

Unannounced Care Inspection Report 5 March 2020



Binnian Lodge Resource Centre

Type of Service: Day care
Address: Manse Road, Kilkeel, BT34 4BN
Tel No: 028 41765473
Inspector: Maire Marley

www.rqia.org.uk

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 service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a day care setting with up to ten places that can provide care and day time activities for people living with a physical disability or sensory impairment. The centre is open Monday, Tuesday, Thursday and Friday.

3.0 Service details

<p>Organisation/Registered Provider: Southern Health and Social Care Trust</p> <p>Responsible Individual(s): Mr Shane Devlin</p>	<p>Registered Manager: Paula Farrell</p>
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Person in charge at the time of inspection: Assistant Manager	Date manager registered: Acting manager (1 January 2020)
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4.0 Inspection summary

An unannounced inspection took place on 5 March from 12.00 to 13.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection. This was a short focused inspection to look at recruitment practices and service users experiences in the day centre.

On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

A service user said:

- “I live alone and this gives me an opportunity to get out and about. I enjoy talking to staff and having different things to do; I am happy here and feel very safe.”

Evidence of good practice was found in relation to staff knowledge of service user’s needs, activities provided, communication with healthcare professionals and families and the cleanliness of the general environment.

One area of improvement was identified during this inspection in relation to the development of a system to highlight when staff’s professional registration is due for renewal.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with the assistant 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.

4.2 Action/enforcement taken following the most recent care inspection dated 6 September 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 6 September 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff work with service users, we examined recruitment records relating to Access NI and NISCC registration.

A poster was provided for staff detailing how they could complete an electronic questionnaire providing their views to RQIA on the quality of service provision. No responses were received within the timeframe for inclusion within this report.

Two questionnaires were also provided for distribution to the service users and their representatives; no responses were returned within the timeframe for inclusion within this report.

During the inspection the inspector met with one service user, one member of staff and the assistant manager.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the assistant manager, service user, and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the assistant manager at the conclusion of the inspection.

6.0 The inspection

Action required to ensure compliance with The Day Care Settings Minimum Standards, 2012.		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 18.5</p> <p>Stated: Third Time</p>	<p>The registered person shall ensure that a review of policies/ procedures is undertaken as several hard copies were dated 2008 and 2011. These should be systematically reviewed every three years or more frequently should changes occur.</p> <p>The following information should be submitted to RQIA with the returned QIP:</p> <ul style="list-style-type: none"> • a list of updated day care policies and procedures. This should include the details of any significant changes as result of the review. • the SHSCT complaints policy 	<p>Met</p>

	<ul style="list-style-type: none"> the SHSCT Incidents policy 	
	<p>Action taken as confirmed during the inspection: Information in the returned Quality Improvement Plan, discussion with staff and a review of a random selection of policies including the SHSCT complaints policy and Incidents policy found they had been reviewed.</p>	
<p>Area for improvement 2 Ref: Standard 23.7 Stated: First time</p>	<p>The registered person shall ensure that an accurate and contemporaneous record is kept of staff working each day and the capacity in which they worked.</p>	Met
	<p>Action taken as confirmed during the inspection: Information in the returned Quality Improvement Plan along with a review of the duty records confirmed that the record detailed the staff on duty, their role and the hours they worked.</p>	
<p>Area for improvement 3 Ref: Standard 23.2 Stated: First time</p>	<p>The registered person shall ensure that at all times the staff on duty meets the assessed care, social and recreational needs of all service users, taking into account the statement of purpose, the size and layout of the day care setting and fire safety requirements.</p>	Met
	<p>Action taken as confirmed during the inspection: Information in the returned Quality Improvement Plan along with a review of the duty roster for the months of January and February 2020 and discussion with staff confirmed there were sufficient staff on duty to meet the needs of the service users. A contingency plan in the event of a staff member not reporting for duty is also in place.</p>	
<p>Area for improvement 4 Ref: Standard 7.7 Stated: First time</p>	<p>The registered person shall ensure that all records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and countersigned by the registered manager.</p>	Met
	<p>Action taken as confirmed during the inspection: Information in the returned Quality Improvement Plan along with a review of a</p>	

	service user care record confirmed that records were legible, up to date and signed and dated appropriately.	
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6.1 Inspection findings

The centre provides a day care service for adults living with a physical disability or sensory impairment and staff confirmed that suitable equipment was in place to meet the assessed needs of service users.

The centre presented as warm, well maintained and in good decorative order, there were no obvious hazards for service users or staff and the fire exit was noted to be free from obstruction.

During the inspection staff interactions with the service user was observed to be confident and timely. Staff communicated with the service user in a respectful friendly manner and the atmosphere was noted to be relaxed. The service user confirmed that staff provided a range of activities that promoted positive outcomes for their health and well-being.

Observation of the lunch meal confirmed that service users were provided with a choice of meals and that assistance was provided as required. Sufficient time was afforded to enable service users enjoy their meal.

One service user confirmed their views and opinions are taken into account in all matters and spoke of review meetings and centre meetings where they have an opportunity to formally discuss the service provided.

Service user comments:

“I get on really well with the staff, we have a good laugh and I can talk to them about lots of things, they know me and my family really well and I have no concerns.”

Staff Comments:

- We know what we have to do and we know the service users’ needs really well.” We also get a lot of support and training.”

There had been some changes in management since the previous inspection. At the time of the inspection, the registered manager was on long term leave and Paula Farrell was the acting manager, RQIA had been notified of the changes. The acting manager is supported by an assistant manager and day care workers.

The staffing arrangements which had been assessed as necessary to provide a safe service in the setting were discussed and assurances were provided that sufficiently competent and experienced persons are working in the centre to meet the range of needs accommodated. The assistant manager advised the inspector of the arrangements in place to deploy staff from other facilities in the event of sickness or annual leave. Observation during the inspection found the needs of the service user were effectively met by the staff on duty.

A sample of duty records examined for the months of January and February 2020 contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained.

The assistant manager advised there had been no new staff recruited in the centre for many years; one staff member had transferred from another day care facility in the SHSCT and all records in regard to recruitment and transfers were held in the Human Resources Department.

The Northern Ireland Social Care Council (NISCC) certificates for two staff displayed in the office were found to be out of date; however information was provided to the inspector that these staff were currently registered with NISCC. A time lapse in renewing registration was noted in regard to one staff member and this was highlighted to the assistant manager. The inspector discussed the responsibilities of management in regard to ensuring staff registrations with NISCC are up to date and the action required if staff fail to renew their registration. Management must have arrangements in place to undertake regular audits of staff registration and a system should be devised to alert the registered manager when a staff member has failed to renew their registration with NISCC. This is stated as an area for improvement.

Areas of good practice

There were samples of good practice found throughout the inspection in relation to staff knowledge of service users' needs, range of activities and the general environment.

Areas of Improvement

One area for improvement was identified during the inspection and related to the development of a system to monitor NISCC registration.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 agency. 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.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (ii)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall ensure a system is in place to alert the registered manager when a staff member has failed to renew their registration with NISCC. Regular audits of staff registration should also be undertaken.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p>

Please ensure this document is completed in full and returned via Web Portal



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk



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