

Inspection Report

9 November 2021



Prospects Beacon Centre

Type of service: Day Care Setting
Address: 5-7 Parkview Road, Castleterg, BT81 7AH
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspire Wellbeing	Registered Manager: Mrs Hanora Raflewski (Acting)
Responsible Individual: Mr Cormac Coyle	Date registered: Application received
Person in charge at the time of inspection: Mrs Hanora Raflewski	
Brief description of the accommodation/how the service operates: This is a day care setting with 26 places that provides care and day time activities for people over the age of 65, who may also be frail or who have needs arising from mental health diagnosis. The day care setting is open Monday, Tuesday and Wednesday and is managed by Inspire Wellbeing.	

2.0 Inspection summary

An unannounced care inspection took place on 9 November 2021 from 11.10 a.m. to 3.10 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

This inspection also sought to assess progress with any issues raised in the previous quality improvement plan (QIP).

Service users said that they were very satisfied with the standard of care and support provided.

There were no areas for improvement identified during this inspection.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with the NISCC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and the QIP and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

One area for improvement identified at the last care inspection was reviewed and an assessment of compliance was recorded met.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Thirteen responses were received. and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with five service users and two staff including the manager.

Comments received during the inspection process included:

Service users' comments:

- "Staff are excellent and this is an excellent centre."
- "I feel safe in the centre and I can approach the staff at any time if I had a problem."

- “Staff have provided good information about Covid-19.”
- “We get asked what we like to do in the centre and staff listen to you.”
- “No complaints, you couldn’t get a better service.”
- “We are always informed of any changes in the centre and new covid-19 information.”

Staff comments:

- “Excellent organisation to work for.”
- “I am aware of the types of abuse and the importance of immediate referral.”
- “Choice and freedom is very important as it is part of the service users’ human rights.”
- “We have all done DoLS training and there are no restrictions in the centre.”
- “Staffing levels meet the service users’ needs.”
- “We have good training provided and relevant to our service users.”
- “Service users are comfortable with staff as staff are here a long time.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection of the service was undertaken on 13 September 2019 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Area for improvement from the last inspection on 13 September 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 28 (5) (a) Stated: First time	The registered provider shall maintain a copy of the monthly monitoring report in the day care setting and make it available on request to the Regulation and Improvement Authority.	Met
	Action taken as confirmed during the inspection: Monthly monitoring reports were available. We reviewed a sample of these reports and found them to be satisfactory.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). An adult safeguarding champion position report had been completed for the day care setting.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed that care staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

Discussion with the manager established that there had not been any suspected, alleged or actual incidents of abuse since the previous care inspection. The manager and staff further confirmed that there was a clear pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals and established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service.

Observation of the delivery of care at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. The manager advised that no incidents/accidents had occurred in the day care setting since the previous care inspection.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. This included DoLS training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager confirmed that no restrictive practices were used in the day care setting.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the support worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as personal protective equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Hand sanitisers were strategically located throughout the day care setting.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SLT)?

The manager advised that none of the service users had been assessed by SLT in relation to dysphagia needs. Discussions with the manager and staff confirmed that they were aware of the SLT referral process if a service user presented with an eating, drinking and swallowing concern.

5.2.3 Are there robust systems in place for staff recruitment?

The manager advised that there were no newly recruited staff to the day centre and that the staff team had all worked in the day centre for a number of years. The manager confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of records confirmed all staff working in the day care setting were registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the centre does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

Quality monitoring reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

There were no areas for improvement identified during this inspection.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Hanora Raflewski, manager, as part of the inspection process and can be found in the main body of the report.



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