

Unannounced Care Inspection Report 07 November 2017



Benbradagh Centre incorporating The Willow Group

Type of Service: Day Care Setting
Address: Scroggy Road, Scroggy Road, BT49 0NA
Tel No: 028 7776 1103
Inspector: Laura O'Hanlon

www.rgia.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.

3.0 Service details

Organisation/Registered Provider: Western Health and Social Care Trust Responsible Individual: Dr Anne Kilgallen	Registered Manager: Carla Anne Devine
Person in charge at the time of inspection: Carla Devine	Date manager registered: 30 July 2015
Number of registered places: 79 - DCS-LD(E), DCS-LD	

4.0 Inspection summary

An unannounced inspection took place on 07 November 2017 from 10.30 to 16.20.

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

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.

Evidence of good practice was found in relation to staff training, communication between service users and staff and the culture and ethos of the service.

One area requiring improvement was identified in regards to the monthly monitoring visits by the registered provider.

Service users said they enjoyed coming to the day centre and were praising of the food and activities provided for them.

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	1

Details of the Quality Improvement Plan (QIP) were discussed with Carla Devine, registered 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 28 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 28 March 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: the registration details of the day centre, written and verbal communication received since the previous care inspection and the previous care inspection report and quality improvement plan (QIP).

During the inspection the inspector met with 34 service users, one relative, eight staff and the registered manager. A total of 20 questionnaires were provided for distribution to service users and relatives/representatives for completion and return to RQIA. The staff members employed in the service were directed to complete questionnaires electronically. In total 25 questionnaires were returned to RQIA from service users, relatives/representatives and staff.

The following records were examined during the inspection:

- staff duty rota
- induction programme for new staff
- staff supervision and annual appraisal schedules
- staff training schedule/records
- four service user care files
- minutes of recent staff meetings
- complaints and compliments records
- accident/incident/notifiable events register
- minutes of service users' meetings
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- a sample of policies and procedures
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 28 March 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 28 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 13.8 Stated: First time	The registered provider should inform RQIA of the outcome of the process, identified in the monitoring report dated 24 October 2016, which involved a Human Resources Department action with regard to one staff member.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of RQIA records confirmed that RQIA were informed of the outcome of the identified process.	

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 registered manager confirmed the staffing levels for the day centre and that these were subject to regular review to ensure the assessed needs of the service users were met. No concerns were raised regarding staffing levels during discussion with service users and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the centre. The duty roster identified the staff working each day, the capacity in which they worked and the person in charge of the centre. Discussion with the registered manager confirmed that there is a senior staff member who was assessed as capable and competent to manage the centre in the absence of the manager. Competency and capability assessments were completed for any staff member left in charge of the service.

Discussion with the registered manager and staff confirmed that there was a planned induction programme in place for all grades of staff within the centre appropriate to specific job roles. A review of four completed induction records confirmed that these were undertaken over a two month period and were signed by the staff member, the senior day care worker and the registered manager.

Discussion with the registered manager confirmed that all personnel records relating to the employment process were retained by the trust human resources department. A recruitment checklist was provided to the registered manager to confirm that staff were recruited in accordance with the legislation and standards. A review of one of these checklists confirmed this to be correct.

Discussion with staff confirmed that mandatory training and other professional development training was provided. A schedule for mandatory training was reviewed during the inspection and confirmed that staff had completed training in adult safeguarding and fire safety in 2017.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed and reported. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual.

Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that whilst there was no current safeguarding investigations within the day centre, any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records retained.

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 very supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

A general inspection of the day centre was undertaken and was found to be fresh smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels in place. Notices promoting good hand hygiene were displayed in bathroom areas.

The day centre had an up to date fire risk assessment in place dated 09 May 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training annually.

A fire drill was last completed on 03 March 2017 and records were retained of staff and service users who participated. Review of records confirmed that fire alarm systems were checked weekly. Fire safety records identified that fire exits, equipment and emergency lighting were checked monthly.

27 completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied.

Comments made on returned questionnaires were:

- “Excellent service.”
- “The service users are very happy, safe and extremely well looked after throughout the centre.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, knowledge regarding adult safeguarding, infection prevention and control 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.

Discussion with the registered manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, risk assessments, associated care plans and a regular statement of health and well-being of the service user.

Care records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the service user. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff knowledge in regards to the individual needs and behaviours of each resident.

Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in the day centre.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff knowledge in regards to the individual needs and behaviours of each resident.

It was observed during this inspection that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. Records were available for inspection concerning audits of accidents and incidents, care records, cleaning and medication and they evidenced that actions identified for improvement had been completed.

The registered manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, service user' meetings and staff meetings. The registered manager, service users and staff confirmed that management operated an open door policy in regard to communication within the home.

Staff stated that there was effective teamwork and if they had any concerns, they could raise these with the registered manager. Service users spoken with, observation of practice and review of care records evidenced that staff were able to communicate effectively with the service users, their representatives and other key stakeholders.

Discussion with the registered manager and review of records evidenced that the last service user meeting was held on 13 October 2017 and minutes were made available.

27 completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied.

Comments made on returned questionnaires were:

- "I like all the staff they are great."
- "I'm really happy at my work and believe we do the best we can, we all work great as a team."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, 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.

The registered manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

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.

On the day of the inspection a number of the service users were making Christmas decorations. One of the service users explained how the staff supported her to secure a short work placement. This had resulted in positive outcomes for this service user. The activities in place were noted as developing social, and education opportunities for service users as well as their hobbies and interests.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities. Observations of service users taking part in activities showed participation was good.

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning, opportunities for work and outings through service user meetings, informal discussions and their individual review meetings.

During the observation and discussions staff were observed checking service users were comfortable, that their needs and preferences were being met. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting gives them structure to their week and is a place where they are encouraged to be independent.

The inspector met with 34 service users during the inspection. The service users reported that they were happy with the day centre and their relationship with staff. Service users were observed to be comfortable and at ease in their environment and interactions with staff were found to be positive.

Services users were consulted with annually, about the quality of care and the environment. The findings of this consultation were collated into a summary report which was made available for service users and all interested parties to read. The annual quality review report dated October 2016 was reviewed during the inspection and confirmed that any recommendations identified were formulated into an action plan. The registered manager confirmed that work has commenced on the annual quality review report for 2017.

27 completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied.

Comments made on returned questionnaires were:

- "I like all the staff, they are great."
- "I'm happy here, I love it, it's good."
- "Benbradagh Centre has a very high standard of care needs and meeting all aspects of their individual needs."

Comments made by service users during the inspection were:

- "I really like coming here. We do lots of great activities. I like to get my nails painted."
- "I always get a choice of food. We are going out to the Everglades for our evening tea. If there is anything I want all I have to do is ask."

Comment made by one relative spoken with during the inspection was:

- "The service users are extremely well cared for. There is good communication; the staff are always on the phone. (Service user) really loves all the girls that work here."

Comments made by staff during the inspection were:

- "There is good team work and we all help each other out. There is good communication between the staff and the relatives."
- "This place is fantastic, the team morale is good. It's the best place I have ever worked."
- "The manager is very approachable and responsive. If anything is suggested this is always taken on board."

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, listening to and valuing service users and taking account of the views of 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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting. The registered manager outlined the management arrangements and governance systems in place to meet the needs of the service users.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Discussion with staff confirmed that they knew how to respond to issues such as an adult safeguarding concern. The day centre had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this.

The registered manager confirmed that staff could access line management to raise concerns and they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the day centre and that management were responsive to suggestions and/or concerns raised.

Discussion with the registered manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a one to two monthly basis, or more frequently, and staff appraisals were completed annually. Discussion with staff confirmed that they had received supervision and appraisal accordingly.

Discussion with the registered manager confirmed that staff meetings were held on a two monthly basis and records were retained. The last meeting was held on 26 October 2017 and minutes were available. The records included the date of the meeting, names of those in attendance, a record of the discussion and any agreed actions.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from service users, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction.

The monthly monitoring visits as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. It was noted that there were no reports completed in April, July and August 2017. This was identified as an area for improvement to ensure these visits are completed on a monthly basis.

27 completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of care as satisfied and very satisfied.

Comments made on returned questionnaires were:

- "It is a pleasure to work in such a caring hardworking, well led team."
- "I am very happy to work in Benbradagh with such great staff and managers. All the staff are so helpful and encouraging and caring. The management team are brilliant and so approachable for all staff and clients."
- "Staff are provided with great support and feel they can discuss a problem/issue with senior day care staff or manager with ease. I feel valued and have a great working team around me."
- "There is excellent teamwork and the service is well led by the manager. Carla Devine is an excellent manager who is very approachable and provides excellent support to myself and the rest of the team. In the four years Carla has been manager she has positively developed the centre and has been a fantastic mentor to myself."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

One area for improvement was identified in regards to the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	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 Carla Devine, registered 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 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
To be completed by: 08 November 2017	Response by registered person detailing the actions taken: The registered person has highlighted the area for improvement as stated above to the senior management team for action as required. The registered person has requested the report from the individual who carried out the registered provider visits on the months identified. Trust Senior Management are aware that they need to take measures to ensure that monitoring improves and to support the registered manager. The Trust is considering the viability of employing a Monitoring Officer to undertake this role.



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9051 7500
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews