



The Regulation and  
Quality Improvement  
Authority

Binnian Lodge Resource Centre  
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**Unannounced Care Inspection  
of  
Binnian Lodge Resource Centre**

**16 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 16 October 2015 from 10.30 to 15.00. Overall on the day of the inspection the Day Care Service 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

The details of the QIP within this report were discussed with the Ms Carmel McGrath, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mrs Paula Clarke	<b>Registered Manager:</b> Carmel McGrath
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> At the start of the inspection Rene O'Grady and after lunch Carmel McGrath	<b>Date Manager Registered:</b> 21/06/2013
<b>Number of Service Users Accommodated on Day of Inspection:</b> 3	<b>Number of Registered Places:</b> 10

### 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 registration status of the service; incidents notification which revealed no incidents had been reported and RQIA; written and verbal communication received since the previous care inspection which did not reveal any concerns. The returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection which revealed no requirements and one recommendation had been made.

During the inspection the inspector met with three service users, two staff. No visiting professionals or representatives/family members were present during the inspection.

The following records were examined during the inspection:

- The settings statement of purpose
- Service user's guide
- Two service users individual care records including care plans, assessments and review documentation
- The complaints record which did not contain any records of complaints or issues of dissatisfaction
- A sample of the settings monthly monitoring visit records (regulation 28) for June, July and August and September 2015
- The incidents and accident register which did not contain any records since the last inspection
- Service user meetings held in July, August (held in early September) September and October 2015
- Staff meetings held in July, August September and October 2015
- Monthly Monitoring reports for June, July, August and September 2015
- The staff training record for this year
- Policies and procedures regarding standards 5 and 8.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 17 February 2015. The completed QIP was returned and approved by the specialist inspector.

### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  Ref: Standard 17.10	The responsible person should make appropriate arrangements for the regulation 28 reporting to report on the conduct of the day care setting regarding the closure, and examine if future disruption to service can be avoided.	<b>Met</b>
	<b>Action taken as confirmed during the Inspection:</b> The monthly monitoring reports (regulation 28 reports) were available for inspection and a sample of reports from June to September were read. This provided evidence the centre had not been closed and this was being monitored on an ongoing basis.	

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

#### Is Care Safe?

There is a continence promotion policy and procedure in place for day care staff and this was given to staff in September 2015. Staff had received moving and handling training in 2015, infection prevention and control training in 2014, continence promotion training in September 2015 and information regarding using continence products.

The inspection of two service users' files including care plans revealed staff had recorded service users and their representatives' views and incorporated these into practice. Whilst this should ensure that choices and issues of concern are recorded and acted on; the information in regard to continence support was limited to moving and assisting the service user to the toilet. The care plan should also identify how the service user communicates they need to use the toilet or their preference regarding when or how they go to the toilet. Care plans should incorporate service user's preferences and a recommendation is made in this regard.

The inspection of service user files showed the needs assessment, risk assessments and care plans had been kept under review, and the care plans had been amended as changes occurred to ensure they were kept up to date.

Discussion with one staff member confirmed she was aware of the continence products the service users use and staff access Personal Protection Equipment (PPE) when assisting service users. The practice examples described were reflective of current infection control

guidance. Observations of the environment did not identify any concerns regarding odour, location / storage of PPE and continence products. Review of service user and staff meeting records showed continence promotion had been discussed generally and lifestyle suggestions were discussed which may improve continence.

Three staff completed RQIA inspection questionnaires and they stated they felt satisfied to very satisfied they had received mandatory training and appropriate training to meet the service users' needs. Staff felt satisfied to very satisfied that the service users had received timely support from the multi-disciplinary team and equipment was obtained in a timely manner. However, one staff member identified they "sometimes need to follow up with allied health professionals".

Three service users completed questionnaires with the inspector for this inspection, they reported they felt satisfied to very satisfied they feel safe and secure in the day care setting and staffing levels are appropriate. Comments made were "If you don't feel well they help me, yes there is enough staff".

In conclusion the individual care plans did identify how individual continence needs are met although this can be improved. Overall service users were observed to be safely supported in this day care setting and this conclusion was supported by service user feedback.

#### **Care Effective?**

The inspection of the environment identified there was appropriate supplies of continence products which are supplied by the service users. These are stored in the bathrooms in an air tight container for the service user. Discussions with staff identified they are aware of how to meet the service users assessed needs and they have unrestricted access to products and PPE.

The person in charge during the inspection described examples of when staff had identified continence issues with service users, they consulted with the service user and with consent sought assistance from the right professional to ensure potential problems and concerns were dealt with quickly. There was evidence of the referral, evaluation and review of care plans in the files inspected; this corroborated that staff had sought professional input as required and with consent.

Three service users responded in RQIA inspection questionnaires they felt satisfied to very satisfied that staff know how to care for them and respond to their needs. One service user said they were able to use the bathroom independently and they had no concerns regarding access or using the bathroom.

Three staff responded in inspection questionnaires they felt very satisfied they have access to supplies which support service users and access to PPE. Finally staff reported they have sufficient knowledge, skills and experience to support service users who attend the day centre. One staff member commented "service users bring their own products"; another staff member commented "as a new member of staff I have been impressed with my colleagues mentoring me as I put into practice the skills learnt at mandatory training events".

The inspection concluded care provided by staff is effectively promoting and supporting continence needs.

### Is Care Compassionate?

Staff presented as knowledgeable and discussed care using a person centred approach and values such as protecting service users dignity and promoting independence, which underpin the day care setting standards.

Observation of staff during this inspection showed staff approach service users gently, use communication methods appropriate to each service users' needs and they were observed to be compassionate and competent in providing continence care and support

Three staff reported in the questionnaires that they are satisfied to very satisfied service users are afforded privacy, dignity and respect at all times; they are encouraged to retain their independence and make choices; they are satisfied they have time to talk to and listen to service users; and the care provided is based on service users' needs and wishes.

Three service users reported in the questionnaire's they are very satisfied to satisfied with the care and support they receive. Comments made were "generally I'm happy enough, staff are all very good but they do change".

The inspection concluded staff approached meeting service users' needs with compassion and ensured service users were given time to talk openly or privately.

### Areas for Improvement

One area for improvement was identified regarding the service users care plan - Where appropriate service users receive individual continence promotion and support:

One recommendation is made that the care plans should be improved by incorporating service user's preferences.

Number of Requirements	0	Number Recommendations:	1
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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?

On the day of the inspection staff were observed actively seeking service users' and their representatives' views and incorporating these into practice. For example regarding activities, food choices; and general communication. Furthermore the plan was to hold a service users meeting on the same day and the meeting was observed by the inspector. Staff sought service user's views and comments to ensure their choices and any issues of concern were recorded and acted on.

The staff were observed caring for service users in a very person centred and dignified way, for example communicating at the service users level, using touch and body language, managing the noise level, repeating the information to ensure all were included in the discussion and responding to non-verbal communication as well as verbal. This showed staff were knowledgeable about service users' individual modes of communication

There were policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices

The inspection confirmed staff communicate effectively with service users and use this information to ensure care is safe and responsive to need.

### **Is Care Effective**

The inspection of service users meeting minutes, the annual survey, two service users files including their care plan and review documentation; and observation of practice provided evidence there is a range of methods and processes where service users' and their representatives' views are sought, recorded; and this includes details of the action taken. These approaches were ensuring the service users were enabled to be involved in and given opportunities to influence the running of the day care setting and service users were observed participating in decisions about the care and support services they receive in Binnian.

Staff discussed the importance of ensuring service users' dignity and privacy is respected. They were aware they need to empower and enable service users to make choices and promote service users independence and rights in Binnian; and when they are in the community.

The staff informed service users that the inspection was taking place and service users were encouraged to discuss their views about the standard of care delivered and the conduct of the Day Care Setting with the inspector. Discussions with the service users revealed they felt listened to however one service user did say "I've seen a few changes in the years in day care, not for the better". The inspector is aware this service has not always met service users expectations in the past, in particular when closures have happened at short notice. However, service users were able to confirm the centre had remained open since the last inspection.

There were policies regarding:

- inspections of the day care setting
- consent
- management, control and monitoring of the setting
- complaints

In conclusion the care in this setting includes staff effectively seeking service user's views, opinions and preferences and this information is used to inform day care delivery.

### **Is Care Compassionate?**

The service users in this setting were being listened to, encouraged to communicate their choices and responded to by staff that were knowledgeable about them including their communication needs.

Three service users completed questionnaires for this inspection and they stated service users are satisfied to very satisfied that their views and opinions are sought regarding the service.

Three staff questionnaire's stated they felt satisfied to very satisfied regarding the following questions: service users are involved in and are given opportunities to influence the running of the centre; systems are in place to seek service user's views; management action service user's suggestions, issues or complaints; and service users are kept informed regarding any changes.

In conclusion this inspection confirmed the staff were using a compassionate approach to gather service user's views, opinions and preferences.

### Areas for Improvement

No areas of improvement were identified regarding service users' involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting:

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

### 5.5.1. Service user files:

The inspector reviewed two individual service user records which were kept in individual indexed files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review did identify the content of care plans should be improved to ensure information recorded is person centred with clear guidance for staff regarding intimate care and communication. One of the service user records did not have a review report in place because the community team not forwarded them. Review minutes should detail decisions made in the meeting and their absence did not allow for anyone to check if the care plan is up to date; and if new outcomes had been agreed this could not be referenced. A recommendation is made the staff keep a note on individual service user's files regarding the outcome of the review to ensure their information is the most up to date and the care plan can be amended as necessary in lieu of the review report and minute.

### 5.5.2. Complaints and compliments

The complaints record was reviewed by the inspector and this revealed no complaints had been recorded in 2014 and none in 2015.

### 5.5.3. Monthly Monitoring Visits

Monitoring visits were sampled from June 2015 to September 2015. The reports showed an improved approach to monitoring, there was evidence the reporting was more thorough and there had not been any unplanned closures since the last inspection, this continues to be monitored. The reports did not reveal any concerns that require further discussion.



#### 5.5.4. Staff meetings

The staff meeting records for July, August, September and October 2015 were sampled and this revealed staff had met monthly and discusses the service users, staff development, the building, policies etc. The review of these records did not reveal any concerns.

#### 5.5.5. Service User meetings

The record of service user meetings was available for inspection; records were viewed for meetings held on 20 July, 3 September, 24 September 2015 and the meeting was observed on the day of the inspection. The records and observation of the meeting showed staff discuss activities, outings, choice, preferences and monitoring of the setting. The minutes detail service user involvement and all that attended sign the minutes to show they have read and agree with the content.

#### 5.5.6. Survey

The annual survey had been completed for 2015. The analysis of the returns showed service users felt generally very happy in Binnian but they did identify the transport arrangements could be improved for one service user and another service user identified the activities could be improved. Staff had responded by monitoring transport provided for the service user and checking if they are satisfied and staff are advocating for the whole group to be involved in new activity opportunities, one new example was being planned on the day of the inspection.

### 6. Quality Improvement Plan

The issue(s) identified during this Inspection are detailed in the QIP. Details of this QIP were discussed with Carmel McGrath, 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](mailto: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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 December 2015	<p>The registered manager should make appropriate arrangements for staff to review the content of the care plan with the service users in Binnlan and add in service user's preferences and choices. Particular attention should be given to continence promotion.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Staff use a range of documents which are person centred and allow for Service User choices and preferences to be recorded and actioned. These include pre-review questionnaires, Service User evaluations, PCP documentation - Important to / important for. Service Users also have monthly meetings where programme timetables are developed. Care plans have been reviewed and there is greater evidence of service Users preferences and choices recorded. Staff to implement learning from recent Makaton training which will further the promotion of dignity in continence care for Service Users.</p>		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 15.6  <b>Stated:</b> First time  <b>To be Completed by:</b> 11 December 2015	<p>The registered manager should make appropriate arrangements for staff to keep a note on individual service user's files regarding the outcome of the latest review. This should ensure the day care information is the most up to date; and the care plan can be amended as necessary, in lieu of the review report and minute.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>            Additional section added to staff pre-review questionnaire which will record actions, outcomes and action by whom. Registered Manager to liaise with team leaders to ensure all Social Workers use required 'NISAT record of review' template and a photocopy is left for Service Users file after annual reviews take place.</p>		
<b>Registered Manager Completing QIP</b>	<i>CHE = C. Rice</i>	<b>Date Completed</b>	07/12/15
<b>Registered Person Approving QIP</b>	<i>Fiona Rice</i>	<b>Date Approved</b>	7/12/15
<b>RQIA Inspector Assessing Response</b>	<i>Suzanne</i>	<b>Date Approved</b>	23.12.2015

\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\*