

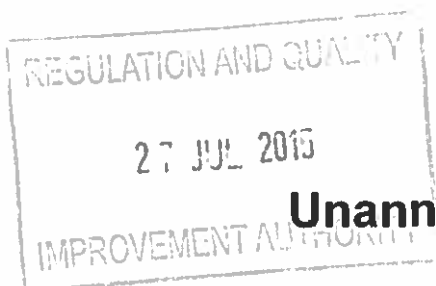


The Regulation and
Quality Improvement
Authority

Woodlands Beacon Centre
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Unannounced Care Inspection

Of

Woodlands Beacon Centre

3 June 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 3 June 2015 from 10.30 to 16.30. 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

There were no requirements or recommendations from the previous care inspection. 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	0	5

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

2. Service Details

Registered Organisation/Registered Person: Mr William Henry Murphy	Registered Manager: Ms Dorothy Devlin
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Dorothy Devlin	Date Manager Registered: 12 September 2014
Number of Service Users Accommodated on Day of Inspection: 7	Number of Registered Places: 20

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: Each service user has an individual and up to date comprehensive care plan.

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 the inspection, the following records were examined:

- One notifiable events submitted since the previous care inspection
- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection year
- The previous care inspection report
- Pre-inspection assessment audit

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector had discussions with six service users, one volunteer and two staff.

The following records were examined during the inspection:

- Complaints record (none recorded since the previous inspection)
- Two accidents/untoward incidents records
- Statement of Purpose
- Service user's guide
- Minutes of two service user's meetings
- Four service users care files
- Service users' annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Woodlands Beacon Centre was an unannounced care inspection dated 13 November 2014. There were no requirements or recommendations as a result of this care inspection.

Standard 5 - Care plan: Each service user has an individual and up to date comprehensive care plan.

Is Care Safe? (Quality of Life)

The day service has corporate policies and procedures pertaining to assessment, care planning and review. These are qualitative, robust and informative. It is noted NIAMH's Contingency Promotion policy is dated April 2011. Minimum standard 18.5 states policies and procedures are subject to a systematic three year review. A recommendation is made in the QIP for this policy to be reviewed.

On the day of this inspection, Woodlands Beacon Centre was providing a service to young adults who experience mental ill health. Discussions with six service users evidenced they were encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Discussions with staff evidenced they presented as knowledgeable, experienced, compassionate and person centred.

Discussions with the manager and staff concluded there can be periods when service user's mental health fluctuates and when their mental health is poor, this can affect their day to day ability to function normally. When service user's mental health deteriorates, discussions with staff and service users evidenced staff are available and respond in a sensitive, caring and non-judgemental way. Discussions with six service users conclude this to be the case. Service users stated the manager and staff know them very well and they would be lost without Woodlands Beacon Centre and the support it gives them.

Discussions with six service users and two staff; review of care records and general discreet observations of staff interactions with service users concluded safe care is delivered in Woodlands Beacon Centre.

Is Care Effective? (Quality of Management)

The service's statement of purpose reflected service users are encouraged to be actively involved in completing their care plans. These are reviewed by staff with service user's on a six monthly basis or sooner if changes are needed.

The inspector's review of four service user's care plans, called 'support plans' by the service, showed these to be person centred. The inspector found the care plans to be qualitative and detailed reasons why the service user is attending the service and how their needs are being met. They detail the personal outcomes sought by the service user, their daily and weekly programme; management of any identified risks and other relevant areas specified in standard 5.2.

Three of the four care plans were dated and signed by the service user, staff member and manager. One identified care plan was not signed by the service user, nor was there an explanation stating why it was not signed. A recommendation is made in the QIP about this. There was evidence to show the support plans are kept up to date and reflect the service user's needs.

The inspector reviewed random samples of service user's progress care notes. These were qualitative and informative regarding how the service user was feeling on the day and any activities, groups or classes they participated in.

Based on the inspector's review of four service user's support plans and discussions with six service users, it is concluded care is effective in Woodlands Beacon Centre.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values.

Discussions with service users concluded the quality of their lives has improved significantly as a result of attendance at Woodlands Beacon Centre. They all stated the ongoing support from staff and friendships with their peers helps them to maintain good mental health and coping mechanisms.

The overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

Areas for Improvement

One area for improvement was identified with regards to care plans and regards signatures.

Number of Requirements	0	Number Recommendations:	1
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Standard 8 - Service Users' Involvement: Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

The following corporate policies and procedures were in place:

- Beacon Service User Participation Strategy, The Participation Menu – Revised
- Beacon Member Empowerment policy (dated April 2011)
- Service User Involvement policy
- Procedure for Concerns, Complaints and Compliments

Standard 18.5 states policies and procedures are to be reviewed systematically on at least a three yearly basis. A recommendation is made in the QIP for NIAMH to review the Beacon Member Empowerment policy.

Discussions with six service user's, two staff and management reflect how service user's are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings; annual quality assurance evaluation report; complaints records and discreet observations of staff interactions with service users concluded safe care is delivered in Woodlands Beacon Centre.

Five service users completed RQIA questionnaires regarding their views of the Woodlands Beacon Centre. All five questionnaires stated service users were either very satisfied or satisfied that the quality of day care provision in the centre is safe, effective and compassionate. No concerns were raised.

Is Care Effective? (Quality of Management)

Discussions with the manager and review of the following records: minutes of service users meetings and their annual quality satisfaction survey and annual review reports show NIAMH actively encourage service user involvement in all aspects of their work. There are 'member led' courses promoting involvement from service users and other 'member led' initiatives by Beacon.

There are bi-monthly service users meetings held, these are held on different days. Service users are encouraged and supported to facilitate and run these meetings. A review of the minutes of four meetings showed these to be user led, qualitative and informative.

Discussions with service users conclude there is usually a page on the notice board for individuals to record agenda items. The most recent meeting took place on 13 May 2015. There was evidence that service users views and opinions are sought. The minutes of the meeting did not contain an agenda, the names of who attended and any points identified for action. A recommendation is made about this in the QIP.

The inspector commented positively on the NIAMH Policy Paper on Recovery which discusses how service user's personal recovery journey and fits with the welfare reform agenda. At the time of this inspection NIAMH is working with service users on 'A Members Charter for Recovery'.

In accordance with day care regulations, Woodlands Beacon Centre service should be annually reviewing each individual service user's day care placement. Minimum standard 15.5

states the service user's annual review report must reflect their views and opinions about their care and support. Annual reviews are an important process in ensuring service users are involved in their care. The inspector reviewed four service user's annual review reports during this inspection. Three of the four review reports reflected service user's views and opinions. One identified service user's review report did not. All four of the reports did not fully reflect all of the information stated in standard 15.5. This was discussed with the manager and a recommendation is made in the QIP.

Annual quality assurance service user questionnaires are distributed in Woodlands Beacon service. The most recent one was undertaken in February 2015. There were 83 service user questionnaires distributed and 23 (33%) returned. The questionnaires focused on:

- Finding and maintaining hope
- Taking responsibility and control
- Building a meaningful life

There were no questions on the quality of the classes/programmes or the quality of the environment. This was discussed with the manager and a recommendation is made in the QIP for the service's next annual quality assurance questionnaires to include questions on all areas of the day service provision including the quality of classes/programmes and quality of the environment.

The evaluation report was comprehensive and showed there were high percentages of service user satisfaction with the Woodlands Beacon service. However this report was not dated or included if any action/s were needed. A recommendation is made in the QIP for the next quality assurance evaluation report to be dated and include any areas identified for action. A high percentage of service users stated they feel very involved in the day to day participation in running the service; members meetings and user led groups.

The inspector had discussions with six service users during the inspection. Their comments were very positive about how Woodland Beacon Centre has improved the quality of their lives and helps them to maintain good mental health and coping mechanisms. Service user's qualitative comments include:

- *"This place is brilliant, its done wonders for my confidence. The staff are fantastic, they listen and know when to help. If I'm not happy with something, they sort it out. I've friends here."*
- *"Woodlands is a great place and has definitely helped me. There's great support here and I enjoy coming here. I help out on a Wednesday with the young peoples group."*
- *"Woodlands is an amazing place, the staff are caring and the manager has the skill of mixing in a group that you wouldn't even know she was the manager. She's down to earth. Everyone is supportive here and people listen. I enjoy coming here."*
- *"Before I came here, I stayed at home a lot and never went out. Some days I don't want to get out of bed and I get a text from my friends here and it helps me to get up and out. It's great here and I've learned a lot of new things and done courses. I'm able to help out a lot. The staff are great."*

- *"This place has given me the confidence to do things that I would never have done before. People understand here, it's a great place. It's good to meet people, I have friends here. I was isolated before and for a long time never would've went out. That's all changed for me now. I'm happy."*
- *"I enjoy coming here, its great. I've friends here and the company is good."*

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

Questionnaire's issued to	Number issued	Number returned
Staff	8	2
Service Users	8	5

The inspector's review of the questionnaires concluded service users were either very satisfied or satisfied with the quality of care provision in Woodlands Beacon Centre. There were two qualitative comments recorded on the returned service user questionnaires. Service users stated:

- *"The staff are very good in the Beacon Centre."*
- *"The staff work hard."*

One staff member stated:

- *"I feel the members are very actively involved in the running of the centre."*

The inspector concludes the quality of care provision in Aspen Beacon Centre is effective, however improvements are needed concerning communication; the minutes of service users meetings and annual quality assurance. Recommendations are made about these areas in the QIP.

Is Care Compassionate? (Quality of Care)

Discreet observations of care practices found that service users' are treated with respect, kindness and care.

Discussions with six service users evidenced they are treated well by the manager, staff and volunteers. Service users stated they enjoy attending Woodlands Beacon Centre and have gained confidence and learned new skills. It can be concluded the quality of care provision in the Woodland Beacon Centre is compassionate.

Areas for Improvement

Four areas for improvement were identified as a result of the inspector's examination of this standard. These concerned:

- the minutes of service user's meetings
- annual quality assurance questionnaires and evaluation report
- service user's annual review reports
- systematic review of identified policies and procedures.

Number of Requirements	0	Number Recommendations:	4
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5.2 Additional Areas Examined

5.2.1 Staff Views

The inspector had discussions with two staff employed in Woodlands Beacon Centre. Staff spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed the inspector they felt a good quality of day service is provided to service users. No concerns were expressed.

Two staff RQIA questionnaires were returned to the care inspector. No concerns were raised.

5.2.2 General Environment

The inspector undertook a tour of Woodlands Beacon Centre. The environment was clean and tidy. There were good housekeeping arrangements in place. There was a range of service user information displayed on walls or notice boards regarding the programmes and activities on offer. The general décor and furnishings were fit for purpose.

The inspector commended the service on the excellent outside garden space as a result of work completed by service users, volunteers and staff. The manager informed the inspector a service user (with support from staff) nominated Woodlands Beacon Centre to the Lottery Fund for their tenth anniversary £10,000 awards. The centre was one of ten charities receiving a £10,000 award to fund their garden project. Several service users have participated and completed a horticultural and health and safety courses to enable them to work more safely in the garden. Discussions with service users concluded the learning from these courses was shared with other service users and staff. A new sheltered outdoor dining area with table and chairs has been created; a large shed for storage has been built for the rear of the garden; raised vegetable and plant growing beds have been made; privacy bamboo screens have been fitted around the periphery of the garden and there are colourful flowers and plants growing. A mural has been painted on the wall and other wall areas have been painted. The entire garden area and the work completed is a credit to the service users in Woodlands Beacon Centre. Discussions with service users reflect they receive a lot of enjoyment from the transformed outside space.

The manager was advised to display the service's RQIA Certificate of Registration in a central public area as this is currently on the wall in the staff office on the first floor. Plastic bin liners are needed in the bathroom bin. The manager was also advised to replace the storage wicker

drawer unit in the identified bathroom as was very dusty and would be difficult to effectively clean. Assurances were given by the manager she would action these matters.

5.2.3 Accident/Incident Reports

Woodlands Beacon Centre's accident and incident records were reviewed during this inspection. No accidents or incidents were recorded since the previous inspection.

5.2.4 Complaints

No complaints had been recorded in the Woodlands Beacon Centre complaints book since the previous inspection. The manager was advised to ensure all areas of dissatisfaction, concerns and complaints must be recorded.

Discussions with service user's conclude they are aware of NIAMH's complaints process. Service users stated they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

5.3 Areas for Improvement

There were no requirements or recommendations made regarding these additional areas examined.

Number of Requirements	0	Number Recommendations:	0
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6.0 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Dorothy 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

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 8.5</p> <p>Stated: First time</p> <p>To be Completed by: One year</p>	<p>The registered persons must ensure the Woodlands Beacon service users' annual quality assurance evaluation report:</p> <ul style="list-style-type: none"> (a) is dated (b) covers all areas of the day service and should include the quality of the classes/programmes and the environment (c) includes the outcomes of the actions taken as a result of the service's previous collated quality assurance questionnaires (d) includes the action to be taken (with timescales) from the current collated quality assurance questionnaires. If no actions are needed the report should state this. <p>Response by Registered Person(s) Detailing the Actions Taken: Next years annual quality assurance evaluation report will cover the areas indicated as above as required.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18.5</p> <p>Stated: First time</p> <p>To be Completed by: 4 September 2015</p>	<p>The registered persons must ensure policies and procedures are reviewed systematically on at least a three yearly basis. The identified Continence Promotion and Beacon Member Empowerment policies and procedures must be reviewed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A review has commenced and will be completed by the end of August 2015.</p>
<p>Recommendation 3</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p>	<p>The registered persons must ensure service user's annual review reports contain all of the information stated in standard 15.5. This includes service user's views and opinions of the quality of their care and support.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The next service users annual review report is due for completion in May 2016. Systems will be put in place to ensure the report adequately reflects the information outlined above.</p>

Recommendation 4 Ref: Standard 8.3 Stated: First time To be Completed by: Immediate and ongoing	The registered manager should ensure the minutes of service user's meetings contain: (a) any actions agreed with who is responsible for completing them with time frames (b) minutes of the next meeting must detail if the actions from the previous meeting were completed.		
Recommendation 5 Ref: Standard 5.5 Stated: First time To be Completed by: 31 July 2015	Response by Registered Person(s) Detailing the Actions Taken: At a staff meeting on the 15 th June, a new format for recording minutes/actions and timeframes was introduced to staff, and this will be used in all future meetings.		
Registered Manager Completing QIP	Dorothy Devlin	Date Completed	29 th June 2015
Registered Person Approving QIP	Billy Murphy	Date Approved	22/07/2015
RQIA Inspector Assessing Response	<i>Louise McLaughlin</i>	Date Approved	30/7/15

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