

# Inspection Report

15 March 2022



## Binnian Lodge Resource Centre

Type of service: Day Care  
Address: Manse Road, Kilkeel, BT34 4BN  
Telephone number: 02841765473

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Southern HSC Trust	<b>Registered Manager:</b> Mrs Paula Margaret Farrell
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> 2 January 2020
<b>Person in charge at the time of inspection:</b> Senior day care worker	
<b>Brief description of the accommodation/how the service operates:</b>  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 Tuesday, Wednesday and Thursday each week.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 15 March 2022 between 10.00 a.m. and 1.30 p.m. by the care inspector.

This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, training, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to systems in place of disseminating Covid-19 related information to staff. There were robust governance and management oversight systems in place.

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

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure

compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

We spoke to staff including the assistant manager who telephoned the inspector at the end of the inspection. We also spoke with the two service users who were attending on the day of inspection.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. Two returned questionnaires indicated they were very satisfied with the services offered by the agency.

We observed a variety of one to one activities and good communication between staff and service users. Staff appeared to have very good relationships with service users and displayed empathy and knowledge of their specific needs.

#### **4.0 What people told us about the service**

We spoke with two service users and two staff. .

##### **Comments received during inspection process:**

###### **Service users' comments:**

- "I enjoy coming here"
- "The drivers are very nice"
- "I think you couldn't get a better place if you tried"
- "They look after me very well"

###### **Staff comments:**

- "I love it here it is like a second home to all of us"
- "Service users have a good quality of life here"
- " Management are approachable"

###### **Professionals' comments within monthly monitoring reports:**

- "I find Binnian very homely"
- "Binnian is a home from home and a very valuable resource for service users"
- "The staff are tuned into service users' needs and have a caring nurturing approach"

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Binnian Lodge Resource Centre was undertaken on 5 March 2020 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not completed for the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

Areas for improvement from the last inspection on 5 March 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (c) (ii)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. Review of records verified that all staff were registered with NISCC.	

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge and staff revealed they were knowledgeable regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records

It was confirmed that staff, including support staff were required to complete adult safeguarding training during their induction programme and attended regular updates thereafter.

In addition, staff confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response.

The agency had a system for retaining a record of referrals made to the Health and Social Care Trust (HSCT) in relation to adult safeguarding. Records reviewed and discussions with the person in charge indicated that no adult safeguarding referrals had been made since the last inspection.

Service users who spoke to us stated they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date. This included DoLS training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The person in charge told us that no service users met the criteria to have a DoLS process put in place at this time.

Discussions with staff, service users and observations during the inspection verified that staffing levels were sufficient to meet the assessed needs of service users at present. The inspector also discussed staffing should the day centre return to pre pandemic attendance levels and the person in charge agreed that staffing levels would need to be reassessed if this occurred.

Observation of and discussion with the person in charge evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, staff demonstrated that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the Speech and Language Therapist (SALT) to ensure the care received in the setting was safe and effective.

Observation of the lunchtime meal evidenced that service users were given a choice in regards to the meals being served. Staff demonstrated sensitivity and a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements; staff were familiar with how fluids should be modified.

### 5.2.3 Are their robust systems in place for staff recruitment?

Staff recruitment was completed in conjunction with the organisation's Human Resources (HR) department. Consultation with the assistant manager and manager following the inspection confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members' commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks had been completed for staff including support staff engaged in transport to and from the service.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports were robust and included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the agency's policy and procedures.

## 6.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge and assistant manager as part of the inspection process and can be found in the main body of the report.

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



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