotion and support.

Standard 8: Members Involvement - Members 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:

Prior to inspection the following records were analysed:

- Service user guide
- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from previous inspection on 10 March 2015, including the provider's responses, approved by RQIA on 13 May 2015.

During the inspection the inspector met with:

- Seven members, one individually and six in an activity group
- The registered manager,
- Two day care staff

The following records were examined during the inspection:

- File records for three members, including care plans and review reports
- Progress notes for three members
- Monthly monitoring reports for four months in 2015
- Record of complaints, containing no entries

- The statement of purpose
- Service user guide
- Minutes of two members' meetings
- Minutes of four staff meetings
- A sample of staff training records
- A sample of staff supervision records

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 10 March 2015. There were no requirements or recommendations arising from that inspection.

5.2 There was no Quality Improvement Plan arising from the previous inspection.

5.3 Standard 5: Care Plan - Where appropriate members receive individual continence promotion and support

Is Care Safe?

Members' personal records provided evidence of the consideration of personal care and life skills needs where relevant, though no current members had any identified continence care needs. Staff members confirmed their confidence in following procedures for all aspects of the work and in respecting each service user's privacy and dignity. Review records for a sample of three members showed that all relevant care matters had been addressed appropriately and to the satisfaction of the individual, a relative or a relevant professional.

Facilities for members were good and were found to be clean and well maintained. All current members are independently mobile and can access facilities throughout the premises. Two staff members, each of whom completed a questionnaire during the inspection, confirmed that they were either satisfied or very satisfied with the training provided for key aspects of their jobs.

Eight of the nine members, who completed questionnaires, noted that they were very satisfied that all aspects of the care provided are safe, effective and compassionate. One respondent indicated dissatisfaction with several aspects of the service and these issues were followed up with the manager following the inspection. In discussions during the inspection, seven members confirmed that Castlecroft was welcoming and supportive to them and that they enjoyed very good relationships with the staff who worked there.

The evidence examined during this inspection indicated that safe care was being provided.

Is Care Effective? (Quality of Management)

There was evidence from discussions with staff and from written records to confirm that the care provided met the range of identified needs for each member. Review records verified that members' needs had been identified appropriately and had been regularly reviewed to ensure

that support plan objectives remain relevant and accurate. Progress notes were found to be well personalised, relevant and up to date.

Monitoring visits and reports were being completed regularly by the service manager for the area, who always met with a number of members and with staff to ascertain their levels of satisfaction with the operation of the centre. A sample of members' records and other key records were examined on each monitoring visit. A development plan was then written, identifying areas for improvement and the progress on this was checked at subsequent visits. There were examples in monitoring reports, minutes of staff meetings and in a comprehensive annual evaluation report, to indicate a robust and open approach to quality assurance and to provide excellent evidence of effective care being provided in the centre.

Is Care Compassionate?

Eight members confirmed, either verbally or in completed questionnaires, that the care provided in the centre was of a high standard. The written records for each member highlighted the importance of staff's understanding of individual needs and preferences and this was confirmed in discussions and observations throughout the inspection. Overall, there was readily accessible evidence of good quality compassionate care being provided.

Number of Requirements	0	Number of Recommendations:	0
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5.4 Standard 8: Members Involvement - Members views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Evidence from discussions and in written records indicated high levels of consultation with members and other professionals regarding support plans and the programmes in which members participate. Meetings of the members' group were held monthly and minutes of these meetings contained evidence to show that members were encouraged consistently to contribute their views and ideas.

A number of members contributed to the inspection process, both verbally and in written questionnaires. There was widespread praise of the support the members received from staff at the centre and people confirmed the high value they felt they gained from taking part in a wide range of activities. The evidence confirmed that the service provided is safe, effective and compassionate with regard to this standard.

Is Care Effective? (Quality of Management)

Castlecroft Beacon Centre and the NIAMH organisation have excellent quality assurance systems in place through which the centre's operations are monitored and staff's practice and performance is evaluated. An annual review for each member is used to evaluate the appropriateness of his or her placement. The manager and the project workers were well informed on all aspects of the work in progress with each of the members who attend the centre. Monitoring arrangements put in place by NIAMH were excellent and included feedback from members and staff who were asked for their views. Three monitoring reports were examined and were found to address the required range of issues in good detail.

Each monitoring report identified improvement actions, if necessary, that needed to be taken and progress on these matters was checked at the subsequent monitoring visit. The manager confirmed that training on specific areas of assessed needs had been provided and staff presented as being confident in providing support in all necessary aspects of the care service.

Three members' files were examined and were found to be well organised and to contain all of the required information. A record was kept of each service user's involvement and progress. Records were regularly audited by the manager and were sampled by the monitoring officer during monthly visits. Staff are commended for maintaining good quality records, including review reports, for the members who attend the centre.

Members confirmed that they enjoyed fulfilling and rewarding activities within the centre. There was well supported involvement in arts and crafts, which members reported as being therapeutic and enjoyable. The manager spoke of a recent initiative by staff to raise the profile and understanding in the community, of mental ill health and the associated support services. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each person's involvement and encouraging the sharing of their observations and opinions.

Is Care Compassionate? (Quality of Care)

Staff members and service users were welcoming to the inspector and contributed positively to the inspecting findings. There was evidence of positive relationships between members and staff, through both individual and group experiences. The well qualified and experienced staff presented as being committed to ensuring the best possible outcomes from their work. In all of the interactions observed, staff engaged members with warmth, respect and encouragement.

Each of the staff, who met with the inspector, confirmed that they were confident in the practice of colleagues in the team and felt they were positively supported by the manager and the organisation.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend. The management and staff are commended for their commitment to the pursuit of positive outcomes for members.

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

Record of complaints

No complaints had been recorded since the previous care inspection. Leaflets were made available to members, setting out the procedure for making a complaint and written policy and procedure documents on complaint management were held in the centre.

Number of Requirements:	0	Number of Recommendations:	0
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.

Registered Manager	Finola Crudden	Date Completed	10/12/2015
Registered Person	Billy Murphy	Date Approved	11/12/2015
RQIA Inspector Assessing Response	Dermott Knox	Date Approved	17/01/16

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