



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Beech Hall Centre</b>
<b>Establishment ID No:</b>	<b>11329</b>
<b>Date of Inspection:</b>	<b>19 May 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>17717</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
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<b>Name of centre:</b>	Beech Hall Centre
<b>Address:</b>	21 Andersonstown Road Belfast BT11 9AF
<b>Telephone number:</b>	(028) 9504 7101
<b>E mail address:</b>	breige.connery@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Mr Colm Donaghy Belfast Health and Social Care Trust
<b>Registered manager:</b>	Mrs Breige Connery
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Breige Connery
<b>Categories of care:</b>	DCS-LD, DCS-PH, DCS-A, DCS-SI
<b>Number of registered places:</b>	35
<b>Number of service users accommodated on day of inspection:</b>	28
<b>Date and type of previous inspection:</b>	18 April 2013 Primary Unannounced Inspection
<b>Date and time of inspection:</b>	19 May 2014 10:00am – 4:00pm
<b>Name of inspector:</b>	Dermott Knox

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	6
Staff	3
Relatives	3
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	15	7

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## **Profile of Service**

Beech Hall Day Centre has been in operation for over twenty-eight years, though not in its present building. The current manager has been in post since January 2013.

The Centre provides day care to people under sixty-five years of age who require some degree of support in relation to their mental ill health or physical disability. Attendance is limited to a maximum of thirty five service users per day.

The centre's operations were moved into new, purpose-built premises during 2010 and it shares the building with other community services teams, located on the floors above. The centre is all on one level with main rooms opening to a spacious landscaped and fully enclosed garden. This area is clearly an important aspect of the provision of care as a horticultural activity space and as a pleasant place in which to relax. Some of the creative activities within the centre, including arts and crafts and horticulture contribute to fulfilment for those involved and raising funds each year, for the benefit of service users.

## **Summary of Inspection**

A primary announced inspection was undertaken in Beech Hall Centre on Monday 19 May 2014 from 10:00am to 4:00pm. Prior to the inspection the service provider submitted a self-assessment of the day centre's performance in the one standard and two themes forming the focus of the inspection. The following evidence sources were accessed during the inspection:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and three relatives
- Examination of a sample of service users' file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centre's statement of purpose; service user's guide and selected policies & procedures

The inspector met with the manager and three staff, regarding the standards and their views about team working, management support, supervision and the overall quality of the service provided. Six service users contributed to discussions regarding their experiences of the service and their views on the support provided. Three relatives of service users came to the centre to contribute their views on the quality of the service.

Staff members reported satisfactory arrangements were in place with regard to supervision, staff training, staffing and management arrangements, responding to members' behaviour, confidentiality and recording. There were many positive comments regarding the quality of care provided and the satisfaction gained from working in the centre. Overall, discussions with staff provided a very encouraging view of the care provided in the centre and indicated a commitment by staff to providing a stimulating and supportive service and to complying with the standards for day care settings.

Discussions with service users elicited positive comments regarding the support experienced and the care provided by the staff. Service users discussed their involvement in a range of therapeutic activities and their confidence in the staff members who worked with them. All of the requirements and recommendations from the previous inspection had been fully met.

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.**

The centre has written policies and procedures for recording and reporting, data protection, access to records, confidentiality and records management, the last of which included matters such as the retention and destruction of records in keeping with DHSSPS guidance. Written policies and procedures were available for staff reference and staff confirmed that they had been working to familiarise themselves with the key issues. The registered person had arrangements in place to audit policies and procedures in order to ensure that they were up to date and accurate. Policy documents included both an approval date and a date for the policy to be reviewed.

In the sample of four service user care records examined, all had signed to indicate their involvement and agreement with the content. In each of these records the individual had agreed to their photograph being included in the file. Progress notes were being kept regularly by staff and were found to present a well balanced record of the service user's involvement in the centre and of their progress toward identified goals.

While the overall content of service users' care records was generally satisfactory, the ordering of information and the headings on some documentation, e.g. "Re-assessment" rather than "Review" created a degree of confusion regarding the completeness of the information required. In some files there was insufficient evidence of a comprehensive assessment of the person's needs and strengths and it was not entirely clear whether "Re-assessments" were intended to be comprehensive, or were restricted to the content of the existing care plan. It is recommended that the process of assessment, care planning and review should be used as the basis for each service user's care records and the presentation of this information should make it as easy as possible for the service user or a representative to understand it.

The centre was judged to be substantially compliant with this standard.

**Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

Beech Hall Day Centre has a policy and clear guidelines (Belfast H&SC Trust) on the use of restrictive practices, which states that such practices should be "Used as infrequently as possible", "Used in the best interests of the service user", "Only used following an assessment of risk".

The evidence available from members of staff, service users and the written records, verified that there had not been any instances of such practices in the centre. Staff discussed the use of good communication and calming techniques. They expressed the view that developing supportive relationships helps service users to deal with any stressful situations that arise. Beech Hall also has a written policy and procedures for Managing Challenging Behaviour, and staff confirmed their understanding of the procedures. There was evidence of appropriate training having been provided by the Trust and some staff were scheduled to attend this in the near future.

The centre was judged to be operating in compliance with this theme.

**Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Staff records showed that the registered manager and the senior day care worker are appropriately qualified and experienced to take charge of the centre. The senior day care worker is currently working toward the QCF Level 5 qualification and has recently completed training in staff supervision and appraisal. Day care workers have formal supervision with the manager and the senior day care worker supervises the care assistants. Records of staff training and supervision were well-presented and up to date.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, appropriate to their roles and experience, and were committed to developing their understanding of each service user's condition and needs.

Monitoring arrangements are standardised across the Belfast Trust day care services and monitoring reports provided evidence of detailed discussions with service users and staff members about the quality of the service.

There was good evidence to indicate compliance with the criteria in this theme.

### Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 19(1)(a)	A number of the files did not contain a recent photograph of the service user and the registered manager should ensure that compliance with this aspect of the regulations is achieved.	All of the files examined contained a recent photograph of the service user and the manager confirmed that this has been completed for all.	Compliant
2	Regulation 5 (1)	The current information leaflet does not contain all of the information required by Regulation 5(1) of The Day Care Setting Regulations (NI) 2007. The registered person should ensure that a suitable service user guide is provided in keeping with this regulation.	The revised service user guide was satisfactory.	Compliant
3	Regulation 5 (3)	The registered person shall provide a copy of the service user guide to RQIA and to each service user or a representative of the service user.	A copy of the guide had been provided to RQIA and to each service user, or a representative.	Compliant
4	Regulation 4(1)(c)	The registered person should ensure that a statement of purpose, in keeping with this regulation, is completed and a copy supplied to RQIA at the earliest possible time.	The statement of purpose was provided to RQIA on completion and was found to meet the requirements.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user's situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
<b>Provider's Self-Assessment:</b>	
Policy on confidentiality is held within the policy file in the office within the day centre. All staff are aware how to access this policy in the office or on the hub. All service users files are locked in a cupboard in the office of which the manager and senior day care worker have keys . Staff require their pass to get into the office which provides security of the files during the day time hours. No personal information is accessed by anyone without the service users consent and in accordance with the confidentiality policy and the Data protection policy.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The provider's self-assessment was verified through examination of the relevant policy, file storage arrangements and from discussions with the manager and staff members.	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>All service users attend a pre assessment meeting and the review meetings. They are given an option to ask their next of kin or another person acting on their behalf to attend these meetings. Key workers sit with the service user and together they carryout the review and new care plan. The service users have the opportunity to make any changes he or she wishes. Staff are aware of the data protection policy and freedom of information act and the policy in relation to this.</p> <p>There has been no request for access to individuals case notes from the day centre but the freedom of information act is in place within the Belfast Trust..</p>	Compliant
<b>Inspection Findings:</b>	
<p>Written agreements, care plans and some review records had been signed by the relevant service users to indicate their involvement in the care planning and review process. Service users and relatives, who met with the inspector, confirmed that they were regularly invited to review the plans and other arrangements and to see the records, should they wish to do so. Mostly they did not do so, but service users expressed their confidence in their key workers to ensure that records were properly kept.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>All service users have an electronic file and a manual file held within the centre.                      Each file has details of all the above within their file.                      A new medication form was sent out to all service users in March 14 of which have been returned and updated in files.                      Each staff member is aware of how to fill in the appropriate incident forms, ASP1 forms, quality monitoring forms, notifiable events form and any other documentation required by RQIA and Belfast Trust.                      Reviews are carried out as per standard and recording of these are in place. Changes of care plans are carried out as and when required throughout the year.                      All correspondence is kept under correspondence in the electronic files and manual files.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The provider's self-assessment was verified through examination of service users' files and from discussion with the manager and staff members.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	
<b>Provider's Self-Assessment:</b>	
Policy within Beech Hall centre is that staff will record in each service users file at least weekly. This will be carried out as Manager has commenced an audit of files to be carried out 6 weekly during supervision.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
There was written evidence in staff files to show that selected service user's files were audited in supervision and that issues arising for service users were discussed and actions agreed. Each of the four service user's files, examined during the inspection, contained entries by the key worker, made on a regular basis and no less than every five attendances.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
Staff are aware of the types of issues which may need to be reported. Staff are aware of the policies in relation to reporting any safeguarding issues, incidents, adverse incidents, and accidents. Policy and procedure are in place and available to all staff in the reception area. Supervision carried out 6 weekly and guidance given and recorded in SR3 in service users files and supervision files.	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The issue of reporting specific events had been included on the agenda of a recent staff meeting and staff members confirmed that they were clear about procedures in this regard.	Compliant
<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b> All service users records are in the form of a manual file and an electronic file. Staff within the unit have access to their records via passwords which are secure. Key workers print their R3's monthly and place in manual file and all information from 2012 are held in the electronic file. Prior to 2012 all the recordings are kept manually and locked in the reception area. All service users pre reviews, reassessments and care plans are signed and dated by the service user, key worker and manager.	Compliant
<b>Inspection Findings:</b> While the overall content of service users' care records was generally satisfactory, the ordering of information and the headings on some documentation, e.g. "Re-assessment" rather than "Review" created a degree of confusion regarding the completeness of the information required. In some files there was insufficient evidence of a comprehensive assessment of the person's needs and strengths and it was not entirely clear whether "Re-assessments" were intended to be comprehensive, or were restricted to the content of the existing care plan.  It is recommended that the process of assessment, care planning and review should be used as the basis for each service user's care records and the presentation of this information should make it as accessible as possible for the service user or a representative.  For the most part, records were found to be legible, accurate and up to date although there were one or two instances of records having been signed but not dated. One of these had originated in another centre. The manager should ensure that the practice of signing and dating documents becomes embedded in staff's practice.	Substantially compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>At present the service users are well settled in the facility. Behavioural plan are in place for any service user who may pose challenging behaviours.</p>	Compliant
<b>Inspection Findings:</b>	
<p>There was no evidence to indicate that restraint or seclusion, or any other restrictive practice was used in Beech Hall. Service users, who met with the inspector, confirmed that they were involved in making decisions about all aspects of their care. Some service users experienced restrictions as a consequence of their disability or condition, but staff were actively engaged in promoting greater independence and in providing support to minimise the limitations that a service user might experience. One service user had a behaviour support plan and had made good progress with this in recent weeks. Another person described the encouraging progress she had made with both movement and speech, since have a stroke.</p>	Compliant

<p><b>Regulation 14 (5) which states:</b></p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Not applicable.</p>	<p>Moving towards compliance</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Substantially compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p style="padding-left: 40px;"><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>Day centre Manager is suitably qualified for the role of manager has a nursing diploma and meets the criteria outlined for the post of Day Centre Manager. Manager works 37.5hrs per week Mon to Friday and on the occasions of annual leave the senior day care worker is competent and experienced to manage the centre.</p> <p>In the service users guide and the statement of purpose it identifies clearly the lines of accountability and the roles and responsibilities of the staff.</p> <p>Staff themselves are aware of the roles and responsibility within the centre.</p>	<p align="center">Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Staffing records provided evidence of an experienced staff team employed in the centre, with qualifications appropriate to their roles and responsibilities. Staffing arrangements were satisfactory for the numbers of service users attending the centre. The lines of accountability were set out in the statement of purpose which was available to all staff members. Staff who met with the inspector presented as being capable in their roles and responsibilities and each expressed confidence in their colleagues within the team.	Compliant
<b>Regulation 20 (2) which states:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>All day care workers, Occupational therapist and the senior day care worker within the centre receive supervision 6 weekly by the Manager.</p> <p>The care assistants receive supervision 6 weekly by the senior day care worker under the guidance of the Manager.</p> <p>The facility is supervised by the Manager and Senior day care worker who would take their annual leave at alternative times.</p> <p>The day care workers have worked within the centre for several years and are very competent in their roles.</p> <p>All new employees have an planned induction programme for at least 2 weeks within the centre.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Supervision records were clear and well detailed and showed that staff were fully engaged in the supervision process. Staff confirmed that they usually had formal supervision six weekly and valued the opportunity to reflect on their work. Overall, there was clear evidence of good organisation and recording of supervision.	Compliant

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p>	
<p>All staff within Beech Hall have been employed under the recruitment and selection process laid down by the Belfast Trust. Each staff has met the criteria set down by the role they are employed in. During supervision all staff are given the opportunity to bring forth and training needs they may want or need. Staff and managers are aware of the mandatory training required to work within the day centre and the time is given to receive this training throughout the year.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The provider's self-assessment was verified through examination of staff records and from discussions with the manager and three staff members.</p>	<p>Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## **Additional Areas Examined**

### **Quality of service**

A comprehensive Client Experience survey was being carried out at the time of this inspection and the manager undertook to forward the report of the findings to RQIA, when this was completed, estimated to be within two to three weeks. A wide range of evaluative data was being sought in the questionnaire, as part of the annual review of the quality of the service.

### **Conclusion**

On the basis of the evidence presented two recommendations are made in the Quality Improvement Plan, accompanying this report. These were discussed with the manager at the conclusion of the inspection, as potential improvements to an already good quality service.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is extended to members, who warmly welcomed the inspector to the centre and contributed to the evaluation of the service provided and also to those relatives who shared their views on the quality of the service.

## Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Breige Connery, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Dermott Knox**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Beech Hall Day Centre

19 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Breige Connery, Registered Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

**Recommendations**

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 5.4	It is recommended that the process of assessment, care planning and review should be used as the basis for each service user's care records and the presentation of this information should make it as accessible as possible for the service user or a representative.	One	A Day Services Assessment of need form will be place in all service users files. Reassessment /Review title will be changed to Review only.	29 August 2014
2	Standard 5.6	A number of records in service users' files had been signed but not dated. The manager should ensure that the practice of signing and dating documents becomes embedded in staff's practice.	One	Manager will discuss this issue at team meetings and during supervision will ensure this is discussed. Audits of service users files will focus on the signing and dating of care plans.	30 June 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	BERNIE KELLY
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Martin Dillon

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	D Knox	23 July 2014
Further information requested from provider	No		