

Unannounced Care Inspection Report 20 May 2019



Benbradagh Centre

Type of Service: Day Care Service
Address: Scroggy Road, Limavady, BT49 0NA
Tel No: 028 7776 1103
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 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 that provides care and day time activities for up to 79 service users with a learning disability. The day care setting is open Monday to Friday and service is provided over two adjacent sites in the same grounds.

3.0 Service details

Organisation/Registered Provider: Western Health Social Care Trust (WHSCT)	Registered Manager: Lynda McMullan (Acting)
Responsible Individual: Dr Anne Kilgallen	
Person in charge at the time of inspection: Lynda McMullan	Date manager registered: Acting
Number of registered places: 79	

4.0 Inspection summary

An unannounced inspection took place on 20 May 2019 from 09.00 to 13.30.

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.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the day centre promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was evident that the day centre promoted the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

The findings of this report will provide the establishment 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs L Mc Mullan acting manager, as part of the inspection process and can be found in the main body of the report.

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

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report and quality improvement plan (QIP)
- All correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the day centre's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Sixteen responses were received.

Comments received:

- "Benbradagh is an excellent day care facility with a friendly and welcoming atmosphere."
- "Benbradagh is a great team to be a part of we all deliver a high standard of care to the clients in our care."
- "We have great support from our manager at present."
- "I think we have a good team of staff that provides good compassionate care to our service users."
- "I'm happy with the progress at Benbradagh Centre."
- "I have worked in the Centre for ** years and love coming into my work daily. The service users are given the best care, respect and dignity from staff."
- "I have moved from ***** day centre in September and the staff have supported me well from management down."
- "I have worked in this Centre for ** years and I feel the service users are very well looked after in a dignified and responsive manner."

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Four questionnaire responses were received in time for inclusion in this report.

Comments included:

- “Staff are always caring, thoughtful and understanding of my son’s needs.”
- “***** said he is happy with his programme and likes meeting up with ***** at the centre.”
- “I’m happy with my care.”

During the inspection process the inspector spoke with the manager, two staff members and observed a number of service users during their activities. Introductions were made to service users during the course of a walk around the centre; with individual interaction two service users took the opportunity to meet with the inspector.

Service user comments:

- “The staff are very good.”
- “I have no complaints.”
- “We have good activities and I enjoy the outings.”
- “The food is excellent.”
- “My keyworker is very good.”
- “I really do feel safe here and well supported.”
- “Nothing is a problem for the staff they are all very caring.”

Staff comments during inspection:

- “Good management support.”
- “Care plans highlight the support required for the complex needs of some service users.”
- “My induction was comprehensive and I had good staff support.”
- “The manager has an open door policy for questions.”
- “The staff get on well together and communicate well with each other.”
- “Training is good. It’s good to get regular updates.”
- “We feel well supported by the manager.”

A range of documents policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection**6.1 Review of areas for improvement from the most recent inspection dated 23 April 2018**

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last Care inspection dated 23 April 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 4 (a) (b) (c)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2018</p>	<p>The registered person shall compile in relation to the day care setting a written statement which shall consist of—</p> <p>(a) a statement of the aims and objectives of the day care setting;</p> <p>(b) a statement as to the facilities and services which are to be provided by the registered person for service users; and</p> <p>(c) a statement as to the matters listed in Schedule 1.</p> <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that an updated Statement of purpose was in place and highlighted the nature and range of services.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 5.1 (a) (b) (c) (d) (e)</p> <p>Stated: First time</p> <p>To be completed by: 23 June 2018</p>	<p>The registered person shall produce a written guide to the day care setting which shall include—</p> <p>(a) a summary of the statement of purpose;</p> <p>(b) the terms and conditions in respect of the services in the day care setting to be provided for service users, including details of the amount and method of payment of fees if appropriate;</p> <p>(c) a standard form of contract for the provision of care and facilities by the registered provider to service users;</p> <p>(d) a summary of the complaints procedure established under regulation 24;</p> <p>(e) the address and telephone number of the Regulation and Improvement Authority.</p> <p>Ref: 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector confirmed that an updated service users guide was in place and met the requirement.</p>	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

At the time of the inspection, the centre had a manager in post. The manager is supported by other day care staff. On the date of inspection there was sufficient staff to meet service user needs safely.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC). All current staff are registered with (NISCC).

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role. This was verified by staff and the records reviewed.

New staff receive a structured induction programme in line with The Northern Ireland Social Care Council (NISCC) regulations. Discussion with the manager and staff and a review of records confirmed that this included a shadowing period with other experienced staff.

A review of the training records confirmed that training had been provided in all mandatory areas and that the records were kept up to date. It was good to note that additional training was in place for staff including: dysphasia and textured meals, risk assessment, governance and GDPR.

During the inspection the inspector reviewed the day centre's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and were appropriate their representatives. Risk assessments included details of the potential risk and the level of risk; they were personalised and included information specific to each person and their needs. The records evidenced that the day centre had achieved an appropriate balance between promoting autonomy and maintaining safety.

There were comprehensive risk assessments in place relating to safety issues. For example, fire risk assessments, fire safety training and a number of fire drills. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

The service monitored and reviewed the daily activity of service users. This helped the staff understand risks and gave a clear, accurate and current picture of individual service user's assessed need.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures were in place to help protect service users and ensure staff had the knowledge and guidance to help keep service user’s safe and take appropriate action if there were any concerns regarding the safety and wellbeing of service user’s These were accessible to all staff.

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility and ensures that the organisation’s safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions’ position report was being formulated and would be completed by 2020. From the date of the last care inspection there had been no incidents referred to the relevant HSCT in relation to safeguarding.

Individual care records were written and managed in a way that kept service users safe. The care records reviewed showed that information needed to deliver safe care and support was available to relevant staff in an accessible way.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Evidence reviewed highlighted that individual care needs and choices were assessed and responded to. There were good examples of outside activities and community involvement.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2018). The day centre’s arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about service users’ preferred communication support needs. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care and support plans had been reviewed the updated documents had been signed.

Care reviews in conjunction with the service users and/or their relatives and HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meeting. Reviews aim to give the day centre an opportunity to ensure people's needs were continually being met and to assess and monitor whether there had been any changes in need.

The centre had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. This was completed during review and whilst completing annual quality audits.

The day centre's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users. This was verified by staff during discussions and the records of service user meetings, reviews and quality audits.

The centre completed a quality audit in January 2019; this gave the service users and their carers the opportunity, to comment on the quality of service provision. Some of the comments received included:

Service user comments:

- "I feel everything is alright"
- "Very happy with service provided"
- "I'm very happy with the service provided"
- "I love Benbradagh"
- "No problems"
- "I really don't see any need for improvement"
- "Like my friends"

Carer comments:

- "Very happy with the service provided. No need for any changes in my opinion".
- "I have always felt my son's care was of excellent service. Benbradagh have always put his care needs first".
- "My brother is very happy at the centre and very happy with all parts of the service".
- "This service is very good and I am very glad that my relative got a placement here".
- "I'm happy with the way the centre is run".
- "The staff in the Willow Group offer a high standard of service to my family member and to me as a carer".
- "We as a family feel staff and care is provided from Benbradagh at a very high standard".
- "Attending Benbradagh Day Centre for years and years and no complaints at all".
- "Great, structured fun programs to suit each individual. Great communication and shared into an individual needs i.e. Behaviour Support".
- "My son loves Benbradagh Centre. The people are wonderful, caring and full of fun. He loves the place; it caters absolutely perfect to his needs. It is a family rather than a place to go".
- "Staff are excellent, engaging with the users and their families".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, day care staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the manager and review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation; this was also verified by the staff who met the inspector. Both the staff and manager identified the need to continually communicate with service users and to ensure staff were respectful toward them.

Upon commencement of a day care placement, service users are provided with a copy of the day centre's service user guide which informs service users' of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

The facilities and premises were appropriate for the services to be delivered. The inspector noted that staff communicated with service users in a way that they could understand, for example, communication aids and easy read materials were available.

Staff stated that the centre respected and promoted service users privacy and dignity. Written guidance was available for staff to follow that helped to maintain confidentiality for example, the confidentiality policy. Staff approaches and responses to services users was noted to be caring, cheerful and compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the centres ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The service was well-led and had systems in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of staff, including the manager and day care staff. Records in place including supervision and team meetings evidenced how staff were being supported by management.

The centre has in place acting manager arrangements since 2018. Discussion with the manager during inspection verified that recruitment has taken place and a new manager will be appointed to the centre soon.

The inspection assessed the day centre's arrangements and governance systems in place to meet the needs of service users and drive quality improvement. These arrangements included service user meetings, reviews and quality audits. The centre has yet to complete their 2019 annual review and when completed it will be forwarded to RQIA.

Discussion with the manager confirmed that she had a good understanding of her role and responsibilities under the legislation. In addition discussion with the staff evidenced that there was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users. Staff spoken with stated they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.

The manager advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of service users. These addressed matters such as complaints, safeguarding, whistleblowing, data protection and confidentiality. Policies were maintained in a manner that was easily accessible by staff.

The manager demonstrated good awareness of the day centre's complaints procedure. A review of the day centre's complaints records since the last inspection evidenced that the day centre had received a small number of complaints. These were resolved satisfactorily.

The manager discussed her commitment to driving improvement in the service through consistency of the staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

Discussions with the manager confirmed that staff and service users meetings are facilitated by the centre. A review of meetings noted the following agenda items for regular discussion:

Service user meetings:

- Activities
- Outings
- Computer courses
- Health and safety

Staff meetings:

- Training
- File audits
- Staffing
- Personal care
- Positive attitudes
- New modified food initiatives

Monthly quality monitoring reports were available for review from the last care inspection. Some of the comments from service users, staff and relatives included:

Service users:

- "I love the staff."
- "Staff are helpful and kind."
- "Staff are good to me."

Staff:

- "We are well supported by the manager."
- "Staff work well as part of a team."
- "Staff are supportive to one another."

Relatives:

- "Communication is good. I have no complaints."
- "My ***** is very happy and contented and loves attending the centre."
- "I feel confident if I have raise any concerns."

HSC Trust Staff:

- "The quality of care provided is excellent."
- "I'm always made feel welcome and staff communication is good."
- "My service user is happy to attend and has a good variety of activities."

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the day centre collects equality information in relation to service users, during the referral process. The data provided is used with individual service user consent to help provide care in a person centred manner.

Some of the areas of equality awareness identified during the inspection included:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, quality monitoring and service user communication.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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