

Unannounced Care Inspection Report

06 February 2017



Bracken, Beacon Day Support

Type of service: Day Care Service
Address: 241 Newtownards Road, Belfast, BT4 1AF
Tel no: 02890459878
Inspector: Louise McCabe

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Bracken, Beacon Day Support took place on 06 February 2017 from 10.00 to 17.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the day care setting was found to be delivering safe care. Observations of care practices provided evidence there was a culture of ensuring service users were safe and protected from harm. The registered manager provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises were being well maintained. There was one area for quality improvement relating to safe care identified during this inspection, this regarded the notification of untoward incidents to RQIA.

Is care effective?

On the day of the inspection it was assessed that the care in Bracken Beacon Day Support was effective, however four areas for quality improvement were identified concerning documentation. Observations of staff interactions with service users and discussions with a total of 14 service users provided evidence the care was effective. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. There was evidence of improvements in these areas since the day care setting's previous care inspection. Four areas for quality improvement relating to effective care were made as a result of this care inspection. These areas regard service user's care documentation.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' requests promptly and professionally. Discussions with 14 service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There were no areas identified for improvement in this domain as the result of this inspection.

Is the service well led?

On the day of this inspection the review of a random sample of documentation provided evidence of effective leadership, management and governance arrangements in Bracken Beacon Day Support. The culture in the day care setting was focused on the needs of service users. There were no areas identified for quality improvement identified in this domain during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	3

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

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 18 December 2015.

2.0 Service details

Registered organisation/registered person: NI Association for Mental Health/Mr William Henry Murphy	Registered manager: Mrs Deirdre Brannigan
Person in charge of the service at the time of inspection: Ms Lynn McCullough, project worker from 10.00-10.30 hours Deirdre Brannigan, registered manager from 10.30-16.00 hours	Date manager registered: 27 August 2015

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 19 December 2015 to 06 February 2017 (three were randomly sampled).

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

- Discussion with the registered manager
- Discussion with 14 service users

- Discussion with 2 care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with 12 questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; two staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. There were no completed questionnaires returned to RQIA at the time of issuing this report.

The following records were examined during the inspection:

- Complaints record (none had been recorded since the previous care inspection)
- Compliments record (five were randomly sampled from 19 December 2015 to 06 February 2017)
- Accident/untoward incident record (three were randomly sampled from 19 December 2015 to 06 February 2017)
- Elements of three service users care files
- Review of three identified policies and procedures (stated in main body of report)
- Minutes of two staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 January 2016

The most recent inspection of the day care setting was an announced premises inspection. The completed QIP was returned and processed by the estates inspector in RQIA. A follow up premises inspection of Bracken Beacon Day Support occurred on 19 May 2016.

4.2 Review of requirements and recommendations from the last care inspection Dated 18 December 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 17.7 Reference 5.5.2 Stated: First time	It is recommended that the organisation in control finalise this issue and informs the staff and service users as soon as practicable.	Met
	Action taken as confirmed during the inspection: The review of mental health day support services	

	has completed. The registered manager informed RQIA service users and staff were part of the consultation process. The outcomes of this review have been shared with them.	
--	--	--

4.3 Is care safe?

Policies and procedures were in place in the Bracken Beacon Day Support which promoted the safety of service users. They were indexed, dated and ratified by the registered person. Two care staff confirmed that these were accessible in the day care setting. The following three policies and procedures were randomly reviewed during this inspection:

- Confidentiality
- Professional Boundaries
- Recruitment.

The above policies and procedures had been reviewed within the last three years and were compliant with identified regulations and minimum standards.

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

The registered manager described what the planned daily staffing levels were for the centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. There is a registered manager of Bracken Beacon Day Support, one full time project worker and a part time project worker. If the manager is absent from the day service, a designated care staff assumes responsibility for the day care setting. Competency and capability assessments have been completed with staff, these had been reviewed during a previous care inspection of the day care setting. Relief as and when support workers and a peripatetic project worker would be deployed to work in the day care setting when this is needed.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities. Fire safety training was delivered to staff on 08 September 2016 and records showed a fire drill occurred on 17 September 2016. Safeguarding vulnerable adult training was provided to staff in 2015.

Evidence was provided that care staff are registered with the Northern Ireland Social Care Council (NISCC).

A review of three accidents and untoward incident records which had occurred since the centre's previous care inspection showed these had been responded to and managed appropriately. The registered manager informed RQIA two referrals had been made to the Trust's safeguarding team since Bracken Beacon Day Support's previous care inspection. RQIA had not been informed of these. A discussion took place about Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012). This is an identified area for improvement. Discussions with the registered manager about these referrals concluded the day care setting had responded appropriately to and in accordance with the organisation's safeguarding policy and procedures as these had been incidents were immediately reported to the safeguarding team and the individual's named worker.

One staff member clearly described knowledge of their specific roles and responsibilities in relation to adult safeguarding and confirmed that they had attended safeguarding vulnerable adults training in the previous two years.

Inspection of the internal premises identified that the day care setting was appropriately heated, tidy, clean, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

With regards to the recruitment of staff in Bracken Beacon Day Support, one new staff member has been employed. Confirmation was received from NIAMH's Human Resources department that all of the regulatory recruitment matters were adhered to and the necessary documents retained. The staff member's induction information was reviewed (with the individual's consent) during this inspection, this was comprehensive and each stage had been signed by both the individual and the registered manager.

Observations and discussions with 14 service users concluded they felt safe in Bracken Beacon Day Support.

Areas for improvement

One area for improvement was identified during the inspection regarding this domain and regarded the notification of untoward incidents to RQIA.

Number of requirements	1	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.4 Is care effective?

Discussions with the registered manager and two care staff established the day care setting had responded appropriately to and met the assessed needs of the service users.

Service users' care information is now retained on computer in the NIAMH service via the GOS system. Consent was obtained from three identified service users for RQIA to review their care information during this inspection. There were no photographs of each service user in their respective care file, nor was there a statement declining this. This is an identified area for improvement. Copies of written agreements were in place. All three service user's care information contained current general and risk assessments which were compliant with Minimum Standard 4. There was evidence that risk and other assessments informed the care planning process and were integrated into the three respective service user's care plans.

One of the three care plans was fully compliant with Minimum Standard 5. It was comprehensive, person centred and fully reflected the service user's current needs. Two identified service user's care plans need to be reviewed and updated because they were brief and did not fully reflect the service user's current needs. A discussion took place with the registered manager that information or training on Minimum Standard 5 would be beneficial for care staff completing care plans with service users. These are identified areas for improvement.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. The respective service user's annual review reports were not fully compliant with Minimum Standard 15.5 because information was missing on whether or not there had been any important events (including accidents or

incidents) occurring since the previous annual review of their day care placement. A discussion took place with the registered manager about this and it is an identified area for improvement.

Discussions with 14 service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process.

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

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings. Discussion with two staff members confirmed management operated an open door policy in regard to communication within the day care setting.

The day care setting's complaints record was reviewed during this inspection. This showed there had been no areas of dissatisfaction, concerns or complaints had been recorded since the centre's previous care inspection on 18 December 2015.

A random review of three compliments concluded positive comments from service users, professionals and students about the quality of care provision in Bracken Beacon Day Support.

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

Areas for improvement

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

1. Recent photograph of the service user or a statement declining this.
2. Information or training provided to staff on care plans.
3. Review and updating of two identified service user's care plans.
4. Service users' annual review reports.

Number of requirements	1	Number of recommendations:	3
-------------------------------	----------	-----------------------------------	----------

4.5 Is care compassionate?

Discussions with 14 service users described they are treated with compassion, kindness and respect by staff and the registered manager. They stated they are listened to, supported, valued and communicated with in an appropriate manner. Discreet observations of care practices showed service users' are responded to in a prompt, courteous and supportive manner by care staff. Service users also said they are involved in decision making during their time in the centre.

Discussion with staff concluded they have a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them via informal one to one meetings; service users' meetings, annual service user satisfaction surveys; pre-review and annual review meetings.

Discussions with 14 service users and two care staff concluded service users' meetings take place every six weeks or so. Review of the minutes of three service users' meetings (24 May, 15 July and 18 August 2016) verified this.

The most recent service users' annual quality assurance survey was distributed by the organisation in 2016. This encompassed all aspects of the day service. An evaluation report containing the outcomes of the survey was reviewed during this inspection. This included an action plan detailing the identified areas for improvement and the action taken regarding same.

RQIA had individual discussions with a total of 14 service users. The inspector assessed through observation and general discussions that the service users are happy with the quality of care provision in Bracken Beacon Day Support. Examples of some of the comments made by service users are:

- "I like everything about this place."
- "I'm happy here, I like what I do. They are all good to me."
- "I love it here, the manager and staff are brilliant and they've helped me a lot."
- "I enjoy coming here a lot. I've made friends and it gets me out of the house."
- "If it wasn't for this place and the staff, I don't think I'd be here today. The staff, manager and volunteers are all fantastic. They are all very supportive. Nothing is a bother to them."
- "This centre is my lifeline. It has helped me so much. The staff care, they listen, support and help us to take responsibility for ourselves and to make the right choices and decisions."
- "I've really come on since I've come here and I'm not as anxious as I was. I've achieved a lot and never for one minute thought I would be doing all that I am doing."

Areas for improvement

There were no areas identified for improvement in this domain during this inspection.

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

4.6 Is the service well led?

Discussions with two care staff concluded they have understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure. The staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

RQIA's registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussions with two care staff confirmed that staff meetings are held every month in Bracken Beacon Day Support and there are shorter team meetings held twice per week. A random sample of the minutes of two staff meetings (30 September and 24 November 2016) verified this. The minutes of these meetings were compliant with Minimum Standard 23.8. Staff stated that there was effective teamwork and staff member are aware of their role and responsibilities.

Staff also confirmed that if they had any concerns, they could raise these with the registered manager. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

Monthly monitoring visits were undertaken as required under Regulation 28. Three monthly monitoring reports were randomly reviewed during this inspection (21 September, 16 October and 16 November 2016); these reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. These were qualitative as they reported on the conduct of the day care setting, comprehensive and compliant with Regulation 28 and Minimum Standard 17.10.

Bracken Beacon Day Support's most recent annual quality report was dated 20 June 2016 and provided qualitative information about the day care setting from April 2015 – March 2016. This report was compliant with Regulation 17(1), Schedule 3 of The Day Care Setting Regulations (Northern Ireland) 2007.

Review of the dates of care staff formal supervision showed this is occurring at least every three months which is compliant with Minimum Standard 22.2. Confirmation was also obtained from care staff and the registered manager that annual appraisals have taken place in the previous year. This is also compliant with Minimum Standard 22.5.

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

Based on the findings of this care inspection there was evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Bracken Beacon Day Support.

Areas for improvement

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

Number of requirements	0	Number of recommendations:	0
-------------------------------	----------	-----------------------------------	----------

5.0 Quality improvement plan

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

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

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 19(1)(a)

Stated: First time

To be completed by:
07 May 2017

The registered provider must ensure all service user's care files contain a recent photograph of the service user. If the individual does not wish to have their photograph taken for their file, then a statement should be recorded to reflect they have declined this.

Response by registered provider detailing the actions taken:

All Service users have again been asked to provide an updated photo for GOS profile (recorded in members meeting minutes, and on a poster in main entrance area), they have also been made aware of the positive reasons behind this re: new staff being able to get to know names and faces. All service users were also made aware of the option to decline by recording a note on internal client notes systems which allows for digital signature by service user.

Requirement 2

Ref: Regulation 29

Stated: First time

To be completed from: 07 February 2017

The registered provider must ensure RQIA is notified of accidents and untoward incidents as stated in Regulation 29. The registered manager is asked to retrospectively forward RQIA's Incidents Team details of the two identified untoward incidents.

Response by registered provider detailing the actions taken:

Both 2 untoward incidents retrospectively forwarded by scheme manager. Manager also sought clarification re: notification of incidents of this nature given that it is not specifically mentioned in RQIA notification guidance. Clarification was kindly provided by inspector. Manager will share this clarification within staff team, line management, safeguarding officer and quality team for consistency of approach.

Recommendations

Recommendation 1

Ref: Standard 5.6

Stated: First time

To be completed by:
21 February 2017

The registered provider should ensure the two identified service user's care plans are reviewed and updated so they fully and accurately reflect their needs. Where changes are made to the care plan, the service user, member of staff making the changes and the registered manager sign and date the revised care plan.

Response by registered provider detailing the actions taken:

Both care plans have been reviewed and updated in line with inspector recommendations

Recommendation 2

Ref: Standard 15.5

Stated: First time

To be completed from: 07 February 2017

The registered provider should ensure service user's annual review reports contain all of the relevant information stated in Minimum Standard 15.5. If there were no important events (including accidents or incidents) occurring since the previous annual review of their day care placement, then the report should state 'none' in each of these areas.

Response by registered provider detailing the actions taken:

All staff were updated on this the following day after the inspection, and are aware of the areas where they should state none for future reviews.

Recommendation 3 Ref: Standard 21.4 Stated: First time To be completed by: 31 March 2017	The registered provider should ensure information or training regarding care plans (Minimum Standard 5) is provided to care staff.
	Response by registered provider detailing the actions taken: 1 staff member undertook this training the following day after the inspection, which has had a very positive impact, the only other staff member is part-time and is now registered for this training to be completed this training year also (internal training year ends June 2017)

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews