

# Unannounced Care Inspection Report 10 August 2016



## Woodvale Beacon Centre

**Type of Service: Day Care Setting**  
**Address: 32 Ballymoney Road, Ballymena, BT43 5BY**  
**Tel No: 02825642383**  
**Inspector: Louise McCabe**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Woodvale Beacon Centre took place on 10 August 2016 from 09.45 to 16.45 hours.

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

### **Is care safe?**

On the day of the inspection the day care centre was found to be delivering safe care. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Discussions with the manager and staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

A general inspection of the day care setting confirmed that the premises and grounds were well maintained. In the interests of infection, prevention and control, the registered manager was advised to appropriately store the identified cleaning equipment. This is an area for quality improvement.

### **Is care effective?**

On the day of the inspection the care in Woodvale Beacon Centre was found to be effective, however areas for improvements were identified. There were some managerial arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. Improvements are needed regarding service user's care documentation and the annual review of individual's day care placement. Details of these matters are specified in section 4.4. Three areas for quality improvement were identified during this inspection.

### **Is care compassionate?**

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There were no areas identified for improvement as the result of this inspection.

### **Is the service well led?**

On the day of this inspection there was some evidence of effective leadership, management and robust governance arrangements in the day care setting and a culture focused on the needs of service users. One area for quality improvement was identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012 previous inspection outcomes and any information we have received about the service since the previous inspection.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Alex McKeown, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation / registered provider:</b> NI Association for Mental Health/Mr William Henry Murphy	<b>Registered manager:</b> Mr Alexander Patrick McKeown
<b>Person in charge of the day care setting at the time of inspection:</b> Ms Catherine Mulholland (Project Worker) responsible for the centre from 09.00 – 10.30 hours Mr Alex McKeown from 10.30 hours	<b>Date manager registered:</b> 21 October 2013
<b>Number of service users on day of inspection:</b> 18	<b>Number of registered places:</b> 25

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous care inspection report
- Records of notifiable events received by RQIA from 28 January 2016 (none were received).

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

- Discussion with the day care worker responsible for the day care setting at the beginning of the inspection
- Discussion with the registered manager (arrived late morning to the centre)
- Discussion with seven service users
- Discussion with two care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with 13 questionnaires to distribute to 5 service users not attending the centre on the day of inspection; three staff members and 5 representatives (with the service user's consent) for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. One staff questionnaire was completed and returned to RQIA. The content of the questionnaire is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (none recorded since the previous care inspection)
- Accident/untoward incident record (none recorded since 28 January 2016)
- Recruitment and selection checklist (for one staff member)
- Elements of four service users care files
- Review of five random NIAMH (Northern Ireland Action for Mental Health) policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Two monthly monitoring reports
- One day care worker's competency assessment.

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 28 January 2016**

The most recent inspection of the day care setting was an unannounced care inspection on 28 January 2016. There were areas identified for improvement from this inspection, therefore there was no QIP.

### **4.2 Review of requirements and recommendations from the last care inspection dated 28 January 2016**

There were no requirements or recommendations made as a result of the centre's previous inspection.

### 4.3 Is care safe?

With regards to the safety of service users, identified policies and procedures were in place in Woodvale Beacon Centre. Policies and procedures were indexed, dated and ratified by the registered person. Confirmation was obtained from discussions with two care staff that these are accessible in the day care setting. The following five NIAMH policies and procedures were randomly reviewed during this inspection:

- Safeguarding Vulnerable Adults
- Whistleblowing
- Recruitment and Selection
- Complaints
- Incident, Accident and Near Miss Management procedure.

These were compliant with identified regulations and minimum standards.

The registered manager was asked if there had been any safeguarding vulnerable adult referrals regarding service users since the previous care inspection. He replied there had been none and there were no current safeguarding investigations.

On the day of the inspection no restrictive care practices were observed.

The most recently employed staff member was recruited in September 2015. NIAMH's Human Resources Department is responsible for ensuring all of the legislative matters specified in Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 20.2 of The Day Care Settings Minimum Standard (January 2012) are met. The registered manager sought confirmation from the Human Resources Department that all recruitment matters had been adhered to; this confirmation was obtained and shared with RQIA.

NIAMH has devised a comprehensive induction package accredited to the Open College Network and the employee's successful completion of this accredits them with a Level 2 in Social Care. This process can take approximately nine months to complete. The employee signs when each stage is completed and this is subsequently signed off by the registered manager.

A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in the day care setting. There is a registered manager, a project worker, two support workers (care assistants); a volunteer and an administrator employed in Woodvale Beacon Centre.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities. The monthly monitoring report of 26 May 2016 stated "some training has been missed, however this is being addressed." A discussion took place with the registered manager that the monthly monitoring report should specify which training is needed. Subsequent records had been made in Woodvale Beacon Centre's Service Improvement Plan which stated all training was up to date at 30 June 2016.

A review of Woodvale Beacon Centre's accidents and untoward incident records showed there had been none recorded since the previous unannounced care inspection on 28 January 2016. Prior to this RQIA had been notified of identified accidents and incidents in accordance with Regulation 29. The registered manager stated he is aware of his responsibilities in accordance

with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012).

Fire exits and corridors were clear of clutter and obstruction.

Three mops and different colored buckets were observed to be uncovered and outside near the centre's service user's smoking area. The registered manager said storage is limited in the centre and as a result mops and buckets are kept outside. Standard 27 of the Day Care Settings Minimum Standards was discussed with the registered manager concerning Infection, prevention and control and the need for appropriate storage in accordance with infection, prevention and control guidelines. This is an identified area for improvement.

Inspection of the internal and external environment identified that the day care setting and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. There were no other obvious hazards to the health and safety of service users, visitors or staff.

Discussions with seven service users provided evidence to RQIA that they felt safe in Woodvale Beacon Centre.

Review of one completed RQIA staff questionnaire verified this. The staff member had not recorded any qualitative comments under the domain of 'Is Care Safe'.

### Areas for improvement

One area for improvement was identified during the inspection and regards the appropriate storage of mops and buckets to comply with current infection, prevention and control guidelines.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.4 Is care effective?

Discussion with the registered manager and two care staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with seven service users also concluded their needs were being met in the day service.

Care plans are referred to as 'Recovery Support Plans' in registered NIAMH day services. With the exception of one service user's recovery support plan, review of elements of three service user's care files reflected there were comprehensive general assessments, risk assessments and recovery support plans in place. These met the DHSSPS Minimum Day Care Settings Standards 4 and 5. There was evidence that risk and other assessments informed the care planning process.

The assessments of one identified service user had not been dated. The same service user's risk assessments and recovery support plan were dated 26 November 2012. There was no evidence these had been reviewed and updated despite the service user consistently attending Woodvale Beacon Centre. The registered manager informed RQIA that the service user does not like to be involved in his/her assessments and care planning process. The matters specified in Schedule 4 of Regulation 19(1)(a) of The Day Care Setting Regulations (Northern Ireland) 2007 were discussed with the registered manager. This is an identified area for improvement.

Review of four service user's care records confirmed two annual reviews of the individual's day care placement had taken place in the previous year and the annual review reports were compliant with Minimum Standard 15.5. Records showed the other two identified service user's annual reviews had taken place in July 2015 and November 2012. The registered manager was asked if he has an audit system which would indicate when the service user's annual review is due to take place. He replied there is a recording template on the wall in his office which states the names of all service users who attend Woodvale Beacon Centre and the date of their most recent annual review of their day care placement. Based on this, he stated there are twelve service users who for various reasons have not yet had an annual review of their day care placement in the last year. Standard 15.3 of The Day Care Settings Minimum Standards was discussed with the registered manager. This is an identified area for improvement.

Review of a sample of service user's progress care records evidenced these were updated regularly for three service users, they were qualitative, objective and compliant with the Day Care Settings Minimum Standards 7.4 and 7.5. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process. However the progress care notes regarding one identified service user showed there were significant gaps in recording, for example there were no care records from the end of January 2016 to 20 May 2016 and for the month of June up until 22 July 2016. Confirmation was obtained from the registered manager that the identified service user continued to attend Woodvale Beacon Centre one day per week and in recent weeks he/she has been attending two days per week. This is an identified area for improvement.

It was observed during this inspection that records were stored safely and securely in line with data protection.

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, multi-professional reviews, monthly service users meetings and regular staff meetings. Discussion with the registered manager confirmed that management operated an open door policy in regard to communication within the day care setting.

Discussion with two care staff confirmed that staff meetings were held every other month in Woodvale Beacon Centre and a random sample of the minutes of three staff meetings (06 April, 15 June and 07 July 2016) verified this. Action points were included in the minutes. Staff stated that there was effective teamwork; 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. Staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Discussions with seven service users and two care staff concluded the care in Woodvale Beacon Centre was effective, however improvements were needed in three identified areas. There were no qualitative comments under the domain of 'Is Care Effective' recorded in the returned staff questionnaire.

### **Areas for improvement**

Three areas for quality improvement were identified during the inspection regarding this domain. These matters concern:



1. Review of one identified service user’s care file and the updating of his/her risk and other assessments and care plan.
2. Annual review of twelve service users day care placements.
3. Service user’s progress care notes are to be maintained in accordance with Minimum Standard 7.5.

<b>Number of requirements</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.5 Is care compassionate?**

Discussions with seven service users confirmed they were treated with compassion, kindness and respect. Service users said management and staff listen to them, offer them choices and involve them in decision making during their time in the centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users’ wishes, preferences and assessed needs as identified within their care plan. Relationships between all staff and service users were observed to be relaxed and friendly.

Discussions with seven service users and observations of care practices during this inspection confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users’ needs were recognised and responded to in a prompt, courteous and supportive manner by care staff.

There were systems in place to ensure that the views and opinions of service users, and/or their carers/representatives, were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with care staff. They are also consulted on a formal basis via alternate monthly service users’ meetings; the annual review of their day care placement and an annual survey about the standard and quality of care and day service. The most recent service users’ annual quality assurance survey was distributed by NIAMH in May 2016. This is currently being evaluated by NIAMH’s Head Office.

The minutes of three service users’ meetings (27 January, 19 May and 07 July 2016) were randomly sampled during this inspection. These qualitatively reflected a summary of their discussions and any activities or suggestions made by service users were responded to. Service users confirmed that their views and opinions were taken into account in all matters affecting them.

RQIA had individual discussions with a total of seven service users. All seven confirmed that they would have no hesitation in approaching the manager or care staff if they had any concerns. Examples of some of the comments made by service users were:



- “I enjoy coming here, it gets me out of the flat and gives me something to do. I’ve learned a lot from the educational classes and have gained certificates. The staff are good and support us when we need it. Woodvale has helped me a lot.”
- “This centre is great. The manager and staff are unbeatable. Coming here means I have a purpose to my day, I’m no longer isolated. I enjoy it and the manager and staff are supportive. They are all very observant.”
- “I’m really happy to be here. Before I came here, I didn’t like to leave the house. I’ve made friends here and have done a computer course. I’ve also signed up for another course. I’m happy I came here, I enjoy it.”
- “I like it here, I’ve made friends. It’s good for me to get out. I like the staff, the classes and the outings. I’ve no concerns.”

Thirteen RQIA questionnaires were issued to service users, relatives and staff. One staff questionnaire was returned to RQIA. The responses were positive about care being compassionate in Woodvale Beacon Centre. No qualitative comments were recorded by the staff member.

**Areas for improvement**

No areas for improvement were identified during the inspection in this domain.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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**4.6 Is the service well led?**

RQIA had a discussion with the registered manager and two care staff about identified NIAMH’s policies and procedures and was satisfied concerning their understanding of these.

Discussion with two care staff identified they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Discussion with service users concluded they were aware of the roles of the staff in the centre and whom they should speak to if they had a concern. A completed RQIA questionnaire also verified this.

RQIA’s registration certificate of the day care setting was displayed in the dining room.

Discussion with the day care worker and observations of practices during this inspection evidenced that the centre was operating within its registration.

The day care setting’s complaints record was reviewed during this inspection. This showed there were no complaints recorded since the centre’s previous care inspection on 28 January 2016. The registered manager confirmed he was aware of his responsibilities under Standard 14 of the Day Care Settings Minimum Standards (January 2012). Arrangements were in place to share information about complaints and compliments with staff. Discussions with seven service users verified they are aware of NIAMH’s complaints process.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; these reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. Two monthly monitoring reports (26 May and 20 July 2016) were randomly sampled during this inspection. These were compliant with Regulation 28 and Minimum Standard 17.10.

With regards to Standard 17 of the Day Care Settings Minimum Standards (January 2012) concerning the management and control of operations which support and promote the delivery of quality care services; the registered manager stated his line manager has arrangements in place to monitor, audit and review this at appropriate intervals. Discussions took place with the registered manager about his management responsibilities to undertake regular systematic audits of service user's care files; formal staff supervision and annual appraisal etc. Improvements are needed in the area of auditing and future monthly monitoring visits and their reports should provide information on the progress made by the registered manager regarding the audits of service user's care files.

The day care setting's annual quality report for 2014 – 2015 was made available during this inspection. This complies with Regulation 17(1), Schedule 3. The registered manager said the annual report for the year 2015 – 2016 is due to be completed by the end of August 2016. There were quality assurance systems in place to drive quality improvement, these included audits and satisfaction questionnaires.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

With regards to 'Is the Service Well Led' section of the one returned RQIA staff questionnaire; the staff member answered 'yes' to all the questions. No qualitative comments were made regarding 'Is the Service Well Led.'

Records were made available for inspection concerning audits of the environment, service user satisfaction surveys and care records and evidenced that actions identified for improvement had been completed. These quality assurance systems assist in the process of driving quality improvement. Further evidence of audits were contained within two of the monthly monitoring reports reviewed during this inspection, these were qualitative and comprehensive.

Based on the findings of this care inspection RQIA there was evidence of some effective leadership and governance arrangements to support and promote the delivery of quality care services in Woodvale Beacon Centre. However, improvements are needed by the registered manager concerning the systematic audits of service user's care files to ensure compliance with Minimum Standards 4, 5, 7 and 15.

### Areas for improvement

One area for improvement were identified during the inspection and concerns the registered manager ensuring systematic audits are undertaken of service user's care files.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Alex McKeown, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the (Insert Service Type). The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

## 5.1 Statutory requirements

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

## 5.2 Recommendations

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

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 19(1)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 September 2016</p>	<p>The registered provider must ensure the information specified in Schedule 4 of The Day Care Setting Regulations (Northern Ireland) 2007 is maintained for the identified service user. This includes the review and updating of all risk and other assessments; his/her care plan and that an annual review of his/her day care placement takes place as soon as possible.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The review and subsequent risk assessment and support plan where completed on the 30<sup>th</sup> August 2016.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 7.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed from:</b> 11 August 2016 and ongoing</p>	<p>The registered manager should ensure service user's progress care notes are made at least every five attendances and systems are in place to enable this.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>The number of Outstanding Service User notes was quickly established and the 5 attendance standard reached by the end of September.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 15.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 November 2016</p>	<p>The registered provider and registered manager should ensure all service users have an annual review of their day care placement.</p> <p>The registered manager is asked to confirm that the twelve outstanding service user's annual reviews will have taken place by 11 November 2016.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>This target was met for all 12 outstanding reviews.</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 11 September 2016</p>	<p>The registered manager should ensure systems are in place to audit working practices in Woodvale Beacon Centre. This includes the manager's regular systematic audits of service user's care files to specifically assess compliance with standards 4, 5, 7 and 15. Written evidence should be maintained of these audits.</p>
	<p><b>Response by registered provider detailing the actions taken:</b></p> <p>An audit tool specifically for the standards above was developed and has been used to identify gaps and address these as required.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 27.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 August 2016</p>	<p>The registered manager should ensure there is suitable storage for cleaning mops and buckets and that these are in accordance with infection, prevention and control good practice guidelines.</p>
	<p><b>Response by registered provider detailing the actions taken:</b> Appropriate hard plastic storage containers have been purchased and are now in continuous use for mops, buckets and waste bins.</p>



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews