

Unannounced Care Inspection Report

23 April 2018



Benbradagh Centre incorporating The Willow Group

Type of Service: Day Care Setting

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 HSC Trust Responsible Individual: Anne Kilgallen	Registered Manager: No registered manager
Person in charge at the time of inspection: Lynda McMullan	Date manager registered: Manager
Number of registered places: 79	

4.0 Inspection summary

An unannounced inspection took place on 23 April 2018 from 09.15 to 13.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to:-

- Providing an attractive, safe and suitable environment for the service users
- Promoting choice for service users
- Providing meaningful and fulfilling activities for service users
- Quality monitoring

The inspector spoke with three staff members who stated:

- "We communicate well with families."
- "Staff support each other well."

The inspector noted some of the compliments received by the centre as the service users were off during the inspection:

- "We are delighted to see ***** so content and happy." (Relative)
- "A great active inclusion programme here." (Relative)
- "I'm impressed with ***** and the engagement with other staff and individual service users." (Relative)

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Two areas for improvement were identified during the inspection pertaining to:

- The current statement of purpose
- The current service users guide.

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	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Lynda McMullan, 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 7 November 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 7 November 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- record of notifications of significant events
- record of complaints
- the previous inspection report including the quality improvement plan (QIP)
- the RQIA log of contacts with, or regarding the day centre

During the inspection the inspector met the acting manager and two care staff. No visiting professionals or service users' visitors/representatives were available on the day of the inspection. The centre was closed to service users during this unannounced inspection due to staff training commitments.

At the request of the inspector, the manager was asked to display a poster within the day care setting's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; eighteen responses were received. Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

A selection of the survey comments:

- "Service-users receive a good service in day-care and are provided with a large variety of activities/opportunities."

- “The acting manager has done a fantastic job; she’s very approachable and always has the clients first.”
- “Benbradagh Centre is a great centre with such a welcoming atmosphere all the staff work well as part of a team ensuring a high level of care to all service users.”
- “Staff at Benbradagh, deliver a high standard of care to all service users. There is fantastic teamwork within the centre, always putting the clients individual needs first.”
- “As a staff member I feel I am treated with respect and made to feel worthy. The centre feels very homely.”
- “Clients’ needs are always put first by the manger and the staff at the centre. There is a high standard of care.”
- “Clients choice is always respected and the clients are always listened to by the manager and staff as to what activities they would like within their weekly programme at day care.”
- “Staff work on Person Centred Planning with the clients.”
- “When I get up in the morning I have the feel good factor. I enjoy coming into my work every day, as we all work as a good team, good positive attitude with staff and clients.”
- “I feel that the Benbradagh team is a friendly, compassionate and caring environment to work in.”
- “Standards are very high and clients appear to be very happy at their day care.”
- “This is a fantastic facility and all service users’ needs are consistently met on a daily basis by an experienced team of staff.”

The inspector provided questionnaires to the manager for circulation to service users/relatives seeking their views on the service.

Comments received from returned questionnaires:

- “I like the centre.”
- “I like all the staff.”
- “I love doing art with all my friends.”
- “All staff are excellent.”
- “The staff are very good to my they paint my nails and do my hair.”
- “I’m happy here.”
- “I am happy here.”
- “I am happy with my programmes.”
- “Nice place here I love coming.”

The following records were examined during the inspection:

- statement of purpose
- service user’s guide
- minutes of service users’ forum held in 2017/18
- minutes of staff meetings held in 2017/18
- reports of quality monitoring visits 2017/18
- fire risk assessment
- fire safety checks
- staff competency assessments
- staff recruitment records
- whistleblowing policy
- staff training records including:
 - safeguarding

- fire safety
- first aid
- complaints
- management of records
- supervision and appraisal
- challenging behaviour
- infection control
- medication
- record of complaints
- record of incidents and accidents
- six service users' files and risk assessment records

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 service manager, and staff for their support and co-operation throughout the inspection process.

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 7 November 2017

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 7 November 2017

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
Area for improvement 1 Ref: Regulation 28 (3) Stated: First time	The registered person shall ensure that the visits by the registered provider are undertaken on a monthly basis. Ref: section 6.7	Met
	Action taken as confirmed during the inspection: The inspector noted a number of quality monitoring reports in place. These reports show quality monitoring based on the conduct of the day care setting. The records in place were satisfactory.	

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.

The manager and staff confirmed the planned daily staffing levels for the day centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met.

Staff confirmed that staffing levels met the assessed needs of the service users. Discussion with the manager evidenced that there were no concerns regarding staffing levels.

The manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedule 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records reviewed were satisfactory. A checklist of information regarding pre-employment checks is forwarded to the manager prior to an induction timetable for individual staff members.

There was an induction programme in place for all grades of staff which included the Northern Ireland Social Care Council (NISCC) competency standards, which assists new staff to identify skills they are confident in and areas they may need more development in.

The settings training records demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Discussion with staff confirmed they had received training that had assisted them to provide safe and effective care. Staff spoken with clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Staff stated:

- *“Excellent training.”*
- *“Induction is comprehensive and prepares you for the role.”*

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective. The sample of records inspected indicated the relevant incidents/notifiable events had been reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. Where any shortcomings were identified safeguards were put in place.

It was identified from discussions with the manager that the WHSCT is reviewing and updating their policy and procedures to reflect information contained within the DHSSPS regional policy ‘Adult Safeguarding Prevention to Protection in Partnership’ issued in July 2015 and the Operational Procedures. There will be a clear pathway to follow to refer any safeguarding

concerns to the appropriate professionals and the organisation will have in place an identified Adult Safeguarding Champion (ASC).

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. They gave a clear description of their needs and how those needs will be met.

The staff stated their main priorities were to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

The inspector noted some of the comments from service users during their annual care reviews:

- “I get good support from the staff.”
- “I’m happy here.”
- “I enjoy my time at the centre.”
- “I like to travel on the bus with my friends.”
- “I have needed extra support over the past year and the staff have supported me well.”

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Staff stated:

- “We know the clients well.”
- “We know their care and support needs.”

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed. The fire risk assessment available had been reviewed on 9 May 2017. Records of weekly alarm tests were in place from 9 January 2018. Records of fire drills were in place for January and March 2018.

Ten returned questionnaires from service users indicated that a safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns
- The environment is safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care and the day care setting environment.

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.

Six service users' care files were viewed; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plan/agreement was found in the service user individual records, this document confirmed the day service was suitable and appropriate to meet the service user's needs, and set out arrangements to do this. It was noted that the centre use the "About Me" format, a comprehensive person centred plan for recording all individual care and support needs.

Some of the areas covered include:

- "What people like and admire about me?"
- "What's important to me?"
- "How best to support me?"

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. Staff discussion confirmed they use the service user's individual records daily to guide their practice and recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Records were made available for inspection concerning audits of care records, accidents/incidents and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. This included pre-admission information, care reviews, service users' forum and staff meetings. The manager confirmed that staff and service user meetings were held regularly.

The inspector noted some of the areas for discussion during the service users' forum:

- advocacy
- new members
- activities/outings
- college courses
- events
- keeping safe
- active inclusion
- active daily planning

The inspector also noted some of the areas for discussion during staff meetings:

- client reviews
- training
- communication
- transport

- policies/procedures
- social media
- monitoring visits
- risk assessments
- gender identity and expression

Discussion with the staff confirmed that the manager operated an open door policy in regard to communication within the day care setting. Staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities. Staff Stated:

- *“We listen to clients and provide individual care.”*
- *“Clients are central to the service and to what they need.”*

Staff also confirmed that if they had any concerns, they could raise these with the manager. All staff consulted clearly demonstrated the ability to communicate effectively with their colleagues, service users, relatives and other health care professionals.

The centre completed their annual review of the quality of service provision in January 2018 this gave both service users and their carers/relatives an opportunity to comment on the following areas. The outcomes show clear evidence of good satisfaction levels pertaining to the following:

- attendance
- food and drink provision
- transport
- care plans
- involvement
- environment
- your needs
- complaints

The outcome from carers/relatives shows clear evidence of good satisfaction levels pertaining to the following:

- structured activities programmes
- compassionate care
- environment
- transport
- complaints
- communication
- improvements

The centre's Statement of Purpose and the Service User's Guide provide information required by the regulations and the minimum standards. The Service User's Guide includes pictorial support for the written information, helping to make it accessible to many of the service users. However, both these documents require to be updated in line with the full nature and range of the services provided within the centre and other areas of provision. An area for improvement has been identified and was discussed with the manager at the conclusion of the inspection.

Ten returned questionnaires from service users indicated that an effective service meant:

- you get the right care, at the right time in the right place
- the staff know your care needs

- you are kept aware of your care plans
- your care meets your expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, at the right time; and activities.

Areas for improvement

The settings service user guide and statement of purpose are required to be updated in line with the full nature and range of the services provided within the setting.

	Regulations	Standards
Total number of areas for improvement	2	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 staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users are enabled and supported by staff to engage and participate in meaningful activities and outings. Staff discussed the range of activities service users could take part in.

The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests.

Staff members presented as being committed to providing service users with purposeful and enjoyable experience at the centre and in other activities. Staff demonstrated a comprehensive understanding of each service user's assessed needs and individual care plan.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included an annual satisfaction survey and reviews of specific aspects of the service.

Records for service users were presented in appropriate formats that helped each person to understand the content.

During each monthly monitoring visit, the views of sample of service users were sought in all of the monthly monitoring reports examined. The evidence presented at this inspection confirms that compassionate care is provided consistently in the centre.

Ten returned questionnaires from service users indicated that a compassionate service meant:

- "Staff treat you with kindness"
- "Staff ensure you are respected and that your privacy and dignity is maintained"
- "Staff inform you about your care"
- "Staff support you to make decisions about your care".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice. Supervision and appraisal records detailed staff had received recorded individual, formal supervision at least every three months.

No complaints had been recorded since the previous care inspection. Discussion with the manager confirmed that no complaints had been received.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly on behalf of the registered provider. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding. The inspector noted some of the positive comments received from, service users, staff, relatives and the HSC trust professionals, it was good to note that the monitoring officer also commented on the observation of staff practice:

Service users' comments:

- "I'm happy with my activities."
- "I love coming to the centre I'm happy here."
- "I enjoy the group."
- "I enjoy my placement."
- "I enjoy the banter."

Staff comments:

- "I had a good induction."
- "We review one or two policies each month."
- "A good service is provided."
- "I have good knowledge of my role."

Relatives' comments:

- "I had a good introduction to the centre."

- “The centre is a “God Send”.”
- “I’m impressed at what is available.”
- “Communication is good.”

HSC Trust comments:

- “My client is very happy.”
- “There is a good programme of activities on-going and on offer.”
- “Staff always make you feel welcome.”
- “A good varied programme of activities on offer, both centre and community based.”

Observation of practice:

- “Good client interaction.”
- “Good support to service users.”
- “Team work is well organised.”
- “Good adequate support.”
- “Service users presented as relaxed.”

The staff were asked what their opinion was regarding leadership in the centre; they complimented the manager in place currently. Staff described and stated that they knew what was expected of them, the manager was approachable, the lines of accountability were clear and the manager had an open door policy. They said if they had any concerns the HSC Trust has a whistleblowing policy however, they worked well with their colleagues and hoped any concerns would be dealt with at an early stage with their colleagues.

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this centre.

The inspector noted that the agency collects equality information in relation to service users, during the referral process. The data is used effectively and with individual service user involvement when an individual person centred care and support plan is developed. The manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users some of whom have complex needs.

Discussions with the staff and the manager highlighted evidence that supports service user’s equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department. Records viewed by the inspector indicate that staff are registered appropriately.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Ten returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, communication and maintaining good working relationships.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Lynda McMullan, 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 day care setting. 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	
Area for improvement 1 Ref: Regulation 4 (a) (b) (c) Stated: First time To be completed by: 23 June 2018	<p>The registered person shall compile in relation to the day care setting a written statement which shall consist of—</p> <ul style="list-style-type: none"> (a) a statement of the aims and objectives of the day care setting; (b) a statement as to the facilities and services which are to be provided by the registered person for service users; and (c) a statement as to the matters listed in Schedule 1. <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has reviewed and updated the Statement of Purpose Regulation 4 (a), (b) and (c)</p> <p>Attachments include:</p> <ul style="list-style-type: none"> (a) Statement of Purpose for Benbradagh Centre and Willow Group, aims and objectives. (b) Statement of the facilities. (c) Schedule 1
Area for improvement 2 Ref: Regulation 5.1 (a) (b) (c) (d) (e) Stated: First time To be completed by: 23 June 2018	<p>The registered person shall produce a written guide to the day care setting which shall include—</p> <ul style="list-style-type: none"> (a) a summary of the statement of purpose; (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; (c) a standard form of contract for the provision of care and facilities by the registered provider to service users; (d) a summary of the complaints procedure established under regulation 24; (e) the address and telephone number of the Regulation and Improvement Authority. <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Regulation 5.1 (a), (b), (c), (d) and (e) has been reviewed and updated in relation to the above. A service user friendly pictorial guide has been implemented.</p>

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



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