

The Regulation and
Quality Improvement
Authority

Ernevale Beacon Centre
RQIA ID: 11097
35 Mill Street
Enniskillen
Co Fermanagh
BT74 6AN

Inspector: Dermott Knox
Inspection ID: IN23461

Tel: 028 6632 2995
Email: ernevale@beaconwellbeing.org

**Unannounced Care Inspection
of
Ernevale Beacon Centre**

01 October 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 01 October 2015 from 11.00 to 16.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. No areas for improvement were identified and there is no Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

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	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health	Registered Manager: Ms Finola Crudden
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Finola Crudden	Date Manager Registered: 25 September 2009
Number of Service Users Accommodated on Day of Inspection: 16 (divided across two sessions, a.m. and p.m.)	Number of Registered Places: 15

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - 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 used in this inspection include the following:

Prior to inspection the following records were analysed:

- The statement of purpose
- The service users (members) guide
- Record of notified incidents and accidents
- The previous inspection report
- The record of complaints

During the inspection, six service users spoke informally with the inspector, either individually or in a group setting, describing their patterns of attendance, activities they enjoy and the ways in which the centre supports them. Three day care staff members and the clerical officer were on duty throughout the day and each of them contributed to discussions on a range of matters relating to the inspection focus, the operation of the centre and the provision of care to the members. No members' relatives or visiting professionals were present during the inspection. Activities on the day of the inspection included a writers' group, led by an appropriately qualified tutor. Staff's supportive interactions with service users were observed during several periods in the course of the inspection.

The following records were examined during the inspection:

- Three files of service users' records, including assessments, care plans and reviews
- Two records of staff training
- Two records of staff supervision
- Five records of staff meetings
- Four records of members' meetings
- Complaints record, which noted three complaints since the previous inspection
- Four monthly monitoring reports
- A Health and Safety Audit, carried out by NIAMH
- An annual review of complaints, carried out by a senior manager.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 30 July 2014. The completed QIP was returned and approved by the specialist inspector.

Areas to be addressed are restated below, along with the outcome of the provider's responding actions.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
	There were no requirements arising from the previous inspection.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 7.2	Access to records to be discussed at a staff meeting and staff members sign-off all appropriate policies.	Met
	Action taken as confirmed during the inspection: There was recorded evidence to verify compliance with this recommendation.	
Recommendation 2 Ref: Standard 7.3	A record of access to information, including date, who applied for access and outcome of the request, should be retained in each member's file.	Met
	Action taken as confirmed during the inspection: Examination of a sample of three files confirmed that the required records were maintained in each file. It was also noted that many members have regular access to their files, in an informal way, including contributing to the written progress notes.	

Recommendation 3 Ref: Standard 7.4	All care plans to be regularly updated and signed off. Action taken as confirmed during the inspection: There was evidence on file to confirm that the manager regularly monitors the content and accuracy of members' files to ensure that they are being kept to a satisfactory standard. Files are also sampled by the monitoring officer.	Met
Recommendation 4 Ref: Standard 17.1	Staff to receive training on Prader Willi Syndrome to enhance staff skills in their day to day practice. Action taken as confirmed during the inspection: Training records showed that the relevant training had been provided for staff in September 2014.	Met

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

Is Care Safe?

Members' personal records provided evidence of the consideration of personal care needs where relevant, though no current members had any identified continence care needs. Staff confirmed their confidence in following procedures for personal care provision, if necessary, and in respecting each member's privacy and dignity. A sample of review records for three members showed that all relevant care matters had been addressed appropriately and to the satisfaction of the individual member or a relevant professional.

Facilities for members were good and were found to be clean and well maintained. Two staff members, who each completed a questionnaire during the inspection, confirmed that they were appropriately trained for personal care work and had adequate supplies of personal protection equipment if necessary. A third staff member, employed as a part-time clerical officer, indicated that this section of the questionnaire did not apply to her work. Ten of the twelve members, who completed questionnaires, indicated that they were either satisfied or very satisfied that all aspects of the care and service provided are satisfactory. Two members identified their dissatisfaction with staffing levels and availability of staff support. There was evidence to show that members concerns were addressed appropriately.

Overall, the evidence examined during this inspection indicated that safe care was being provided.

Is Care Effective?

Day care staff confirmed that the centre has no members who have assessed needs for continence promotion. There was evidence in care plans, review reports and from discussions with staff to confirm that effective care was provided to meet each individual's assessed needs. Review records verified that members' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be person centred and up to date.

Monthly monitoring visits and reports were completed regularly by a service manager. The monitoring officer met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each visit. In questionnaire responses, eleven of the twelve members confirmed that they were well supported and included within the day centre.

Is Care Compassionate?

Staff who were interviewed emphasised the importance of working closely and inclusively with each member's needs and preferences and confirmed their confidence in the compassionate care practices of each of their colleagues. Observations of staff's interactions with service users, throughout the inspection period, presented evidence of good quality compassionate care being delivered. Members' views on the quality of the care provided were more than 90% positive and complimentary and there was evidence to show that concerns expressed had been managed and responded to appropriately.

Areas for Improvement

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

5.3 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?

Discussions with the centre's members and with staff produced evidence of a positive, responsive service being provided in the centre. The manager and the staff team presented as being committed to ensuring that safe, effective and compassionate care is always delivered. There was evidence from discussions and in written records to indicate an excellent level of consultation with members regarding their care plans and the programmes in which they participate.

In a completed questionnaire, one member identified the problem of thefts of property in the centre. The manager confirmed that there had been a number of instances of theft and of members being unhappy with these and other events. There was both written and oral evidence to show that these events and the related concerns of members had been managed appropriately.

In discussions during the inspection, five members confirmed that they had access to the facilities and the support that they needed and that they enjoyed good relationships with the staff who worked there and, in almost all cases, with each other. Several people emphasised the importance to them of the centre being run for the members and with their full involvement.

Is Care Effective?

Records indicated that service users enjoyed fulfilling and rewarding activities, both within the centre and in social outings. The important recent development by Beacon, of an "Upcycle" social enterprise in Enniskillen has encouraged creative involvement of members in a variety of repair, restoration and sales promotion activities. Suggestions were regularly sought from members and, where reasonable, arrangements were made to fulfil the requests. It was good

to see that a number of the centre's members regularly write their own progress notes, confirming a high level of involvement and trust.

There was a positive atmosphere amongst the members attending the centre and several people spoke of their reliance on the day care service for keeping them in touch with others and for getting to events outside of their own homes. Overall, the evidence indicated that the care provided is effective in terms of promoting each individual's self-esteem, positive mental and physical health and their social engagement.

Is Care Compassionate?

Observations, discussions and written records provided good evidence of the provision of care services in a professional, purposeful and compassionate manner. Service users spoke fondly of the staff members and, almost unanimously, returned positive questionnaire ratings on the care and support provided for them by all staff. It was clear from the interactions observed during the inspection that there were warm, caring relationships between staff and members.

Areas for Improvement

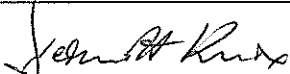
Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.4 Additional Areas Examined

All findings of this inspection are addressed in the sections above.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Finola Crudden	Date Completed	15/10/15
Registered Person	Billy Murphy	Date Approved	15/10/2015
RQIA Inspector Assessing Response		Date Approved	30/01/16

Please provide any additional comments or observations you may wish to make below:

Please complete this document in full and return to day.care@rqia.org.uk from the authorised email address