



The Regulation and
Quality Improvement
Authority

Rosewood Beacon Centre
RQIA ID: 11066
90 Tamlaght Road
Omagh
Co Tyrone

Inspector: Dermott Knox
Inspection ID: IN023460

Tel: 028 8224 5571
Email: rosewood@beaconwellbeing.org

**Unannounced Care Inspection
of
Rosewood Beacon Centre**

22 September 2015

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 22 September 2015 from 11.00 to 16.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. 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

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	1	0

The details of the QIP within this report were discussed with the Registered Manager, Ms Delia Devlin, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern Ireland Association for Mental Health	Registered Manager: Ms Delia Devlin
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Delia Devlin	Date Manager Registered: 08 April 2009
Number of Service Users Accommodated on Day of Inspection: 11	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 service users receive individual continence promotion and support.

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:

Prior to inspection the following records were analysed:

- The statement of purpose
- The service user guide
- Record of incidents
- Report of the previous inspection
- Record of complaints

During the inspection, eight service users talked informally with the inspector in a group setting, describing their activities and the ways in which the centre benefits them. Three day care staff members and one volunteer were on duty throughout the day and took time, individually, to discuss a range of matters relating to the inspection focus and other issues relevant to the operation of the centre and the provision of good quality care to service users. No family members or visiting professionals were present during the inspection. Staff's constructive and supportive interactions with service users were observed during several periods in the course of the inspection.

The following records were examined during the inspection:

- Three files of service users' records, including assessments, care plans and reviews
- Two records of staff training
- Two records of staff supervision
- Three records of staff meetings
- Three records of service user meetings, including one of the "Beacon Voice" regional group
- Complaints record, which noted one complaint since the previous inspection
- Three Monthly Monitoring Reports
- The policy on Safeguarding vulnerable adults
- The policies on "Continence promotion", "Safeguarding Vulnerable Adults" and "Consent to Involvement as a Member".

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 11 September 2014. The completed QIP was returned and approved by the specialist inspector. Three recommendations for improvement were made and the actions and outcomes arising from them are reviewed in section 5.2, below.

5.2 Review of Requirements and Recommendations from the last Care Inspection

	There were no requirements arising from the previous care inspection.	
--	--	--

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.3	A record of access to information, including date, who applied for access and the outcome of the request, should be retained in each file. Action taken as confirmed during the inspection: Each of the service user's files, examined at this inspection, contained a copy of the record sheet designed to hold details of any requests for access to files. The manager explained that members who used the service were well involved in accessing their records, occasionally contributing to their own progress notes and therefore did not recognise the need for a formal access request procedure.	Met

Recommendation 2 Ref: Standard 17.1	The centre should maintain a policy and procedure outlining the arrangements for the running of the centre in the absence of the manager.	Met
	Action taken as confirmed during the inspection: A relevant policy had been written and there was evidence in staff files to show that it was being implemented.	
Recommendation 3 Ref: Standard 17.1	The staff duty rota should reflect the capacity in which staff work.	Met
	Action taken as confirmed during the inspection: This inspection verified that staff job titles had been added to the names in the duty rota.	

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

Is Care Safe?

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

Facilities for service users were good and were found to be clean and well maintained. Three staff members, who each completed a questionnaire during the inspection, confirmed that they were appropriately trained for personal care work and were supplied with adequate personal protection equipment. A fourth staff member, employed as a part-time clerical officer, indicated that this section of the questionnaire did not apply to her work. Two service users, who completed questionnaires, noted that they were very satisfied that all aspects of the care provided are safe, effective and compassionate. In discussions during the inspection, three service users confirmed that they had access to the facilities that they needed 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)

The centre has a written policy for continence promotion and the manager confirmed that this and other policies are due to be reviewed later this year. At the time of the inspection, there was no service user who had assessed needs with regard to continence promotion. 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 service users' needs have been identified appropriately and have been regularly reviewed to

ensure that support plan objectives remain relevant and accurate. Progress notes were found to be 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 service users and with staff to ascertain their level of satisfaction with service outcomes and the operation of the centre. A sample of members' records and other key records were examined on each visit. A development plan was then written, identifying areas for improvement and the progress on this was checked at subsequent visits. Overall, the quality assurance systems in place are of a high standard and provide excellent evidence of effective care being provided in the centre.

Is Care Compassionate?

Members confirmed, both verbally and in completed questionnaires, that the care provided in the centre was of a very high standard. Staff who were interviewed emphasised the importance of understanding each person's individual needs and preferences with regard to day care and confirmed their confidence in the compassionate care practices of each of their colleagues. Observations of staff's interactions with service users, throughout the inspection period, presented evidence of good quality compassionate care being delivered.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 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?

Evidence from discussions and in written records indicated a high level of consultation with members and relevant other professionals regarding support plans and the programmes in which members participate. Meetings of the members' group were held approximately every two months and records of these meetings indicated that service users were regularly encouraged to contribute their views. There was evidence of members being empowered to use their skills and interests in encouraging others in the centre.

A number of service users contributed helpfully to the inspection process and spoke of their enjoyment in having support from others at the centre and of 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)

The centre and the organisation have quality assurance systems in place through which policies and procedures are reviewed and updated, the centre's operations are monitored and staff's practice and performance is evaluated. Annual reviews evaluate the appropriateness of each placement. The manager and the project workers were well informed on all aspects of the work in progress with each of the service users 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,

where 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 service users' 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, both within the centre and in regular social and educational outings. Within the centre there was well supported involvement in arts and crafts, which members reported as being therapeutic and enjoyable. 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)

There was a positive atmosphere amongst members and staff, who presented as being very committed to ensuring the best possible outcomes from their work. In all of the interactions observed, staff engaged members with warmth, respect and encouragement.

There was written evidence to show that staff members were appropriately qualified and experienced in their designated roles. Each of the staff, who met with the inspector, confirmed that they were confident in the practice of other colleagues in the staff team and both project workers commented very positively on management support and good team morale.

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 service users.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

Record of complaints

One complaint had been recorded since the previous care inspection. This related to the inappropriate parking of vehicles associated with the day centre and was quickly and fully investigated and the matter resolved to the complainant's satisfaction.

Member's records

Files of members' records were found to be well organised and complete, with the exception of a recent photograph of each person, as stipulated by Regulation 19(1)(a). Where a member objects to having his or her photograph included in the file, a signed statement to this

effect should be included. A requirement in this regard is included in the Quality Improvement Plan attached to this report.

Number of Requirements:	1	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Delia Devlin, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 19(1)(a) Stated: First time To be Completed by: 30 November 2015	The registered person should ensure that each member's records include a recent photograph of the individual, or a signed statement of his or her non-consent to this.
---	--

Response by Registered Person(s) Detailing the Actions Taken:

Registered Manager Completing QIP		Date Completed	
Registered Person Approving QIP		Date Approved	
RQIA Inspector Assessing Response		Date Approved	

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address