

Unannounced Care Inspection Report 28 March 2017



Benbradagh Resource Centre incorporating The Willow Group

Type of service: Day Care Service
Address: Scroggy Road, Limavady, BT49 0NA
Tel no: 02877761103
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Benbradagh Resource Centre incorporating The Willow Group took place on 28 March 2017 from 10:30 until 17:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Benbradagh Day Centre premises were in good condition, clean and well decorated. No obvious hazards for service users or staff were identified. Staff rotas, daily records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding procedures were understood by all staff who were interviewed. Staff members confirmed their trust in the caring qualities of their colleagues and were confident that poor practice would not be tolerated. Risk assessments were carried out routinely in an effort to minimize risks and to manage them consistently. Many service users have identified risks recorded in relation to their health, mobility, and/or swallowing. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Staff in Benbradagh Day Centre were deployed in a manner that made appropriate use of their skills and experience. Four staff members confirmed that they experienced supportive and positive working relationships within the team. Detailed assessment information informed the delivery of effective care for service users whose records were examined at this inspection. Progress for service users was recorded in good detail in all of the examples that were examined. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. There was written evidence in review reports of service users, their representatives and a range of community based health and social care workers being satisfied with the outcomes of the day care service in terms of benefits for service users. The evidence indicates that Benbradagh Day Care Centre is providing effective care that the manager and staff continually seek to develop and improve. This positive approach to the work is commendable.

Is care compassionate?

Throughout the inspection, interactions between staff members and service users were seen and heard to be gentle, good humoured and compassionate. There was wide ranging evidence, from observation, verbal feedback and written records, to confirm that intimate personal care was provided by staff in a respectful and caring manner. Nursing staff are employed in the centre to provide that aspect of professional care where required. Six service users contributed positive comments on their enjoyment of attending the centre and on its value to them in terms of their confidence and learning. Questionnaire responses from four service users, five staff and one relative were positive on all aspects of the service including the provision of compassionate care. No concerns were raised or indicated. Service user meetings provided regular opportunities for ideas and opinions to be discussed. The evidence indicated that compassionate care is provided consistently by Benbradagh Day Care Centre.

Is the service well led?

Benbradagh Day Care Centre and the WHSCT have systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. There is a well-planned programme of training and staff are supervised and well supported within the team. Evidence from discussions with staff indicates that the manager has positive working relationships with members of the team and that they have the confidence and support of their colleagues. Service users in the centre stated that the service was well organised and staffed by very caring people. These views were backed by the records of service users' meetings and staff meetings that were inspected. Monthly monitoring reports were clear and comprehensive and included action plans to address any necessary improvements. There was evidence of good leadership and management in all aspects of the service that were examined at this inspection. One recommendation is made with regard to a WHSCT Human Resource matter.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 20/06/16.

2.0 Service details

Registered organisation/registered person: Western HSC Trust/Mrs Elaine Way CBE	Registered manager: Mrs Carla Anne Devine
Person in charge of the service at the time of inspection: Mrs Carla Anne Devine	Date manager registered: 30 July 2015

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 20 June 2016.

During the inspection the inspector met with:

- Six service users in their groups
- One service user individually
- Four care staff, in individual discussions
- The registered manager at stages throughout the inspection.

Questionnaires were left with senior staff to be distributed to service users, staff and a number of relatives or carers of service users. Ten completed questionnaires were returned to RQIA, four from service users, five from staff and one from a relative/carer.

The following records were examined during the inspection:

- File records for five service users, including assessments and review reports
- Progress records for four service users
- Monitoring reports for the months of October and December 2016 and for January 2017
- Record of complaints
- Record of Accidents and Incidents
- Training records for staff
- Procedures for Responding to Behaviours that Challenge Staff or Others
- Minutes of two staff meetings, one held in November 2016 and one in March 2017
- Minutes of the most recent Members' Forum Meeting.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 27 January 2017

The most recent inspection of the service was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 20 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (3) Stated: First time	The registered provider must ensure: (a) Datix records are kept up to date and entries are completed in a timely manner. (b) With regards to the behavioural incident which occurred on 24 May 2016; the respective entry in the service user's care records should be reviewed and amended so it accurately reflects the correct date of this incident.	Met
	Action taken as confirmed during the inspection: The manager affirmed that the single date error in the records was rectified on the day of the inspection. Records examined during the current inspection were found to be up to date and accurate.	
Requirement 2 Ref: Regulation 20 (1) (a) Stated: First time	The registered provider must ensure experienced, competent and skilled care staff are appropriately deployed in group rooms at all times to meet the assessed needs of vulnerable service users.	Met
	Action taken as confirmed during the inspection: The manager explained that service user numbers in the identified group were low on the day to which this requirement refers. One staff member was withdrawn for forty minutes to attend a training session on Oxygen use, during which time a senior day care worker was available to the group, in a 'floating' capacity. Staff were deployed appropriately on the day of the current inspection.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 5.2 Stated: First time	The registered provider should ensure the transport section of the identified service user's care plan is amended so that it fully and adequately reflects the service user's transport arrangements.	Met

	Action taken as confirmed during the inspection: The identified care plan had been amended.	
Recommendation 2 Ref: Standard 17.14 Stated: First time	The registered provider should ensure staff use unique identifier codes for service user's names when completing the Trust's Datix records. Action taken as confirmed during the inspection: Unique identifier codes were in use for service users' records in the Datix system.	Met

4.3 Is care safe?

Benbradagh Day Centre premises were in good condition, clean and well decorated. No obvious hazards for service users or staff were identified. There are safe and comfortable spaces available for group activities and for individual work with service users. Staff rotas, daily records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding procedures were understood by all staff who were interviewed.

The manager and three staff members confirmed that they have confidence in the practice of all members of the staff team, in their work with service users and they were confident that poor practice would not be tolerated. Senior staff members, who take charge in the manager's absence, have been assessed as competent and capable of taking charge of the centre.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately. Risk assessments included inputs by community based professionals, service users and, where possible and appropriate, a relative/carer. Risk and vulnerability assessments with regard to transport, mobility and other individual areas, were present in each of the service user's files examined and two of the four had been signed as agreed by the service user.

During the inspection visit, six service users spoke positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in their outreach activities. Staff presented as being well informed of the needs of service users and of methods of helping to meet these needs safely. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. Observation of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff team.

Sixteen notifiable events had been reported to RQIA since the previous care inspection and all had been managed appropriately. The manager acknowledged that a small number of these were relatively minor and she planned that further discussions would be held with staff to ensure that potential notifications were carefully assessed before other agencies were notified. No complaints had been recorded in that period. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Records of fire safety checks and evacuations were available for inspection. Fire safety training for staff was scheduled in each year's training plan.

Observations of the delivery of care, throughout the period of the inspection, provided evidence that service users' needs were being met safely by the staff on duty. The evidence presented supports the conclusion that safe care is provided in Benbradagh Day Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

The centre's Statement of Purpose and the Service User's Guide provide all of the information required by the regulations and the minimum standards. Service Users meet each month in the Members' Forum and are supported in this by clear, written guidance on speaking and listening to others.

Five service users' files were examined and each was found to contain detailed referral and assessment information on the individual and on his or her functioning along with a written agreement, or contract, on the terms of the individual's attendance and the programme they should expect to experience. Care plans addressed identified needs accurately and were particularly well focussed in areas where significant risks had been identified. The manager discussed plans to work toward identifying and stating more measureable and achievable goals for service users, enabling each person to more easily recognise positive outcomes from their activities.

Each of the files examined contained risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. A record was kept of each service user's involvement and progress at the centre and entries were in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the care records examined and there was good attention to person-centred detail in documents such as "All about Me" and "How I Communicate". Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Well written review records were available in each of the files examined and these reflected the service user's views and were informed by the regularly written progress notes.

The premises are spacious and have a layout which allows service user groups to operate reasonably independently of one another. On the day of this inspection the sense of calm, purposeful activity throughout the centre had evident benefits for all those who attended. In two of the groups, service users were keen to make their views known to the inspector. Service users confirmed that meals were always of a good standard and were suitable for each individual's needs. Four service users spoke about their experiences of participating in the centre's activities and all presented positive views of the enjoyment and support that they gained from these. The Roe Leap group routinely meets and has activities in the large dining hall, which is also used by other service users at lunch time and for tea breaks. Several service users in this group discussed the wish to move to separate premises, perhaps on the same site, in order to have more ownership of their physical base. They have been active in upcycling various items of furniture in order to make the premises attractive.

Evidence from discussions with service users, from written records and from observations of interactions between service users and staff, confirmed that service users viewed the centre as a supportive place in which to spend their time. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available rooms and local activity facilitators.

The evidence indicates that the care provided is effective in terms of promoting each service user's involvement, enjoyment and wellbeing.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

Service users confirmed that staff listen to them and involve them in deciding what they want to do during their time in the day centre. Six service users contributed a variety of positive comments on their enjoyment of attending the centre and on its value to them socially and educationally. Service users were afforded choice and were seen to be encouraged by staff and gently reminded or re-focussed in constructive activities. Staff demonstrated a good knowledge of each service user's assessed needs and care plan as identified within the individual's records.

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. The centre provides a range of activities including, cookery, art, drama, music, educational classes, horticulture and photography. In all of the activities and interactions observed, service users were engaged with warmth, care, respect and encouragement. Service users have an Advocacy Charter, which has drawn from Action for Advocacy's published guidelines. There were detailed minutes of the monthly Members' Forum meetings, showing that topics such as Human Rights and Safeguarding Vulnerable Adults have been introduced and discussed.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in all of the monthly monitoring reports that were reviewed. The minutes of a recent staff meeting provided evidence of good consultation with service users and a strong focus on providing compassionate care to them.

Staff who met with the inspector emphasised the importance of respecting and promoting the dignity of each service user. The caring nature of practices that were observed was reflected in high quality progress records, written at least weekly for each service user. The evidence presented at this inspection indicates that compassionate care is provided consistently by the staff team in Benbradagh Day Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

At the beginning of the inspection the Senior Day Care Worker provided information on the operation of the centre and presented a range of documentary evidence to inform the inspection's findings. This senior staff member had worked as 'Acting Manager' for several months in 2016, in the absence of the Registered Manager and was reported to have demonstrated her capability in that role. The manager was available for the bulk of this inspection, from approximately 11.00 and led a tour of the premises, with introductions to the various groups, including the Willow Group which is based in another building.

Benbradagh Care Centre and the WHSCT have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. There was evidence from discussions and from the minutes of staff meetings to confirm that working relationships within the staff team were supportive and positive. Staff meetings are scheduled on a monthly basis through 2017 and were regarded by staff as a key part of the effective communications in the centre. Staff commented that the manager's leadership style helped team members to accept responsibility for their work and for the overall effectiveness of the centre. In five completed questionnaires, staff members recorded very positive views on the management and leadership of the centre and it was clear, from discussions with four staff during the inspection visit, that they felt well supported, motivated and trained in their work. Five completed questionnaires were received from staff, all of whom expressed entirely positive views of the service, the leadership and the team. One staff member commented:

- "There is good communication within staff, manager, carers and service users; ---I've been here for xx years and I love my work".

Service users in the centre stated that the service was well organised and staffed by "very good people". These views were supported by the written records of service users' meetings and staff meetings that were inspected and from discussions with staff members.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in all three of the monitoring reports examined, which were for October and December 2016 and for January 2017. Monitoring reports showed that all of the required aspects of the centre's operations were checked, with action plans completed to ensure that identified, necessary improvements would be addressed within a specified timescale. The January 2017 monitoring report was particularly well detailed and included very positive comments from a senior staff member in the Trust's Supported Living service.

There was evidence in records and from discussions with staff members to verify that staff training was well planned and delivered in a way that enabled staff members to connect the training with their day to day practice. Supervisory staff were knowledgeable and enthusiastic on the subject of staff's development and this had a positive influence on the work of team members and on the overall team morale.

Discussions with staff confirmed that staff meetings had been held at least quarterly and that staff had met with their supervisor quarterly for supervision. Staff members viewed supervision as a useful part of their accountability feedback system and of their individual development support. Overall, the evidence available at this inspection confirmed that the registered

manager was effectively supporting and motivating staff and was developing a culture of continuous improvement within the team. The service is well led.

Investigation

The provider's Human Resources Department was reported to be in the process of resolving issues with one staff member, following an investigation in 2016 into a safeguarding matter. Reference was made to this matter in the monthly monitoring report dated 24 October 2016. The registered provider should inform RQIA of the outcome of this process, at the earliest possible time.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	1
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5.0 Quality Improvement Plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care service. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Recommendations

Recommendation 1

Ref: Standard 13.8

Stated: First time

To be completed by:
31 May 2017

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.

Response by registered provider detailing the actions taken:

This process is still ongoing. An update on this progress will be provided to the Inspector by the stated date.
RQIA will be notified of the outcome as requested.

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews