Primary Announced Care Inspection

Name of Establishment:	**Bracken, Beacon Day Support**
Establishment ID No:	**11195**
Date of Inspection:	**10 March 2015**
Inspector's Name:	**Louise McCabe**
Inspection No:	**20648**

The Regulation And Quality Improvement Authority
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Name of centre:	Bracken, Beacon Day Support
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Telephone number:	(028) 9045 9878
E mail address:	e.bailie@beaconwellbeing.org
Registered organisation/ Registered provider:	Mr William Henry Murphy
Registered manager:	Miss Emma Bailie
Person in Charge of the centre at the time of inspection:	Miss Emma Bailie
Categories of care:	MAX, DEC-MAX, MAX, DCS-MP
Number of registered places:	40
Number of service users accommodated on day of inspection:	Morning Session = 21 Afternoon Session = 26 12 service users attended both sessions
Date and type of previous inspection:	20 November 2013 Primary Announced Inspection
Date and time of inspection:	10 March 2015 9.45am–4.15pm
Name of inspector:	Louise McCabe

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	12
Staff	03
Relatives	0
Visiting Professionals or Volunteers	02

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	5	3

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

  Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

  Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	**Definition**	**Resulting Action in Inspection Report**
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

The Northern Ireland Association for Mental Health (NIAMH) is a mental health organisation in Northern Ireland. The organisation consists of three services, Beacon, Compass and Carecall.

Bracken Beacon Day Support is one of fifteen day support services operating in Northern Ireland. The day service in east Belfast has been operating since 1975. It was formally known as the East Belfast Beacon Club. In November 2012, the day service re-located to premises within Skainos, a large, new building on the Newtownards Road in east Belfast. The design of the building is heavily influenced by the industrial era within east Belfast to include the yards men and building of the Titanic. This new location is close to shopping areas and bus routes.

The catchment area of the service takes in east and north Belfast with some members travelling across the city to participate in a programme of half-day sessions each week. Some sessions, particularly during the summer months, involve visits to places outside of the centre, for example, the Ulster Museum.

Beacon believes that social care is an essential public service that provides day to day care and support where needed, to enable people to live full and active lives. NIAMH also believe high levels of emotional, psychological and social wellbeing are essential components which will enable recovery.

The Bracken Beacon Day Support service provides support services to a maximum of 40 adults with two sessions being held each day. Service users usually attend for half-day sessions. Day care facilities are available on weekdays from 10.00am-4.00pm on most days, with an additional evening session on Thursdays, until 8.00pm. The day centre does not supply meals for service users', however there is a café in the Skainos complex. Coffee/tea facilities however are available in Bracken Beacon Day Support service.

Summary of Inspection

9:45am–4:15pm=6 hours 30 minutes

A primary announced care inspection was undertaken in Bracken Beacon Day Support on 10 March 2015.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. Prior to this inspection, the manager submitted a self-assessment of the one standard and two themes to be inspected. This report compares the provider's statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and volunteers
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centre's statement of purpose; service users' guide and policies & procedures
- Tour of the premises.

An inspector spoke with three staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights.

Staff and service users stated they are aware of the process to follow should a service user or their representative request to see their care file. Staff said they would approach their manager about this.

Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude there are aware of who is in charge/responsible for the centre in the absence of the manager. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in Bracken Beacon Day Support.

Three questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff members praised the quality of care provided within the returned questionnaires and the following comments were made:

- *"I feel it is innovative, person centred and inclusive in meeting the diverse needs of a large membership. I have also seen flexibility in the organisational approach in their work with the peer support group. This gave me much hope and optimism as to the future of the organisation."*

- *"The quality of care and day service provision in Bracken is good and person centred."*

- *"I have limited experience within the scheme, however first impressions relating to quality of care is excellent and members have provided positive feedback to myself within the first few days."*

Review of three staff files showed evidence of formal supervision taking place in accordance with minimum standard 22.2 for staff. With the exception of the new staff member, all staff have had an appraisal within the last year.

The inspector spoke with a total of twelve service users regarding the standard inspected; the two themes and their views on the quality of care provision in Bracken Beacon Day Support. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by the staff. Most of the service users meeting with the inspector stated they are aware there are care records kept in a locked area about them and that they can request access to this information by asking staff. The service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process. Service users said they would talk to the staff or manager in the centre if they were worried or dissatisfied about anything. Service users stated they enjoy coming to Bracken Beacon Day Support and the following comments were made:

- "*The staff are very good to us, they listen to us and are here for us. They deserve a certificate, a huge clap and a medal for all they do. I would like it if staff had more time for us on a 1:1 basis, however they are there if we need to talk. The staff are great and always available to listen and help.*"

- *"I'm very happy with the service. The staff are here to listen to us and they are very good here. They've been there for me when no one else has, particularly when my mental health dips*."

- *"The manager runs a tight ship here, everyone looks out for each other and there is no back stabbing. It's a great place to come."*

- "*I've been coming for years and would be lost without it. My life has changed so much and I feel I've developed and grown because of this service. I'm involved in organising outside social events e.g. opera house, meeting for coffee and have made good friends."*

- *"This a great place, I've made a lot of friends and good support networks."*

- *"I love it here, the people here are my family. I live alone and I'm isolated and apart from here, I've no support. This is a brilliant place."*

- *"I was in a very dark place and was virtually a prisoner in my own home. I worked all the hours because I wasn't coping with life. This place has been fantastic and I owe my life to it. I'm getting so much from the sessions and the staff are amazing. You couldn't get better staff, they are really good at what they do and always available to help and listen. I'm setting myself goals."*

- *"This place is marvellous and I'd be lost without it. They help me so much and my life has much more quality now. I enjoy the sessions and the staff are always here for me."*

The inspector met with two volunteers during this inspection. Their views were qualitative, they stated they are very happy with the service. The volunteers expressed their satisfaction with how Bracken Beacon Day Support is run and said there is a good atmosphere. They feel they are involved with things and communication with the manager and staff is excellent. Both individuals said they benefit from volunteering. Discussions with the manager conclude the service very much appreciates the work carried out by volunteers. She also acknowledged their ongoing support, time and work as being invaluable to the service.

The previous announced inspection of Bracken Beacon Day Support took place on 20 November 2013. Two requirements and two recommendations had been made. These matters concerned:

- the temperature in the group rooms;
- a photograph of service user's in their care files
- staff training documentation
- food safety, preparation and hygiene for service users.

Review of the returned quality improvement plan for this inspection and discussions with the manager concluded substantial compliance in the first area and compliance with the other three areas.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The six criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, all six criteria were assessed as compliant by the inspector.

Discussions with twelve service users, three care staff and review of three service users' individual files provided evidence that the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most from their day care experience. It was also clear this service was improving outcomes for the service users. The inspector concluded the service contributes to improving service user's mental health; promotes their social needs, stimulates intellectual activity and promotes independence.

The inspector assessed the centre as overall compliant in this standard. No requirements or recommendations were made.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from regulation 14 were inspected in relation to the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and the other as not applicable as there have been no restrictive incidents in the service.

Discussions with the manager, staff and examination of records provided evidence that Bracken Beacon Day Support uses clear operational systems and processes which promote the needs of the service users who attend.

Staff stated they know the service user's well and are familiar with their mental health and other needs. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour does not escalate and they meet individual and group needs.

Based on the evidence reviewed during this inspection, the inspector assessed the service as compliant in this theme. No requirements or recommendations were made concerning it.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected in relation to this theme. All three criteria were assessed as compliant.

Review of selected management records, monthly monitoring reports, discussions with the manager, three staff, twelve service users and two volunteers provided evidence the day service has in place monitoring arrangements and effective communication systems. There are good systems in place that support and promote the delivery of a quality day care service.

These enhance and promote the quality of day care experience for the service user. It is indicative of the care provision in this service.

The inspector's review of random monthly monitoring reports showed these are compliant with standard 17.10. A recommendation is made advising the designated registered person to record whether or not the visit was announced or unannounced and the time it took place.

The centre was assessed as overall compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints and accident/incident records, examined three service user's care files and validated the manager's pre- inspection questionnaire.

The environment presented as clean, tidy, adequately heated and contained many displays of service user's art and craft work, pictures and photographs.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this service. It presents as in tune with the needs of the service users for support and meets their mental health, rehabilitation, social and other needs.

As a result of the inspection three recommendations are made in the quality improvement plan, these regard:

- The organisation's review of staffing arrangements;
- Service user's annual review preparation reports;
- Monthly monitoring visits and reports.

The inspector thanks the manager, staff, service users and volunteers for the hospitality shown to her during this inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 26(2)(k)	A design fault in the siting of a light fitting, or in the operation of a ventilation opening, has resulted in that part of the ventilation system being unfit for purpose. The registered person must ensure that ventilation, heating, cooling and lighting are operational and suitable for service users.	The manager informed the inspector Skainos arranged for the ventilation system to be reviewed. There continues to be a problem in the group rooms becoming too warm when the sun is shining for prolonged periods. This is due to the expanse of glass. Electric extractor fans are now being used during the summer months. A fridge was purchased for the room and water is available. The manager reported this has helped. This matter will continue to be monitored.	Substantially Compliant
2	Regulation 19(1)(a) Schedule 4(2)	Each service user's records must contain a recent photograph of that person. Where any person objects to having a photograph included, there should be a signed statement to this effect.	Three service user's care files were reviewed by the inspector. Two contained a photo of the service user and the other contained a statement objecting to this.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 21.9	One staff member's file held a number of training evaluation forms which had not been completed and training certificates which had not been signed. It is recommended that these be completed, in order to maintain the otherwise high standard of evaluation effort and record keeping.	This has been completed.	Compliant
2	Standard 9.2	Where food preparation skills are included in the assessed needs of members, the centre should be equipped to meet these needs, including providing training for service users on relevant safety and hygiene standards.	A number of service users have participated in training on kitchen safety and hygiene standards.	Compliant

Standard 7 - Individual service user records and reporting arrangements: **Records are kept on each service user's situation, actions taken by staff and reports made to others.**	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
The legal and ethical duty of confidentiality in respect of service users personal information is maintained in accordance with NIAMH policies and procedures covering Confidentiality(RP/07), Data Protection(CS/06), Storage and Destruction of Closed Files(MA/14) and Safeguarding Vulnerable Adults(BS/2). NIAMH Data Protection Policy gives individual service users the right to have access to personal information relating to themselves where this information is being held or processed by NIAMH as outlined in 5.02.. Confidentiality in respect of obtaining, handling, use of, storage and retention of service user information and documentation is detailed in Sections 2.0 to 2.4 of NIAMH Confidentiality Policy, RP/07(a). All service user personal information held at scheme is stored in individual files within a locked cabinet. These procedures are supported by Safeguarding Vulnerable Adults Policy, BS/2, Sections 5.3 and 5.4. Good practice in relation to the Storage and Destruction of Closed Files is described in NIAMH Policy MA/14. Staff understanding of their legal and ethical duty is assessed and evidenced in Section A of the Induction and Foundation Framework undertaken by all staff prior to being confirmed in post, and in the "New Employee Orientation & Induction" workbook completed by staff as part of their induction. The DHPSSPS Code of Practice on Protecting the Confidentiality of the Service User is available on scheme to provide additional practical guidance on decision-making regarding the disclosure of service user personal information.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
A sample of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Bracken Beacon Day Support. Discussions with staff conclude there are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures and current legislation.	Compliant

Discussions with three staff and receipt of three completed RQIA staff questionnaires confirmed policies and procedures are in place and available in the service. The service's current service user agreement is also compliant with this criterion. Discussions with staff also validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users personal information. This is commensurate with staff role and responsibilities.	

Criterion Assessed: 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes. 7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
7.2 Current information in R/R/101 is contained in Beacon Member Notes p.19. A new draft referral procedure expands on this in R/R/102 Sections 7 and 14. In both sections members are reminded that they have open access to their files; they are also encouraged to input to their files participatively and by writing their own notes for example. Section 14 of R/R/102 contains additional information for Beacon Members wishing to access their files following discharge from the service. The Beacon Members Guide also provides relevant information to all new members. Sections 1.3 and 1.5 outline both content and open access arrangements to members files. 7.3 Section 6.0 of Corporate Policy no. CS/06 on Data Protection covers the right of access to personal information in relation to Individual Subject Data Requests.	Moving towards complian
Inspection Findings:	**COMPLIANCE LEVEL**
NIAMH policies and procedures are in place and accessible in the service pertaining to: the access to records; consent; management of records and service user's agreement. Discussions with the manager concluded there have been no requests from service users' or their representatives requesting access to their care information. Discussions with staff conclude the policies and procedures are put into practice for example with reference to records being completed and maintained in the service. It is evident from discussions with staff and the inspector's review of three service user's care files how they ensure a person centred approach to their recording. Discussions with service users conclude they are aware of their care plan and many have seen this. There are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements.	Compliant

Criterion Assessed: 7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include: • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
Individual case records are contained in the Beacon Members Personal File in accordance with Beacon Policy Number R/R/101(p.7,8) and titled Policy and Procedure for Referral and Attendance in Beacon Day Support. Beacon Members, staff members and referral agents work together through the processes outlined above to ensure a meaningful and holistic intervention. An individuals recovery journey is about change and Beacon consider that it is essential to record information that chronicles this. R/R/101 contains guidance for staff on the information and recording required to assess, plan and review the delivery of care and support to all our members with relevant appendices designed to provide the information required in Appendix 1 of the Standards, Schedule 4 of the Regulations. A separate Serious Incident Reporting Policy CS/07 provides an Incident Form and Flow Chart with clear guidance for recording and reporting.	Substantially compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined three service users care files. Records pertaining to Schedule 4 (1)(a) regarding an assessment of the service user's needs referred to in Regulation 15(1)(a), standards 2 and 4, and care plans standard	Compliant

5; were all compliant with legislation and minimum standards. All of the recovery support plans were comprehensive in content and fully reflected how Bracken Beacon Day Support meets the service users' assessed needs and areas they wish to further develop with staff support. Positive comments were shared with the manager about this.	
Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
R/R/101 currently notes in 2 locations (p.17,19) that a note is to be recorded at least at every fifth visit. This is standard practice across all our day care provision.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined a sample of three service user care records and evidenced individual care records, there was evidence staff are completing progress care notes on each individual in accordance with this criteria.	Compliant

Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals.	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
The relevant guidance is outlined in a number of documents with an introduction to relevant policies and procedures an important part of the Induction process for new staff and a key component of the Induction and Foundation Framework (Units B, C). In addition staff are introduced to key mechanisms for communication within the organisation and the scheme. These include the staff section of the organisations website, the policy and procedure manual and the emergency procedures file; included within the scheme are the communication book, scheme diary and phone book, minutes of staff meetings, staff files and member files. For ease of access a number of policy documents include lists of numbers and flow charts that may be displayed on office notice boards, for example BS/4 Protection of Children and Reporting of Suspected Abuse requires a list of relevant contacts for Gateway Teams and Designated Officers to be displayed. BS/2 Safeguarding Vulnerable Adults includes a Reporting Flowchart as does QG/4 Incident Reporting and Management Policy and Procedure. Personal information on members and their contacts is updated annually at review using Appendix 3, Beacon Member Information Record, of Policy RR/101 Beacon Referral and Attendance Policy. Other relevant policies include BS/1 Beacon Member Safety/Risk/Vulnerability, BS/14 Consent Policy, HS/13 RIDDOR Policy and QG/3 Complaints Procedure.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The service user's files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their recovery support plan. The inspector's discussions with three staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the service. Staff demonstrated their knowledge and experience regarding the referral process and responding to service user's needs and behaviours.	Compliant

Staff felt communication between management and themselves is effective and no concerns were raised. Discussions with staff conclude they are aware of their responsibilities and what constitutes reportable accidents and incidents. They would also have the contact telephone number of the registered person should this be needed. The inspector confirmed the organisation's policies and procedures are in place in the service and are available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user's agreement.	
Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment:	
Relevant guidance is contained in the section on Beacon Member Notes of R/R/101 Policy and Procedure on the Referral and Attendance in Beacon Day Support p.19.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined a sample of three service user's care files during this inspection. These were qualitative in content and viewed by the inspector as relevant to the service user's recovery support plan. They were also outcome focused. Consultation with three staff working in the service confirmed their understanding of this criterion and their role and responsibility to address this fully when recording in individual files and additional records.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Substantially compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

Theme 1: The use of restrictive practice within the context of protecting service user's human rights **Theme of "overall human rights" assessment to include:**	
Regulation 14 (4) which states: **The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
NIAMH's policy on the use of restraint is set out in BS/2 Guidance on Restrictive Practice. This policy states clearly that staff are not to use "physical restraint" or "physical intervention" to restrain service users in any situation. Any physical intervention should only be the minimum used as a last resort to enable staff to get away for their own or others safety. If a situation is deemed serious enough to require physical intervention the police must be called. This guidance is reinforced by BS/16 Policy and Procedures for Dealing With Violence at Work, Section 6.2, g, which states that "the staff member should never attempt to restrain the service user". This guidance is explained in Section 6.3,a&b, of the policy, " The legal position on physical restraint", which states that "NIAMH staff are not trained in restraint techniques and therefore to ensure their own safety and that of the service user should not attempt to restrain the service user in any circumstances". In incidences where physical support is required to manage an incident of violence at work the staff member will summon the police. (6.2,f). All staff receive training on Personal Safety/ Calming and Diffusing. This training focuses on skilling staff to prevent work related violence rather than on how to use/apply restraint techniques.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
The inspector examined a selection of records including a sample of three individual service user records which showed comprehensive recovery support plans are in place that clearly describe the day care service user's receive based on their assessed support needs, likes and dislikes. The manager and staff confirmed there have been no restrictive practices used with service users' in Bracken Beacon Day Support. Discussions with the manager and staff concluded care is focused on meeting individual need, clear communication	Compliant

strategies, diversion, distraction and calming techniques. Staff have received information on Human Rights and Deprivation of Liberty Safeguard (DoLS). This was discussed with staff in a February staff meeting. Service user information is written in the context of staff being able to facilitate positive outcomes in Bracken Beacon Day Support and avoid any negative experiences. There is a clear focus on identifying and understanding if service user's needs change and how staff manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user's methods of communicating, their views, choices and needs.	
Regulation 14 (5) which states: **On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
BS/16, Policy and Procedures for Dealing with Violence at Work, states clearly that staff should never attempt to restrain a service user (6.2,g). In incidences where restraint would be required, police assistance would be called to do so (6.2,f). In such circumstances staff would follow the investigation and recording requirements detailed in 6.4 of the Policy and record details in accordance with QC/4, Incident Reporting and Management Policy and Procedure. RQIA would be notified of all incidents requiring the involvement of the police in the use of restraint (QC/4, Appendix 4).	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
Refer to the inspection findings above for information. Discussions with the manager and staff conclude no service users have been subject to restraint. The use of restraint is not planned for in this service with the current group of service users. Staff are currently using approaches such as sound planning, understanding the service user's needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety,	Compliant

Human Rights Working Group, August 2005 is available. A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as per schedule 5 were reviewed by the inspector during this inspection. These are being maintained in accordance with legislation and minimum standards.	

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	**COMPLIANCE LEVEL**
	Compliant

Theme 2 – Management and Control of Operations **Management systems and arrangements are in place that support and promote the delivery of quality care services.** **Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.**	**COMPLIANCE LEVEL**
Regulation 20 (1) which states: **The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -** **(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;** **Standard 17.1 which states:** **There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.**	
Provider's Self Assessment:	
Niamh's Recruitment Policy and Procedure R/P/04 uses a competency based selection process to recruit individuals with the qualifications, experience and character requirements that accord with Schedule 2 of The Day Care Setting Regulations (NI) 2007, and Part III Section 21 Fitness of Workers. In addition they meet the requirements of current employment legislation and good employment practice (as outlined in RP/07/1.3). Ongoing competence of staff is monitored and enabled via Supervision (R/P/39) and the group competency based Performance Management System (PMS). Twice a year managers and their direct reports complete a performance and development review that is linked to an competence profile and agree objectives and actions that are designed to enhance each staff members personal development in the context of their personal aspirations, the nature of the service they are delivering, and the overall organisational strategy. The management structure of each scheme is outlined in the Statement of Purpose. Section 2.0 identifies the number and qualifications of staff, Section 5.0 outlines the structure of the facility. Each facility will employ different grades of	Compliant

staff including Scheme Managers, Project Workers, Support Workers, Clerical Staff and Peripatetic Staff. Job descriptions detail the specifics of each role, lines of accountability and areas of activity. Scheme specific areas of activity will be reflected in Centre Programmes and Activity Schedules. Numbers of staff reflect a balance between number of sessions, numbers of users and programme of delivery.	
Inspection Findings:	**COMPLIANCE LEVEL**
The registered manager has been in place in Bracken Beacon Day Support since 2009. The manager is qualified and has a Qualified Credited Framework (QCF) Level 5 diploma. Ms Bailie is registered with the NISCC and her current certificate is displayed. There are currently two full time project workers and a part time project worker who recently commenced employment in Bracken Beacon Day Support. Two of the project workers are qualified with QCF awards and one has a National Vocational Qualification (NVQ) Level 3 award. The manager provided evidence of how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user's rights in the day care setting. Discussions with three staff during this inspection validate their knowledge is commensurate with their roles and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same. In the absence of the manager, two of the project workers assume responsibility for the service on a rotational basis. A competency assessment has been completed with each project worker and is retained in their staff file. Staff have contact mobile phone numbers of the manager and her line manager should the need arise. Regulation 28/monthly monitoring reports of Bracken Beacon Day Support evidence the staffing arrangements in place. The inspector's review of two monthly monitoring reports showed qualitative information is obtained in accordance with regulation 28. These visits are both planned and unplanned, however the reports do not state this or the time of the visit. A recommendation is made about this. Discussions with management and staff conclude communication is effective within the service and enhanced by regular staff meetings, this is in accordance with minimum standard 23.8. The manager informed the inspector a staff member left the day service last year and the service has had several peripatetic and staff from other services temporarily filling in. This resulted in some gaps in staffing, this combined with	Compliant

sick leave had a significant impact on Bracken Beacon Day Support's service delivery. The manager said several of the community sessions had to be postponed. Staff were under pressure and limited in their availability to service users in need. Discussions with service users and two completed staff RQIA questionnaires also reflected this, however service users stated they continued to receive support when they needed it. A recommendation is made for the organisation to review the staffing arrangements in Bracken Beacon Day Support.	
Regulation 20 (2) which states: • **The registered person shall ensure that persons working in the day care setting are appropriately supervised**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
All staff supervision takes place in accordance with the Supervision Policy R/P/39. Staff are supervised at a frequency and duration commensurate with their position and levels of responsibility as outlined in section 1.3 of the policy, with every staff member having a supervision contract and a shared responsibility for the process. The supervision process is designed with links to the organisation's Performance Management System. All managers attend a full day's training on supervision. Staff Supervision Records form part of Monthly Monitoring.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
A sample of three staff files were reviewed and discussions with three staff confirmed they receive formal supervision in line with standard 22.2. Staff have also participated in the NIAMH's annual Performance Management System (PMS). The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.	Compliant

Regulation 21 (3) (b) which states: • **(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –** • **(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work**	**COMPLIANCE LEVEL**
Provider's Self-Assessment:	
In the first instance Niamh recruits staff with the qualifications, skills and experience required by the Personnel Specification for the role. Niamh provide an Essential Regional Training Schedule designed to meet the mandatory training requirements of RQIA and essential sector specific content. To ensure timescales match RQIA requirements all staff are required to attend training on the dates allocated with attendance being monitored on the HR IT System(Cascade) and reviewed in supervision, to ensure compliance. All new staff are required to complete a New Employee Orientation and Induction Handbook that in particular introduces staff to those policies, procedures and systems, knowledge of which enables them to take charge in the absence of the manager. Staff also complete an Induction and Foundation Framework leading to an accredited qualification with the National Open College Network, that is either a level 2 or level 3 in Social Care and Mental Health (level is commensurate with grade). In addition and annually all grades of staff have access to opportunities for further development that include short courses with external providers and/or additional qualifications such as the Qualification Credit Framework (QCF) Level 3 in Health and Social Care, or QCF Level 5 in Leadership in Health and Social Care Services (Adults Management). The organisation is also currently developing 2 programmes to identify and develop future leadership talent through their 'Nurturing Talent' and 'Building Talent' Programmes for different grades of staff across the whole Niamh Group.	Compliant
Inspection Findings:	**COMPLIANCE LEVEL**
NIAMH's Human Resources Department is responsible for ensuring all recruitment areas are completed. There are no concerns in this area. There has been one new staff employed in Bracken Beacon Day Support since the last inspection.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. These meet minimum standard 14.10.

11.2 Compliments

Positive comments were shared with management regarding the many compliments recorded about the quality of care provision in Bracken Beacon Day Support.

11.3 Incidents/Accidents

The inspector randomly sampled the centre's accident and incident records. These meet regulation 29 and minimum standards.

11.4 Service User Care Files

The inspector reviewed three service user's care files during this inspection. These were comprehensive and reflected person centred care plans completed in user friendly language.

11.5 Service User's Annual Reviews

The manager informed the inspector due to staff absences in the referral agent / Trust's mental health team in the previous year, named workers have been unavailable to arrange and participate in service user's annual review of their day care placement. The manager explained Bracken Beacon Day Support have continued to hold annual reviews with service users, however have not been forwarding the service user's review reports to the respective named worker in the respective Trust/s.

Minimum standard 15.2 and 15.3 states:

"The service provider participates in review meetings organised by the referral agent responsible for the service user's placement in the day care setting... As a minimum, a formal review should take place once a year."

A recommendation is made for a designated person in NIAMH to write to the respective Trust/s about minimum standard 15.2 and 15.3 seeking clarification as to when named workers will become available to recommence their involvement in service user's formal annual reviews. In the interim period, the registered manager in Bracken Beacon Day Support is advised it is good practice to forward service user's annual review reports to the referral agent so they are kept informed about the individual.

11.6 Registered Manager Questionnaire

The manager submitted a questionnaire to RQIA after this inspection. The information provided confirmed that satisfactory arrangements are in place regarding governance and management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit, from written records and from discussions with the manager and staff members.

11.7 Statement of Purpose and Service Users Guide

Bracken Beacon Day Support's Statement of Purpose is due to be revised in May 2015 and must be updated to reflect the service's current staffing levels, otherwise it meets minimum standards. The service's Service Users Guide had been revised in January 2015 and meets minimum standards.

11.8 Environment

The inspector undertook a tour of the environment. It was observed to be clean, tidy and in good decorative order. Positive comments were shared with management and staff about the spacious, bright and well decorated group rooms. Areas used by service users' were adequately heated, tidy and fit for purpose. Group rooms and central areas displayed service user's work.

Based on the requirement made as a result of Bracken Beacon Day Support's previous RQIA inspection, the registered manager is advised to continue monitoring the temperatures in the rooms used by service users in the summer weather.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Emma Bailie, registered manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Louise McCabe
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

Quality Improvement Plan

Primary Announced Care Inspection

Bracken, Beacon Day Support

10 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Emma Bailie (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	23.1	**Staffing Arrangements** The registered person is advised to review the current staffing arrangements in the Bracken Beacon Day Support service. The results of this review, any arrangements put in place with timescales must be stated in this completed quality improvement plan (Theme 2 refers).	Once	Staffing arrangements have been reviewed by Senior Management in Niamh. Issues had arisen due to staff absence and staff leavers. These issues have been resolved and we are looking at replacing some support worker hours with administartion support, and additional central administration support when required.	By 15 June 2015
2	15.2 and 15.3	**Service User's Annual Review** In accordance with standard 15, service user's annual reviews should be organised and attended (where possible) by the referral agent responsible for the service user's placement. A designated person in NIAMH is advised to write to the respective Trust/referral agents about standard 15.2 and 15.3 seeking clarification of when named workers will be available to resume attending service user's annual review meetings. The outcome of this must be reported to RQIA in this qip (additional information section refers).	Once	Senior Management within Niamh have written to the Belfast Trust Operations Manager and are currently awaiting a response.	Immediate and on-going

3	17.10	**Monthly Monitoring Reports** The designated person's monthly monitoring reports must include whether or not the visit was announced or unannounced and the time of the visit (Theme 2 refers).	Once	The monthly monitoring reports have been reviewed and revised and now includes time of the visit to be indicated and whether the visit was announced or unannounced. This form is currently in use.	Immediate and on-going

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Emma Bailie
Name of Responsible Person / Identified Responsible Person Approving Qip	Billy Murphy

QIP Position Based on Comments from Registered Persons	**Yes**	**Inspector**	**Date**
Response assessed by inspector as acceptable	Yes	Louise McCabe	6 May 2015
Further information requested from provider			