

Unannounced Care Inspection Report 13 and 18 December 2017



Prospects Beacon Centre

Type of Service: Day Care Setting

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Inspector: Angela Graham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting that provides care and day time activities for up to twenty six service users with a learning disability and service users with a mental health diagnosis. The day care setting is open Monday, Wednesday and Friday.

3.0 Service details

Organisation/Registered Provider: Inspire Wellbeing Responsible Individual(s): William Henry Murphy	Registered Manager: Ciara McGoldrick
Person in charge at the time of inspection: Ciara McGoldrick	Date manager registered: Ciara McGoldrick 18 November 2016
Number of registered places: 26 DCS-LD, DCS-MP	

4.0 Inspection summary

An unannounced inspection took place on 13 December 2017 from 09.50 to 14.20 hours and 18 December 2017 from 14.00 to 17.00 hours.

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

The inspection sought to assess if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management that promoted safe care. Regarding effective practice, examples of good practice were found in relation to care reviews and communication between service users, staff and other key stakeholders. Good practice was found regarding compassionate care in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users. Finally, good practice was found in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas requiring improvement were identified regarding care records and the fire risk assessment.

Service users were asked to provide their views regarding the day care setting. Examples of some of the comments made by service users are "I enjoy coming to the centre and meeting up with my friends", "staff are always helpful", "I go out into town for lunch" and "I have no suggestions for improvement to the service".

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	2

Details of the Quality Improvement Plan (QIP) were discussed with Ciara McGoldrick, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 3 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 March 2017.

5.0 How we inspect

Prior to inspection the following records were analysed:

- the registration details of the day centre
- written and verbal communication received since the previous care inspection
- the previous care inspection report and QIP

During the inspection, the inspector met with the registered manager, two care staff and five service users. The registered manager was provided with ten questionnaires to distribute to service users/relatives for their completion. The questionnaires asked for service user and relatives' views regarding the service, and requested their return to RQIA. Ten service users' questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

A poster was provided for display to inform staff how they may comment and share their views on the service with RQIA via electronic survey monkey or by use of mobile telephone scan code. No responses were received within the timescale requested.

The following records were examined during the inspection:

- complaints and compliments records
- accident/untoward incident records
- staff roster
- RQIA registration certificate
- staff supervision and appraisal records
- elements of three service users' care records
- sample of policies and procedures
- sample of quality assurance audits
- fire safety risk assessment
- fire drill records
- staff training information

- minutes of three staff meetings
- minutes of three service user meetings
- three monthly monitoring reports

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 March 2017

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 3 March 2017

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 7.5 Stated: First time	The registered manager should ensure that when no recordable events occur, there is an entry at least every five attendances for each service user to confirm that this is the case.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the registered manager confirmed that this area for improvement had been addressed. The review of three care records evidenced that this area for improvement had been addressed.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for weeks commencing 27 November 2017 until 13 December 2017 evidenced that the planned staffing levels were adhered to. Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Discussion with service users evidenced that there were no concerns regarding staffing levels.

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

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. Records of competency and capability assessments were retained and examined during the inspection.

Discussion with staff confirmed that mandatory training and other professional development training was provided. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, mental health first aid, health and safety, first aid and adult safeguarding training.

Discussion with staff during inspection revealed staff regarded training as important as it guided and informed them how to care safely, effectively and compassionately.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The registered manager confirmed that no restrictive practices were undertaken within the day care setting and on the days of the inspection none were observed.

Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual. Staff asserted that they had the right knowledge and information to prevent harm to the service users attending the setting.

The staff on duty on the day of inspection discussed the needs of the service users they were looking after. They gave a clear description of their needs and how those needs will be met. The staff stated their aim was for service users to enjoy their time in the day service by undertaking stimulating activities and for service users to feel comfortable and safe in the group environment. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views,

opinions and preferences. In summary, the discussion with staff confirmed they were proactively promoting safe care for service users in this setting.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that there were no current safeguarding concerns ongoing.

A review of the day centre's environment was undertaken and the day centre was found to be warm, fresh smelling and clean throughout. The environment was observed during the inspection and there was evidence of infection prevention and control measures in place such as personal protection equipment which was available for staff, there was evidence that hand hygiene was promoted through notices, hand washing supplies and facilities. There were no obvious hazards to the health and safety of service users, visitors or staff. Fire exits were observed to be clear of clutter and obstruction. The review of fire drill records confirmed that a fire drill had been undertaken on 14 August 2017. Discussion with staff confirmed they were aware of the evacuation procedure.

The inspector reviewed the fire risk assessment undertaken on 13 January 2016. Evidence was not available to determine if there were any significant findings emanating from this assessment. This was identified as an area for improvement under the standards.

Ten service users returned questionnaires to RQIA post inspection. Three of the ten service users were very satisfied and seven service users stated they were satisfied the care was safe.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, knowledge regarding adult safeguarding, infection prevention and control and risk management.

Areas for improvement

One area for improvement was identified in relation to the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

The inspector reviewed elements of three service users' care records. Review reflected there were risk assessments and care plans in place. There was recorded evidence of multi-professional collaboration. The review of elements of three service user care records identified

the care plans had not been signed by the registered manager in two out of the three care plans reviewed. This was identified as an area for improvement under the standards.

In the three care records reviewed a photograph of the service user had not been provided in line with Regulation 19(1)(a), Schedule 4 (2) of The Day Care Setting Regulations (Northern Ireland) 2007. This was identified as an area for improvement under the regulations.

Care recording for every five attendances was being maintained in the three care records inspected. The review confirmed that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Review of elements of three service users' care records also confirmed annual reviews of the individual's day care placement had taken place in the previous year. Discussion with staff confirmed that a person centred approach underpinned practice.

Discussion with staff regarding implementation of the care plans provided assurance they knew each individual's needs. Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in Prospects Beacon Centre.

Records were stored safely and securely in line with data protection. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were made available for inspection concerning audits of the environment, staff training, complaints, fire safety, supervision and appraisal and care records and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings.

Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other health care professionals.

Discussion with the registered manager and review of records evidenced that service user meetings were generally held quarterly. The last meeting was held on 1 September 2017 and minutes were made available. There was information available to staff, service users and representatives in relation to advocacy arrangements.

Observation of practices evidenced that staff were able to communicate effectively with service users.

Service users spoken with expressed their confidence in raising concerns with the day centre’s staff/management. Service users knew the registered manager.

Discussion with staff confirmed the centre was providing a good standard of care. Discussion with staff also confirmed they were knowledgeable regarding safeguarding service users in their care and confirmed if they had to escalate concerns they would speak to the registered manager. Staff detailed the key worker and staff communication methods had ensured they provided safe and effective care, they knew what each service user needed and how best to meet the needs. Staff identified they were conscious of giving service users safe choices and encouraging independence. Staff confidently expressed their views and knowledge regarding safe and effective care and stated they would and have brought any concerns regarding the delivery of safe and effective care to the registered manager.

Ten service users returned questionnaires to RQIA post inspection. Three service users confirmed they were very satisfied and seven stated they were satisfied that the care was effective in this setting; they got the right care at the right time in the right place; the staff know their care needs; they are kept aware of their care plans; and the care meets their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews, audits and communication between service users, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	1	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect while promoting and maintaining their independence.

Discussions with staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities. They discussed the range of activities they could take part in such as arts and crafts, courses delivered by the local college and health and wellbeing courses. Observations of service users taking part in activities showed participation was good.

Staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user’s individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user’s needs.

The staff described they consult with service users informally when they are in the day care setting regarding their needs, preferences and choices. Service users are consulted on a formal basis via service users’ meetings and the annual review of their day care placement.

Service users spoken with during the inspection commented positively in regard to the care they received. Examples of some of the comments made by service users are listed below:

- “I feel safe here. I enjoy coming to the centre as it takes me out of the house and I get to meet up with my friends”.
- “Staff are always available to listen if I had any concerns”.
- “The centre is always warm and clean”.
- “Staff are good to me. Everything is top”.
- “I have a care plan and other records that staff have talked to me about and I have signed”.

During the inspection the inspectors met with two care staff. Some comments received are listed below:

- “I received a detailed induction when I started working in the centre. I have regular supervision and an appraisal every year”.
- “We involve the members in all decisions regarding their support”.
- “The organisation provides excellent training. I have been on safeguarding training and other mandatory training”.
- “The manager is always available for advice and support. We work well as a team”.

Ten service users returned questionnaires to RQIA post inspection. Three service users confirmed they were very satisfied and seven service users confirmed that they were satisfied that staff treat them with compassion, staff treated them with kindness, staff ensured they were respected and their privacy and dignity was maintained, staff informed them about their care and staff supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

The registered manager confirmed that there were management and governance systems in place to meet the needs of service users.

A range of policies and procedures were in place to guide and inform staff. The inspector reviewed a sample of policies and procedures. Staff confirmed that they had access to the day centre's policies and procedures.

Discussion with staff confirmed that they knew how to respond to a range of situations such as responding to issues of dissatisfaction or an adult safeguarding concern. The staff confirmed that there is good communication across the team and clear working together practices. They described the management team as supportive and they knew they could speak to them for guidance or advice. All grades of staff were clear who they report to and what to do if they had a concern about a staff member or service user. Discussions with staff also confirmed that management were responsive to any suggestions or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held generally quarterly, and records verified this. The last meeting was held on 17 November 2017 and minutes were available. Previous staff meeting had been undertaken on 24 September 2017. The content recorded detailed discussions of staff being informed regarding changes to service users' needs, best practice examples, policy and procedure changes, training opportunities and potential to improve practice. The records and commentary recorded evidenced staff discussions were focussed on service users' needs and improvement. The registered manager confirmed that the minutes of staff meetings were made available for staff to consult.

The complaints record was reviewed. No complaints were recorded since the previous care inspection on 3 March 2017. Compliments records were recorded and maintained by staff.

The inspector discussed the monitoring arrangements under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken monthly by an independent monitoring officer. A monitoring visit had been undertaken on 27 November 2017. Three monitoring reports were reviewed from September to November 2017. The monitoring officer reported on the conduct of the day care setting.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Ten service users returned questionnaires to RQIA post inspection. Three of the ten service users were very satisfied and seven service users stated they were satisfied care was well led in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships supporting well led care in the setting.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with, Ciara McGoldrick, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 setting. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 19(1)(a) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall maintain in respect of each service user a record which includes the information, documents and other records specified in Schedule 4 relating to the service user including a recent photograph of the service user.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Since Inspection, staff have commenced the process of discussing with members and taking pictures to attach to GOS records</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered person shall confirm the outcome of the fire risk assessment detailing if significant findings were identified.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Registered manager has spoken to Landlord/relevant Health and Safety person who confirmed there were no outcomes or significant findings from Fire Risk Assessment. Registered manager has also asked for this to be confirmed by email</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.3</p> <p>Stated: First time</p> <p>To be completed by: 31 January 2018</p>	<p>The registered manager should ensure service users' care plans are dated, signed by the service user, the member of staff completing it and the registered manager. Where the service user is unable or chooses not to sign any document, this should be recorded and the basis of his or her agreement to participate noted.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: Staff have commenced working through each individuals documents to ensure all signatures are included, in particular from discussion with the Inspector, the Registered Managers signature.</p>



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