



The Regulation and
Quality Improvement
Authority

Bracken, Beacon Day Support
RQIA ID: 11195
241 Newtownards Road
Belfast
BT4 1AF

Inspector: Ruth Greer
Inspection ID: IN23718

Tel: 02890459878
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**Unannounced Care Inspection
of
Bracken, Beacon Day Support**

18 December 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 18 December 2015 from 09.45 to 14.00. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, 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	1

The details of the QIP within this report were discussed with the Mrs Deirdre Brannigan as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: NI Association for Mental Health/Mr William Henry Murphy	Registered Manager: Mrs Deirdre Brannigan
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Brannigan	Date Manager Registered: 14 January 2014
Number of Service Users Accommodated on Day of Inspection: 10	Number of Registered Places: 40

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 previous inspection report and quality improvement plan
- Notifications to RQIA from the date of the previous inspection.

During the inspection the inspector met with six service users, the registered manager, two day support workers and a student nurse on placement. There were no visiting professionals and no representatives/family members present on the day.

The following records were examined during the inspection:

- Service user guide
- Statement of purpose
- Record of accidents/incidents
- Record of complaints
- A sample of service users care files
- A sample of monthly monitoring reports.

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 10 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

The previous care inspection as referred to in the previous point resulted in three recommendations in relation to staffing levels, service user reviews and the monthly monitoring reports. There was evidence found at this inspection that these areas had been addressed.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 23.1	<u>Staffing Arrangements</u> 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).	Met
	Action taken as confirmed during the inspection: The manager confirmed that a review had taken place and a new staff member had been appointed.	
Recommendation 2 Ref: Standard 15.2 and 15.3	<u>Service User's Annual Review</u> 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).	Met
	It is the responsibility of the referring Trust to organise multi-disciplinary care reviews. The Centre has contacted the Trust to request that these meetings are updated for service users. The centre undertakes regular internal reviews .	
Recommendation 3 Ref: Standard 17.10	<u>Monthly Monitoring Reports</u> 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).	Met
	The monthly monitoring reports have been amended as recommended.	

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

Is Care Safe?

The manager confirmed that there are no service users who require assistance with continence management. An examination of a sample of service users' care files showed that an assessment of need is undertaken which is individual to each specific service user and that they are fully involved in the process and in the development of the subsequent care plan. Service users were attending a class in an adjacent community centre on the day of this inspection. The inspector visited them there and spent time speaking and listening to their views of the day care they receive. Service users reported that they were very satisfied with the service and that they looked forward to attending. Service users reported that they enjoyed good relationships with staff and felt that the centre was a welcoming and supportive environment. Satisfaction questionnaires were left for service users to complete and return to RQIA. None had been returned before the issue of this report.

Is Care Effective?

There was evidence from discussion with staff and from an examination of care records that the care provided met the identified needs of service users. Several service users have developed a group plan of care which sets and reviews objectives for each individual. These plans are considered by the service users as "their care documents" and are based on the goals identified by the service user him/herself. There is a strong ethos of service users' "ownership" of the care provided to meet needs which they themselves identify. Partnership meetings are held monthly which are minuted. Minutes showed that issues are discussed, action agreed and outcomes recorded.

The Bracken Centre is operated by NIAMH and the organisation has strong quality assurance systems in place to continually monitor the care provision. Feedback from service users is sought formally by annual satisfaction questionnaires. Complaints/concerns are actively sought. A self-sealable form is available for any service user who wishes to anonymously share their views.

Is Care Compassionate?

Staff members on duty presented as committed to ensuring the best possible outcomes for service users. Each of the staff members, and a student nurse on placement, confirmed that they were confident of the values of the organisation and of the standard of care expected by management. Staff confirmed that mandatory training is provided annually as required and that they had an induction to the centre. Staff were confident in their practice and in that of their colleagues. The statement of purpose and service user guide sets out the underpinning values of choice, dignity and respect. The service user guide is produced in the form of a prospectus. Activities are detailed and service users have the choice of what they would prefer/find beneficial. The work to produce this document is commendable. The practice observed on the day was found to be encouraging, positive and caring.

Areas for Improvement

No areas for improvement were identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Service users who attend this day care setting are fully involved in all aspects of the care which is planned, provided and evaluated. One service user shared his/her experience as "a journey from a bad place". The service user stated that his/her role now was to advocate for and support his/her peers. The inspector was informed by several service users that attendance at this centre "saved my life", "I wouldn't manage if I didn't come here". It was evident from speaking with service users that they consider the centre as safe place where they can share their concerns and opinions and help their peers.

Is Care Effective

There was evidence that the care provided in this centre is considered by the service users as effective in maintaining their self-esteem and self-worth. Service users stated that they are fully included in everything within the centre. Several service users have received training which enables them to facilitate special interest groups. Service users chose from a "Participation Menu". This provides a choice for service users to join and influence all aspects of the care. For example, in the design of future services and in the recruitment of new staff. Staff with whom we spoke presented as committed, caring and knowledgeable about service users as individuals. The manager confirmed that staff supervision sessions are organised monthly and that all staff have an annual appraisal. There are policies in place in relation to the standards inspected. These include Service User Involvement, Protection of Vulnerable Adults, and Whistle Blowing.

The care files examined contained up to date assessments and care plans. The files were well organised and evidenced service user involvement and progress.

Is Care Compassionate?

Both service users and staff members presented a very positive view of the need and positive outcomes derived from attendance at the centre. Staff were committed to the empowerment of service users. A student nurse on placement stated that the provision of care she had witnessed and experienced over her six week placement was "first class and always, always client focussed". The practice observed on the day demonstrated staff who addressed service users respectfully and in a non-patronising manner. Staff who spoke with the inspector recognised that the "experts" in what was needed were the service users themselves. Staff felt their job was based on enabling, through a variety of group and individual support, the service users to attain positive outcomes. The development of life skills and the increased feeling of self-esteem gained at the centre would then stand the service users in good stead in all aspects of their lives.

Areas for Improvement

The involvement of service users is the underpinning principle of this centre. There was evidence that this standard – Service Users' Involvement is met and in some areas exceeded.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1. Service users

When the inspection commenced there was a staff member, a student nurse on placement and the registered manager on duty in the centre. Other staff were with a group of service users at a local community centre where they were participating in a “Anyone can Cook” session. The inspector visited service users at the community centre. They were happy to share their views and described the service they enjoy at the centre as “lifesaving” brilliant” and “gave me my life back”. One service user stated that as he/she had improved he/she now spent time “giving back” by facilitating and helping other service users.

5.5.2. Staff

All staff on duty were spoken with and all reported that the work of the centre is crucial in the lives of the service users. Staff spoke knowledgeably about the service users as individuals and of mental ill health care in general. Staff confirmed that they are well supported and receive training in specific areas relating to the client group as well as mandatory training. Some concern was expressed in relation to the long term future of the centre as it currently operates. A recommendation has been made that the organisation in control shares the decision in this regard as soon as possible with staff and service users.

6. Quality Improvement Plan

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

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

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

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

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 17.7 Reference 5.5.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 January 2016</p>	<p>It is recommended that the organisation in control finalise this issue and informs the staff and service users as soon as practicable.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: Niamh are currently carrying out a review of Day Support Services coinciding with the Belfast Trust Review of Day Services. The (temporary) post of Manager has been extended for a further three month period to allow for the completion of this process. Staffing remains at full capacity; both staff and service users are being informed and consulted at each step of the process.</p>

Registered Manager Completing QIP	Dee Brannigan	Date Completed	25/01/16
Registered Person Approving QIP	Billy Murphy	Date Approved	26/01/2016
RQIA Inspector Assessing Response	Ruth Greer	Date Approved	29/01/16

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