

Primary Announced Care Inspection

Name of Establishment:	Benbradagh Resource Centre incorporating The Willow Group
Establishment ID No:	11238
Date of Inspection:	21 August 2014
Inspector's Name:	Dermott Knox
Inspection No:	20148

The Regulation And Quality Improvement Authority
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Name of centre:	Benbradagh Resource Centre incorporating The Willow Group
Address:	Scroggy Road Limavady BT49 0NA
Telephone number:	(028) 7776 1103
E mail address:	carla.devine@westerntrust.hscni.net
Registered organisation/ Registered provider:	Ms Elaine Way CBE Western Heath and Social Care Trust
Registered manager:	Mrs Carla Devine
Person in Charge of the centre at the time of inspection:	Mrs Carla Devine
Categories of care:	DCS-MAX, MAX, DCS-LD, DCS-LD(E)
Number of registered places:	56 + 23 in the Willow Group
Number of service users accommodated on day of inspection:	43 + 17 in the Willow Group
Date and type of previous inspection:	21 November 2013 Primary Unannounced Inspection
Date and time of inspection:	21 August 2014 10:15am – 5:00pm
Name of inspector:	Dermott Knox

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	4
Staff	4
Relatives	1
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25 –issued on day of inspection	1 returned by 1 st September 2014

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Benbradagh Resource Centre is a Western Health and Social Care Trust facility. It is situated within the grounds of Limavady Health Centre on the outskirts of Limavady.

The resource centre caters for 56 service users with another 23 places registered for the Willow Group, which is accommodated in a nearby building but managed by the Benbradagh manager.

The main centre facilities include:

- Five activity rooms
- Two bathrooms and one shower room
- One large dining room, one cafeteria
- One relaxation room
- Soft play area
- One training kitchen
- One conference room
- One clinical room
- One laundry room

In addition there are male/female changing areas, five offices and four storage areas. There is a canteen in the centre, however the main meal is provided by Limavady Community Development Initiative. Special diets are included and menus are reviewed regularly.

As part of this inspection an additional group for older persons was included in the registration. This group (the Willow Group) meets in a building adjacent to the main centre and is staffed and managed from Benbradagh.

Summary of Inspection

A primary announced inspection was undertaken in Benbradagh Resource Centre on Thursday 21 August 2014 from 10:15 am until 5:00pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. There were three requirements and five recommendations from the previous inspection and evidence of compliance with all of these was checked with the manager.

The inspector was introduced to most of the members attending the centre and met for discussions with four people, as a group, for approximately twenty minutes. Individual discussions were also held with the manager and three staff regarding the standards, team working, management support, supervision and the overall quality of the service provided.

Overall, discussions with service users and with staff contributed a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in compliance with, or to exceed, the minimum standards for day care settings. There was evidence from discussions and in written records to indicate a high level of inclusion and involvement of service users in decision making with regard to the care provided. Service users spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development. There are no requirements or recommendations arising from this inspection.

The inspector wishes to acknowledge the open and constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to members, who welcomed the inspector to the centre and contributed to the evaluation of the service provided. Also to the parent of one service user, who gave his time and views, both on the day to day service in Benbradagh and on the wider services for people with a learning disability in the Western Trust and regionally.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The centre has well-written policies and procedures regarding confidentiality, recording and reporting, data protection, consent, and storage and destruction of closed files. The policies and procedures are available for staff reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were up to date and accurate.

In the sample of six service user care records examined, there were many examples of members or their representatives having signed to indicate their involvement and agreement with the content. Files were structured and maintained in accordance with the model provided by the manager, based on the Trust's requirements.

Good quality progress notes for service users were being kept, as were records of reviews and the individual care plans. The manager acknowledged advice on possible approaches to minimising duplication of recording in the assessment and care planning processes.

Benbragagh Resource Centre was judged to be operating in compliance with this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

The WH&SCT has a written policy and guidelines on the use of restrictive interventions, which was available to members of staff. Both the written records and discussions with staff confirmed that there was a well-considered approach to the use of restrictive practices with a small number of service users, who required such assistance to prevent self-harm. There was multi-disciplinary planning for such interventions and an excellent level of monitoring by staff of those practices, to ensure the comfort and well-being of the service users concerned.

Staff discussed the use of good communication, the use of calming techniques and the importance of developing good understanding of each individual's needs and preferences. WH&SCT also has a written policy and procedures for 'Managing aggression and Challenging Behaviour', and staff confirmed their positive and supportive approach to working with any individual whose behaviour is challenging to others. MAPA training had been provided. Extensive written guidance was available to staff with regard to restrictive practices, deprivation of liberty and human rights and staff who met with the inspector were committed to maintaining best practice in these areas.

The centre was judged to be operating in compliance with this theme.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Staff records showed that the registered manager and the two senior day care workers are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided, including for the responsibilities of supervision and appraisal.

There was evidence from discussions with staff to confirm that members of the staff team work supportively and well with one another. Systems were in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were well-presented and up to date, with formal supervision sessions being provided with a frequency exceeding the minimum standard requirement.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff presented as being knowledgeable, competent and confident in their roles and responsibilities and their learning in specific areas of interest was encouraged and facilitated where possible.

Monitoring arrangements are standardised across the WH&SCT day care services and the four monitoring reports examined, addressed all of the required matters. In recent months, monitoring has been carried out by peer managers of other facilities and monitoring reports reflected the detail of their involvement and enthusiasm for the promotion of good practice.

The evidence indicates that the centre is operating in compliance with the criteria in this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	17.1 (b)	Working practises to be audited.	Benbradagh now operates a system of periodic service reviews and records of these were available for inspection.	Compliant
2	28 (1) (3)	<p>Monitoring visits to be carried out monthly.</p> <p>In addressing this requirement, a policy/procedure should be in place which outlines the purpose, content, dissemination of the reports and arrangements in place when registered person/s, or their representative, is on leave.</p>	The centre has a written procedure for monthly monitoring visits, which are now carried out by managers of other day care facilities within the Western Trust.	Compliant
3	28 (4)	The person carrying out the visit shall: interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary and make the report available to a service user or their representative.	Monitoring reports contained records of interviews with service users, their representatives and members of the staff team. A variety of people had been interviewed over the four month period of reports examined.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	6.6	Updated training should be completed for Enteral feeding and MAPA training.	Training records showed that training in these areas had been provided.	Compliant
2	15.3	The initial review should take place within four weeks of the commencement of the placement; thereafter reviews should take place at the times or intervals specified in the care plan, or in response to changing circumstances, or at the request of service users or other persons, including carers, or agencies involved in their care.	The manager confirmed that reviews do take place at the four week timescale for new service users and this was verified in the sample of service users' records examined.	Compliant
3	15.5	Review reports address the need for any rehabilitation or specialist services.	Review reports were well detailed and addressed the need for any identified rehabilitation service.	Compliant
4	13.2	Procedures detail safeguarding liaison arrangements are displayed in an easy read format, within the setting. (possibly a flow chart). The procedure should identify named and appropriately trained members of staff with whom concerns should be discussed. The procedure should be discussed at the next staff meeting.	The centre has copies of the WH&SCT's Operational Guidelines for Adult Safeguarding, 2010 and the procedures that staff should follow were set out in flowcharts and displayed in the centre.	Compliant
5	17.10	To ensure that the organisation is being managed in accordance with minimum standards The monitoring visit and report should be more qualitative based, see comments made in the relevant section under this theme in the attached report.	There was evidence from staff and from monitoring reports to confirm that monitoring visits were carried out thoroughly and addressed all aspects of the minimum standards' requirements.	Compliant

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	COMPLIANCE LEVEL
Provider's Self-Assessment: The legal and ethical duty of confidentiality, in respect of service user's personal information, is maintained at the Benbradagh Resource Centre and Willow Group by adhering to all WHCST policy and procedure on information governance and records management. This includes policies such as Data Protection & Confidentiality (2013), Records Management (2013), Code of Practice on Protecting Confidentiality of Service User's Information (2012) and Procedure for Accessing Client Records (2011). Staff training on Information Governance has also been scheduled within the 2014 training plan for Benbradagh Resource Centre and Willow Group	Compliant
Inspection Findings: The provider's self-assessment was verified through examination of selected policies and procedures and from discussions with a relative of a service user, the manager and three staff members. There were examples of good practice regarding confidentiality in some of the selected service users' records that were examined.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.	
7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	
Provider's Self-Assessment:	
<p>Service users have access to their records as and when required. Service users and/or their representatives are also encouraged to do so at annual review or signing of information held on file that has been changed or updated as necessary.</p> <p>Service user or representative consent has been obtained for access to case records/ notes. A record of access to individual case notes is located in each individual file. This details the reason for access and outcome.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Service users, who met with the inspector, were aware of the records kept by the centre regarding their needs, care plan and progress. Three of the four service users confirmed that they knew where their records were kept and that their keyworker talked through the file contents with them when care plans were being reviewed.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
Each service user has an individual file containing documentation/ records which contain information as per standard 7.4	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Each of the service user's files examined contained all of the information required by this standard. Files had been organised by keyworkers, in keeping with a model devised by the manager and this ensured consistency in the presentation of the information. Files were well maintained and provided detailed and up to date information about each service user's progress.	Compliant

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
There is an entry into the service user records for at least every five attendances. Where there is a recordable event, then entries are made on the date they occurred.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
A sample of service users' care records was examined and each was found to have a written entry at least once every five attendances. Day care workers confirmed that accurate recording was an important part of their responsibilities and was essential to the safety and wellbeing of each service user.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All staff are aware of and adhere to WHSCT and Day Centre policy and procedure on matters that need to be reported to individuals or agencies outlined in standard 7.6 Staff are aware of and follow the WHSCT Trust policy on Incident Reporting. An incident reporting template is available onsite and outlines the type of incident, the action required, and who the incident should be reported to. Staff are aware of and follow the WHSCT Adult Safeguarding Policy and reporting arrangements are highlighted on Adult Safe Guarding Flowchart (2010, p.30). Referral forms are available onsite to other relevant health and social care professionals. Referrals to specialist services are recorded formally in the annual review process but can be made at any point.	Compliant

Discussion is held at staff meetings, supervision and other person centred meetings regarding reporting and referral processes.	
Inspection Findings:	COMPLIANCE LEVEL
The centre had in place the relevant WH&SCT policies with regard to recording and reporting of events. Staff presented as being confident and competent in their roles and clear in their reporting procedures. Records of notified incidents, which were examined, were in keeping with the Trust's policy and there was evidence to show that staff had been involved appropriately in referring and discussing incidents with their senior staff members.	
Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment:	
Records onsite have been developed in keeping with RQIA standards. Records are legible, accurate, up to date and dated by the member of staff making the entry. Records are periodically checked and signed off by the registered manager. Records have been reviewed through auditing of files known as "Periodice Service Reviews" and "Service Health Checks".	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There was a high standard of record keeping by staff in the records examined during this inspection. Evidence of Periodic Service Reviews was available for inspection and indicated that the culture of self-evaluation and continuous improvement was well embedded in Benbradagh practice. The manager and staff are commended for their commitment to continuous improvement.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	
Provider's Self-Assessment:	
<p>Service user's at Benbrdagh Resource Centre who require a form of restraint are managed through the WHSCT Restrictive Interventions Policy. This sets out clear multidisciplinary care planning for the use of restraint (arm gaitors). This includes procedures to be followed on monitoring, recording and review.</p> <p>A restrictive interventions care plan is in place for each service user to support the use of entry system on the main entrance door and keypads for an internal door.</p> <p>A Human Rights Care Plan is on file for each service user.</p> <p>Staff are trained in MAPA techniques to support risk behaviours. Staff are trained in low or medium level holds to support risk behaviour which should only be applied in exceptional circumstances.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Clear records of restraint, restriction or seclusion were kept in the centre and were available for inspection. Professional guidance regarding behaviours, needs of service users and management techniques was available from the Trust's Behaviour Support Team who contributed to writing or reviewing each individual behaviour management plan. Training on the management of challenging behaviours and on the use of restrictive practices was provided to staff as part of the regular training programme. Staffs' knowledge and skill was monitored on an on-going basis and records of Competence and Capability Assessments for Band 3 staff were examined as part of this inspection.</p> <p>Policies and procedures on assessment, care planning and review, managing aggression and challenging behaviours, reporting adverse incidents, restraint and seclusion, were available for staff reference.</p>	Compliant

Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider's Self-Assessment:	
On any occasion requiring restraint, the registered manager will record the circumstances and nature of restraint involved. The registered manager will follow WHSCT and RQIA reporting arrangements.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Good records of the use of any restrictive practice in the centre were kept. A copy of the policy on the use of restrictive interventions was held in each of the two files, relating to service users with whom a restrictive practice formed part of the behaviour management programme.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>Within Benbradagh Resource Centre and Willow Group there is a defined management structure which consists of a team of:</p> <p>1x Manager (Band 7- Full-time)</p> <p>2 x Senior Day Care Workers (Band 5- Full-time)</p> <p>5 x Day Care Workers (Band 5- Full time and Part-time)</p> <p>17 x Care Assistants (Band 3 - Full- time and Part-time)</p> <p>Each level of staff has a specific job description which outlines roles and responsibilities. Staff have been interviewed, vetted and deemed qualified upon successful appointment to their post by the WHSCT Human Resources Department.</p> <p>The appraisal and supervision process has been used to ensure that competent and experienced staff are working at the Benbradagh Resource Centre and Willow Group.</p>	Compliant

Staff meetings held with senior day care workers and day care workers support and promote the delivery of quality services.	
Inspection Findings:	COMPLIANCE LEVEL
Benbradagh Resource Centre has a well-qualified and organised staff team within which roles and responsibilities were clearly defined. The staff numbers and qualifications were suitable for meeting the needs of service users. The system of staff supervision was well established and there was evidence to indicate that it was working positively for the purposes of accountability, staff development and individual support. Staff members who met with the inspector were unanimously positive in their views of the team, the working arrangements and the management support.	Compliant
Regulation 20 (2) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	
Provider's Self-Assessment:	
<p>The service user groups within the Benbradagh Resource Centre and Willow Group are staffed by teams of usually consisting of one Day Care worker and a number of care assistants (at least one care assistant).</p> <p>The day care worker within each team or service user group, is responsible for the general day to day supervision of their staff team.</p> <p>The senior day care worker is accountable for providing overall staff supervision on a daily basis to promote and ensure standards are met and a quality service delivered.</p> <p>Formal supervision takes is carried out by the registered manager for all senior day care workers and day care workers.</p> <p>The senior day care workers carry out formal supervision with the care assistants.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified through examination of supervision records and staff meetings minutes and from discussions with the manager and four staff members.	Compliant

Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment: Staff successfully appointed to post are suitably qualified and go through the WHSCT Human Resources process. Details of staff qualifications can be found in the Statement of Purpose. Staff avail of mandatory training scheduled each year and can also be requested by the registered manager to attend training deemed as necessary to support them in their role and delivery of service. New staff are given an induction and supported through mentoring. The supervision process is used to support staff performance and skill as necessary.	Compliant
Inspection Findings: Compliance with this criterion was verified through examination of selected staff records, supervision records, training records and from discussions with the manager and staff members regarding their training and qualification opportunities. There were excellent assessments of competence and capability of staff members and an embedded culture of self-evaluation and continuous improvement. The manager and staff are commended for their commitment to this constructive, developmental approach to their practice.	COMPLIANCE LEVEL Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Statement of Purpose

The statement of purpose had been reviewed and updated in September 2013 and addressed all of the matters required by regulations.

Service Users Guide

The service user guide was informative and included all of the matters required by regulation. The guide had also been presented in DVD format for those who needed an alternative method of accessing the information.

Monthly Monitoring Reports

Four monitoring reports were examined and were found to address all of the matters required by regulation and by the minimum standards. Reports were well-detailed and provided good evidence that a sample of service users and staff members were interviewed each month by a monitoring officer and had an opportunity to express their views on the quality of the service being provided in the centre.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carla Devine, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Dermott Knox
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



The Regulation and
Quality Improvement
Authority

No requirements or recommendations resulted from the primary announced inspection of Benbradagh Resource Centre incorporating The Willow Group which was undertaken on 21 August 2014 and I agree with the content of the report. Return this QIP to Day.Care@rqia.org.uk.

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Carla Devine <i>Carla Devine</i>
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	<i>Eaine Hay</i>

Approved by:	Date
<i>Suzanne Cunningham</i> <i>Shee-</i>	<i>17/10/14</i>