

**Unannounced Care Inspection
of
Beacon Centre**

16 February 2016

1. Summary of Inspection

An unannounced care inspection took place on 16 February 2016 from 10.45 to 17.15. 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 and The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP 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	2	6

The details of the QIP within this report were discussed with Mr Ruairi O'Doherty, Project Worker as part of the inspection process and shared with Ms Allison Foley, registered manager by email. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health/Mr William Henry Murphy	Registered Manager: Ms Allison Foley
Person in Charge of the Day Care Setting at the Time of Inspection: Mr Ruairi O'Doherty, Project Worker	Date Manager Registered: 24 July 2009
Number of Service Users Accommodated on Day of Inspection: 29	Number of Registered Places: 30

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 and theme have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

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 were used in this inspection. Prior to the inspection, the following records were examined:

- The registration status of the service
- Written and verbal communication received since the previous care inspection
- The report from the care inspection undertaken in the previous inspection year.

The following records were examined during the inspection:

- Two complaints and three compliments
- Two accidents/untooward incidents
- Statement of Purpose
- Service Users' Guide
- Minutes of three service users' meetings
- Three service users' care files
- Service users' annual quality assurance evaluation report
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the day service agency was an announced estates inspection dated 4 June 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

There were no requirements or recommendations made as a result of the previous care inspection on 12 March 2015.

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Is Care Safe?

The day service has corporate Northern Ireland Association for Mental Health (NIAMH) policies and procedures pertaining to assessment, care planning and review entitled: 'Service User's Journey'. There is also associated guidance and information available for staff. Discussions with three care staff concluded these are available in the centre or on NIAMH's intranet system.

On the day of this inspection staff, where appropriate and safe, encouraged and enabled service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed. Discussions with staff reflected a person centred approach was used with service users.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support with their personal care. Discussions with service users concluded that staff were discreet; they were sensitive and respectful; they preserved their dignity and they try their best to make them feel at ease and comfortable. Service users stated care staff 'know them very well'.

It can be concluded care was safe in the Beacon Centre.

Is Care Effective?

Three service users' care files were reviewed. These contained risk and other assessments. Care plans are called 'support plans' within the NIAMH services. There was evidence service user's support plans are reviewed by staff with individuals on a systematic basis or when changes occur. The statement of purpose details an overview of the information that should be included in a service user's support plan.

Discussions with three care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service users' privacy was respected. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection prevention and control, and have received training on this. The registered manager said care staff have also received training in the following areas: 'Dignity at Work'; 'Equal Opportunities' and 'Social Care', which includes all referral; care planning and review processes.

Consent was obtained for RQIA to review care information in three identified service user's care files. Assessments had been completed and two of the three assessments had been reviewed in the previous year with the individual. One identified assessment was dated 28 August 2014 and there was no evidence to show this had been reviewed in the last year. This is an identified area for improvement.

The three support plans were person centred, reflective of the individual's needs and had been signed by the service user. Two of the three support plans had also been signed by the staff member completing it and the registered manager; however, one care plan had not been signed by the registered manager. Improvements are needed to ensure service user's support plans

fully reflect the specific support needed from staff in relation to personal care and their mental health needs.

It can be concluded care was effective in the Beacon Centre.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Staff presented as knowledgeable, experienced and compassionate.

Discussions took place with a total of seven service users, individually and in private in the centre. Service users said staff were sensitive and respectful. During conversations service users said staff encouraged them to be as independent as possible.

It can be concluded care was compassionate in the Beacon Centre.

RQIA Questionnaires

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

Questionnaires issued to	Number issued	Number returned
Staff	5	0
Service Users	5	0

The overall assessment of this standard showed the quality of care to be compassionate, safe and effective in the Beacon Centre.

Areas for Improvement

Two identified areas for improvement are needed regarding RQIA's review of standard 5. These concern:

1. Review of an identified service user's assessment.
2. Support plans.

Number of Requirements:	0	Number of Recommendations:	2
--------------------------------	----------	-----------------------------------	----------

5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

Is Care Safe?

The day service has corporate NIAMH policies and procedures pertaining to service user involvement; communication and complaints. These include:

- Service User Empowerment
- Complaint's, Compliments, Concerns.

The registered manager informed RQIA the service's policies are currently being formatted to meet with ISO standards. Policies and procedures are available on hard copy in the office or on the service's intranet. There is also associated guidance and information available for staff.

In relation to service user empowerment, the registered manager said care staff have received training in advocacy. Service user's have also taken part in advocacy training and recruitment and selection training. All staff have completed 'Quality and Governance' training which includes complaints, compliments, concerns and empowering service user's to express their views.

Discussions with seven service users and three care staff reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions.

A tour of the environment showed there were no fire doors wedged open and no health or safety hazards were observed. It is noted the toilets on the ground floor are small and narrow with very little room for bins for the disposal of continence products. This was discussed with the project worker and the registered manager is asked to liaise with service users and review this. The centre was clean and well maintained.

It can be concluded safe care was delivered in the Beacon Centre.

Is Care Effective?

Discussions with the project worker, seven service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained, for example: there is a suggestion box in the reception area, informal discussions with staff, service user meetings and the annual review of their day care placement.

There is a service users' committee in the Beacon Centre which usually meets on a fortnightly to monthly basis. The minutes of three service users' meetings (August, October and November 2015) were reviewed. There was evidence that service users' views and opinions were sought and form the basis of all discussions. The minutes contained summaries of the discussions that took place, the minutes of the November 2015 meeting did not state the names of service users who attended. The minutes did not specify if any action/s were needed. This is an area for improvement, the project worker said he would liaise with the manager and suggest a recording template is devised to minute meetings as this would guide service users and staff.

In accordance with day care regulations, day services are involved in the annual reviews of service users' day care placements. Review of three service users' annual review reports took place during this inspection. One of the three review reports contained the service user's views and opinions of the day service, the other two did not. This was discussed with the project worker and is an area identified for improvement.

Standard 8.4 states service users' views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance survey had

been distributed to service users in March 2015. It included questions under the following headings:

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

The completed evaluation report was not dated and it is recommended future service user's annual surveys incorporate all aspects of the day service offered to individuals. This should include the quality of programmes/classes/activities and the quality of the Beacon Centre environment. The evaluation report should include the actions to be taken by the day service in response to any issues raised. The report should also reflect an overview summary of the action taken as a result of the previous years' annual survey.

Complaints

Since the previous care inspection, two complaints had been recorded in the complaints record. These had been investigated and the complaints record was being maintained in accordance with minimum standard 14.10. A discussion took place with the project worker regarding one identified complaint and clarification was obtained about the area of dissatisfaction. The project worker agreed future complaint records would contain more detail.

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

Compliments

Three compliments were randomly sampled during this inspection. These were made by service users expressing their gratitude to staff about the quality of the day service and the cooked lunches.

Monthly Monitoring Reports

Three monthly monitoring reports (November and December 2015 and January 2016) were reviewed during this inspection. The monthly monitoring visits were all announced and the reports were in the main, qualitative and informative. The designated registered person is advised to undertake a mixture of announced and unannounced visits to the Beacon Centre and to consistently, qualitatively record the specific views and opinions of individual service users and staff rather than a summary of their collective views. The reports reflected the designated registered person had discussions with between three and six service users and staff each month as well as professional representatives. The monthly monitoring reports contained an action plan and an overview of the action taken from the previous months visit.

It can be concluded the quality of care provision in the Beacon Centre was effective; however, improvements are needed concerning the minutes of service users' meetings.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with respect, kindness and care. RQIA met and had private individual discussions with a total of seven service users.

Discussions with service users concluded the quality of their lives has improved significantly as a result of their attendance at the Beacon Centre. Service users informed the inspector staff frequently ask them for their views and opinions about different aspects of the day service.

A sample of the comments made by service users about the day service included:

- “I can’t say enough good things about here. It has been a great support to me. The staff listen to me and I feel I wouldn’t be here today if it hadn’t been for Beacon.”
- “Everyone on the staff team is brilliant. They are all here to help us, to listen and give support when we need it. I’m very grateful to this service. It definitely helps me to stay well.”
- “The centre is a fantastic place to come to. It brings me out of myself and I’ve gained in confidence since coming here. I enjoy the craic and chat with friends. The staff treat us very well, they take time with us and listen.”
- “I love coming here, it’s helped me a lot. The staff are really good and I’d have no hesitation in going to them if I’m worried about something. There’s a good variety of programmes and classes both in the centre and in the town.”
- “Coming here gets me out of the house and gives me a purpose. Being here helps keep me well.”
- “I come here for social reasons, I feel I’m not judged here and I enjoy helping people. It’s good and the staff are friendly and supportive.”
- “I feel better about myself when I come here, it stops me from dwelling on things and becoming anxious. I like the activities and classes and meeting up with friends.”
- “I love it here, though a lot of the activities take place upstairs and I’m not able to get there – I’d like to do more classes and activities.”

With regards to the identified service user’s assessed need; the registered manager is asked to review where current programmes and classes take place so that all individuals are enabled and supported to take part in activities of their choice. This also relates to equality of opportunity for service users with mobility difficulties to participate in programmes and activities in the Beacon Centre and is an identified area for improvement.

It can be concluded the quality of care provision in the Beacon Centre was safe, effective and compassionate.

Areas for Improvement

Three areas for improvement were identified as a result of examination of this standard. These regarded:

1. Equality of opportunity for all service users.
2. The minutes of service users' meetings.
3. Service users' annual review reports.

Number of Requirements	0	Number Recommendations:	3
-------------------------------	----------	--------------------------------	----------

5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

Two accident and untoward incident forms were sampled during this inspection. The service's accident and untoward incident records were being maintained in accordance with regulation 29. A discussion took place with the project worker about RQIA's revised guidance for providers on the notifications of accidents and untoward incidents.

5.5.2. Registration of Beacon Centre

Beacon Centre is registered with RQIA to provide a day service to individuals with mental health needs from 19 years – 65 years. The manager informed RQIA on 24 February 2016 there are an identified number of service users attending the Beacon Centre who are over 65 years. The registered manager was asked to complete a variation application form requesting the additional category MP(E) for the day service. Beacon Centre's current statement of purpose must reflect the categories of care the day service is registered for.

5.5.3. Environment

The general décor and furnishings were fit for purpose and there were displays of service users' photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

The inspector noted there was no internal pull cord light switch in the female toilet on the ground floor; the light switch was on the outside wall. In order to prevent accidents, the registered persons must install an internal pull cord light switch to replace the existing external one. All electrical work should be carried out by a competent electrician. This is an identified area for improvement.

Areas for Improvement

One area for improvement was identified as a result of the examination of additional areas. This concerned the registration of the Beacon Centre.

Number of Requirements	1	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Ruairi O'Doherty, Project Worker, as part of the inspection process and later shared with the registered manager by email. 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

Requirement 1

Ref: Regulation 14(1)(c)

Stated: First time

To be Completed by:
30 April 2016 for (a)
22 February 2016 for (b)

The registered persons must ensure:

- (a) an internal pull cord light switch is installed to replace the existing external wall switch at the female toilet on the ground floor. All electrical work should be carried out by a competent electrician. The completed returned QIP must state the action taken.
- (b) An appropriate bin for the disposal of incontinence products is put in place in the identified toilet.

Response by Registered Person(s) Detailing the Actions Taken:

- a. An internal pull cord has now been fitted to the identified toilet.
- b. Appropriate bins are now in place in the identified toilet.

Requirement 2

Ref: Regulation 4

Stated: First time

To be Completed by:
31 March 2016

Beacon Centre is registered with RQIA to provide a day service to individuals with mental health needs from 19 years to 65 years. There are service users over 65 years attending the centre. The registered manager must ensure a variation application form is completed and forwarded to RQIA's registration team requesting the additional category MP(E).

Response by Registered Person(s) Detailing the Actions Taken:

An application for the additional category of MP(E) has been submitted.

Recommendations

Recommendation 1

Ref: Standard 4.4

Stated: First time

To be Completed by:
26 February 2016

Assessments are kept under continual review, amended as changes occur and kept up to date to accurately reflect at all times the needs of the service user. The registered manager should ensure the identified service user's assessment (dated 28 April 2014) is reviewed.

Response by Registered Person(s) Detailing the Actions Taken:

The identified service user's assessment has now been updated to reflect his current needs, robust systems are in place to ensure that assessments are under continual review, this is also identified in the Group operating system which allows for reminders of review dates.

Recommendation 2

Ref: Standard 5

Stated: First time

To be Completed by:
26 February 2016

With regards to care plans, the registered manager should ensure:

- (a) Service user's care plans are comprehensive and include relevant information as stated in minimum standard 5.2.
- (b) The identified service user's care plan is reviewed so it accurately reflects how staff support the individual.
- (c) She signs all service user's care plans.

	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>a. care plans have now been reviewed and include relevant information as per minimum standard.</p> <p>b. The identified service users care plan has been reviewed to include an accurate description of how he is supported.</p> <p>c. Care plans have now been signed off.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be Completed from: 17 February 2016</p>	<p>In consultation with service users, the registered manager should ensure the minutes of service users' meetings include the names of who attended, if any action is needed and if so, who is responsible for taking this action. The minutes of the following meeting should state if the identified action/s had been completed.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Members meetings now include the names of those in attendance, action needed, the responsible person and the action carried out is captured in the following meeting.</p>
<p>Recommendation 4</p> <p>Ref: Standard 8.4 and 8.5</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2017</p>	<p>With regards to annual quality assurance surveys, the registered manager should ensure:</p> <p>(a) Service users' views and opinions are sought regarding the quality of the programmes and activities and the Beacon Centre environment.</p> <p>(b) The evaluation report is dated and should include the actions to be taken by the day service in response to any issues raised.</p> <p>(c) The evaluation report should also reflect a summary of the action taken as a result of the previous years' annual survey.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Annual quality assurance surveys are due to be completed in April 2016, the survey will include their views and opinions on the quality of the programmes and activities and the environment. The resulting report will be dated and include the action to be taken in response to any issues raised. The evaluation report will reflect the action taken as a result of the previous year's survey.</p>
<p>Recommendation 5</p> <p>Ref: Standard 9.3 and 9.5</p> <p>Stated: First time</p> <p>To be Completed by: 1 April 2016</p>	<p>With regards to assessed need and equality of opportunity for all service users including those with mobility difficulties, the registered manager should, in consultation with service users, review the location of where programmes and activities take place. Inform RQIA in the completed QIP of the outcome/s of this review.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Extensive consultation has taken place with the service user's as to the suitability of the current location of day services. As part of a relocation committee service users have visited a number of other premises and identified their needs in relation to mobility, access, lay out, location and</p>

	<p>size of alternative premises.</p> <p>In relation to the current service provision 4-6 activities per week are taking place in accessible community venues. Following consultation with service user's it has been agreed that flower arranging, music and art could be relocated in the ground floor area, which will greatly improve access for people with restricted mobility. The Niamh senior management team have also visited various alternative premises and a representative from the local community mental health team is involved in the relocation group.</p>
<p>Recommendation 6</p> <p>Ref: Standard 15.5</p> <p>Stated: First time</p> <p>To be Completed from: 17 February 2016</p>	<p>The registered manager should ensure service user's annual review reports include their specific views and opinions of the day service and all other relevant matters stated in minimum standard 15.5.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>Annual review reports include service user's specific views and opinions of the day service and other relevant matters as per standard 15.5. Where the service user has not expressed any views when asked, this is also recorded on the report.</p>

Registered Manager Completing QIP	Allison Foley	Date Completed	04/04/16
Registered Person Approving QIP	Billy Murphy	Date Approved	07/04/2016
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	11/04/16

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