

Care Inspection Report

15 February 2017



Beech Hall Centre

Type of service: Day Care Service
Address: 21 Andersonstown Road, Belfast, BT11 9AF
Tel no: 02895049395
Inspector: Dermott Knox

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Beech Hall Day Centre took place on 15 February 2017 from 10:40 to 16:50.

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

Is care safe?

Beech Hall Day Centre premises and grounds were in good condition with no obvious hazards for service users or staff. There are spacious areas available for group activities and for individual work with service users, when necessary. The centre was appropriately staffed and staff rotas, daily records and discussions with staff and service users confirmed that staffing levels met the assessed needs of those who attended. Staff members confirmed their trust in the caring qualities of their colleagues and were confident that poor practice would not be tolerated. Safeguarding procedures were understood by all staff who were interviewed. Risk assessments were carried out and reviewed routinely in order to minimise and manage risks to service users, staff and others. Many service users have identified risks recorded in relation to their mobility. A recent photograph of each service user must be kept on file, but these were missing. A requirement is made with regard to this matter. Observations of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty.

Is care effective?

Detailed assessment information supports the delivery of effective care for service users whose records were examined at this inspection. Progress for service users was recorded in good detail in all of the examples that were examined. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. Care planning is now recorded on the Trust's network, using the PARIS system, which has the disadvantages of being less accessible to service users than the format that preceded it and more difficult for staff to express clearly connected goals, actions and outcomes. There was written evidence in review reports of service users, their representatives and a range of community based health and social care workers being satisfied with the day care service in terms of benefits for service users. Staff were deployed in a manner that made good use of their skills and experience. Three staff members spoke of supportive and positive working relationships within the team. The evidence indicates that Beech Hall Day Care Centre is providing effective care that the manager and staff continually seek to develop and improve.

Is care compassionate?

Interactions between staff members and service users were seen and heard to be respectful, caring and supportive. Personal care and confidential matters were dealt with in a respectful manner, in all of the practices that were observed. Staff members confirmed their trust in the caring qualities of their colleagues and were confident that compassionate care provision was consistent. Nine service users contributed positive comments on their enjoyment of attending the centre and on its value to them in terms of their rehabilitation and wellbeing. Service users have an active, representative committee that meets monthly. Following this inspection, questionnaire responses from five service users, and four staff members were positive

regarding compassionate care and the other three domains. The evidence indicates that compassionate care is provided consistently by Beech Hall Day Centre.

Is the service well led?

The Belfast HSC Trust and Beech Hall Day Centre have systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. There is a well-planned programme of training and staff are supervised and well supported within the team. Evidence from discussions with staff indicate that the manager has positive working relationships with members of the staff team and that they have the confidence and support of their colleagues. Service users in the centre stated that the service was well organised and well suited to their needs. Records of service users' meetings and staff meetings were well detailed. Monthly monitoring reports were clear and comprehensive. There was evidence of good leadership in the key aspects of the service that were examined at this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with William Briggs, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 01 September 2015.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Mr William Briggs
Person in charge of the service at the time of inspection: Mr William Briggs	Date manager registered: 16 July 2015

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 01 September 2015.

During the inspection the inspector met with:

- Seven service users in groups of two or three
- Two service users in one to one discussions
- The registered manager
- Three care staff for individual discussions.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. By the 20 February 2017, five completed questionnaires had been returned to RQIA, four from staff members and five from service users.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Four monitoring reports for the months of October, November and December 2016 and January 2017
- Record of complaints
- Minutes of three service users' committee meetings in October and November 2016 and January 2017
- Minutes of staff meetings held weekly on Monday mornings (two sampled)
- Training records for two staff
- Statement of Purpose
- Service User Guide.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 September 2016

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 01 September 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 28 (3) & (4)</p> <p>Stated: First time</p>	<p>The responsible person must ensure future monitoring visits to this setting improve compliance with this regulation by: reports must evidence there is mix of announced and unannounced visits to this setting.</p> <p>Future reports must clearly describe and report on the conduct of the day care setting: for example incident management, service users records, reviews and staffing arrangements should be reported on and a view given as to whether arrangements are consistent with the day care setting regulations.</p> <p>The returned QIP must detail arrangements put in place to improve these two areas.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Four monitoring reports were examined at this inspection, three of which related to unannounced visits. The content of all four reports was in compliance with this requirement.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered manager should review the assessment and care planning documentation and make improvements to ensure specific guidance regarding meeting continence needs is detailed with service user's preferences, choices and person centred information. This should be used to direct staff how to support and meet individual's continence needs.</p> <p>When referring to continence needs and promotion in care planning records, staff should avoid language that is not person centred such as the term "toileting".</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The centre has a written policy and procedure on promoting continence and, where applicable, service users' files contained a section in the care plan to address this need using suitable terms.</p>	

Recommendation 2 Ref: Standard 18 Stated: First time	The registered manager should make arrangements for staff to access a policy and procedure regarding continence promotion. This document should reference why it is important for staff to promote service users continence, their privacy and protect their dignity. The procedure should detail information such as; how this will be done, what resources are in place to promote practice in this regard, how staff identify continence needs, arrangements for referrals to a continence professional, how staff ensure they meet and support continence needs in a person centred way.	Met
	Action taken as confirmed during the inspection: The centre has a written policy and procedure on promoting continence and these are in compliance with the recommendation.	

4.3 Is care safe?

Beech Hall Day Centre and the Belfast Trust have systems in place to ensure that risks to service users are assessed regularly and managed appropriately. This includes contributions by community based professionals, service users and, where appropriate, relatives/carers into the gathering of necessary information and the assessment of risk and vulnerability arising from that. Transport, moving and handling and continence risk assessments, were present, where relevant, in the service user's files examined and most of these had been signed as agreed by the service user or a representative. The centre did not have a photograph of each service users in his or her records and this requirement is included in the Quality Improvement Plan at 5.3 of this report.

Staff selection methods were reported by the manager and staff members as being standardised and professional, in accordance with the Trust's procedures.

The manager and three staff members, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users.

Nine questionnaires were completed and returned to RQIA, four by staff members and five by service users. Respondents were unanimous in their positive rating of the quality and safety of care provided, with seven stating "Very Satisfied", across all four domains that form the major focus of the inspection. One respondent indicated "Satisfied" in two domains and another indicated "Satisfied" in one domain. No one stated that they were "Unsatisfied" or "Very unsatisfied" with any aspect of the service. All three confirmed that they felt safe in the centre, in the transport bus and in organised activities.

Evidence from discussions, observations and in written records indicated that staff regularly seek the views of service users regarding their care preferences and the activity programmes in which they participate. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the

service user guide. One service user stated that the issue of raising concerns, or making complaints had also been discussed in a service users’ meeting.

Three notifiable events had been reported to RQIA in the year preceding this inspection and all had been managed appropriately. No complaints had been recorded in the year preceding this inspection. The centre was clean, spacious and in good repair and service users confirmed that they were provided with a safe and comfortable environment in which to take part in activities. Fire alarm systems checks were carried out and recorded on a weekly basis.

With the exception of the matter identified below, the evidence presented supports the conclusion that safe care is provided in Beech Hall Day Centre.

Areas for improvement

The centre must have a photograph of each service user in his or her records, in accordance with Regulation 19(1)(a) of The Day Care Setting Regulations (NI) 2007.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

The centre’s Statement of Purpose and the Service User’s Guide provide all of the information required by the regulations and the minimum standards. There was evidence from discussions with service users to confirm that they are very positively encouraged to contribute ideas to the running of the centre and the records of the service users’ committee identified areas in which they had been influential. The committee had been provided with secure storage for their records and for funds that they raised to help purchase items for the benefit of all service users in the centre.

Four service users’ files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a basic information profile and appropriate risk assessments. Care plans are now written in the Trust’s network PARIS system, which lacks the clarity of the care plan format previously in use in the day centre. The PARIS system does not appear to facilitate a landscape format with clearly separate columns in which to identify “Needs”, “Goals”, “Actions/Methods to achieve goals” and “Outcomes”, which is promoted by many practitioners and managers as an effective format for care planning. The PARIS system has the added disadvantage of being less accessible to service users than the format that preceded it. This is unfortunate when much good work has been done to involve service users in key aspects of their service, taking greater levels of responsibility for their own wellbeing, leading to the desire for more independent decision making. There was strong support within the staff team for promoting greater independence for service users. It is recommended that the format for care plans should be reviewed and revised so that it is user-friendly, with the greatest possibly potential for motivating service users to pursue specific, measurable, achievable and timely goals.

A record was kept of each service user’s involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Dates and signatures were present in almost all of the care records examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and these included the service user’s views and were informed by the written progress records.

The premises are spacious and with a layout which makes for easy access to the various rooms and the outdoor space. The one-level floor surface is important for those who have a visual impairment or who use a mobility aid. A group of four service users was engaged with a staff member in baking scones in the dedicated kitchen. The rapid progress from preparation to finished product was clearly rewarding for the group members. There was also evidence of service users having developed good skills and confidence in negotiating their way around the premises and having then extended this to public areas around their own homes. Two service users contributed through individual discussions to the inspection process and spoke very positively of the quality of care provided at the centre and of their personal development through taking part in their own care plan and the activities which that entailed. In both cases significant development of independence had been achieved.

A number of constructive measures, including for example, the changed levels of some work surfaces, have made the premises user-friendly. Horticulture is an important activity for many service users and the centre is well-equipped for this. Four service users spoke about their experiences of participating in the centre's activities, including 'outreach' activities such as swimming, ten-pin bowling and pool. All reported positive views of the support and confidence that they gained from these.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a vital support in their efforts to cope with and overcome the presenting challenges they faced. The manager and staff work creatively to involve service users in a variety of experiences, making full use of the available rooms and local leisure and educational resources. The evidence indicates that the care provided is effective in terms of promoting recovery, service user's involvement, increased independence, enjoyment and wellbeing.

Areas for improvement

It is recommended that the format for care plans should be reviewed and revised so that it is more user-friendly, with the greatest possible potential for motivating service users to pursue specific, measurable, achievable and timely goals.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre makes use of art and craft work and the products of this to encourage service users in developing new skills or to engage individuals in therapeutic activity. Several service users spoke of their enjoyment of being involved in the horticultural work that is an important part of Beech Hall's activity programme. Even in February, there was some small-scale work under way to prepare for sowing seed in the coming weeks. In this, as in all of the interactions observed, service users were engaged with warmth, respect and encouragement.

Service users, who met with the inspector, confirmed that staff ask for their opinions and involve them in deciding what they will do in the day centre. Service users were afforded choice and were seen to be encouraged by staff in constructive activities. Staff demonstrated a good knowledge of each service user's assessed needs as identified within the individual's care plan. Service users have an active, representative committee whose members presented as being

confident in bringing requests, concerns and other matters to the manager or other staff for attention. One committee member described the role and responsibilities he had taken on with encouragement from staff and how this had boosted his self-confidence and sense of fulfilment.

The committee's role included ensuring that the views and opinions of service users were sought and taken into account in all matters affecting them. Responses in the five service user questionnaires returned to RQIA affirmed that compassionate care was delivered to a very satisfactory standard within the day care setting. Responses in these questionnaires, plus four from staff members, rated all aspects of the service positively. The views of a sample of service users were sought during each monthly monitoring visit and their comments were included in the monthly reports that were reviewed. There was strong evidence to indicate that Beech Hall Day Centre provides compassionate care to its service users.

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?

Beech Hall Day Centre has clear management information set out in the statement of purpose, clarifying the leadership and decision making structure regarding the day care services. There was written evidence in the staffing records to show that staff members were appropriately qualified for their designated roles. There was a comprehensive Induction Programme in place and the manager confirmed that this was followed by any newly appointed staff member in Beech Hall. A system is in place for the identification of staffs' training needs and for meeting these. Mandatory training is planned and recorded centrally within the BHSCT and other specific training needs are identified throughout the year on an individual basis. Staff confirmed that training needs were identified and met throughout each year.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in all four of the monthly reports examined, for October, November and December 2016 and for January 2017. Monitoring visits and reports were completed every month. Monitoring reports showed that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale.

The manager and staff members' confirmed that formal supervision and annual appraisals were taking place regularly. The manager presented as being enthusiastic in his support of the team and in seeking service improvement. Individual staff members confirmed their commitment to providing a high quality service and felt they were well supported by their line manager, their colleagues and the organisation.

Evidence from discussions with staff indicates that the manager has positive working relationships with members of the staff team and that they have the confidence and support of their colleagues. Service users confirmed that the service was well run and well suited to their needs. The evidence presented at this inspection supports the conclusion that Beech Hall Day Care service is well led.

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

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr. William Briggs, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 19(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider must ensure that a recent photograph of each service user is kept in his or her records.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>This requirement arose from centre starting to record information on Trust recording system PARIS. New photographs have been taken and attached to all service user files.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017</p>	<p>The registered provider should review and revise the format for care plans so that they are more user-friendly and have the greatest possible potential for motivating service users to pursue specific, measurable, achievable and timely goals. Prior to the introduction of the PARIS system, the care plan format was better suited to its purpose.</p>
	<p>Response by registered provider detailing the actions taken:</p> <p>This recommendation above is again linked to the Trust recording system - PARIS. Senior management of the Programme of Care are aware of issue and the need for standardisation relating to care plans in all day centres. This needs to be communicated, agreed and implemented in a reasonable period of time to ensure quality of care and clear communication for all centres linked to the Programme of Care which highlights the time scale for completion set by RQIA inspector as unrealistic.</p>



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