

Unannounced Day Care Setting Inspection Report 26 April 2016



The Beeches Resource Centre

Address: 9-11 Lurgan Road, Aghalee, Craigavon, BT67 0DD
Tel No: 028 9265 2270
Inspector: Louise McCabe

1.0 Summary

An unannounced inspection of The Beeches Resource Centre took place on 26 April 2016 from 09.45 hours to 17.15 hours.

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

In February 2016 RQIA received several telephone calls from an individual regarding their dissatisfaction with the outcome of the registered person and registered manager's investigation into their areas of concern. The complainant was advised to follow the centre's complaints process and to put their concerns in writing. At that time RQIA contacted the registered manager and it was agreed the registered manager would:

- (a) forward the complainant a copy of The Beeches Resource Centre's Complaints process
- (b) review the day care setting's complaint records to ascertain if there was any learning from this complaint which could improve the quality of the day service (in accordance with Minimum Standard 14.15)

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated minimum standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the day care setting.

Part of the focus of this care inspection regarded Minimum Standard 14 – Complaints and is detailed in section 4.6 of this report. The outcome of this part of the inspection resulted in one recommendation for improvement regarding complaints.

Is care safe?

On the day of the inspection the day care centre was found to be delivering safe care. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Discussions with the registered manager and staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. No areas for quality improvement relating to safe care were identified during this inspection.

Is care effective?

On the day of the inspection it was assessed that the care in The Beeches Resource Centre was effective. Observations of staff interactions with service users and discussions with a total of 19 service users evidenced this. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. One area for quality improvement relating to this domain was identified during this inspection.

Is care compassionate?

On the day of the inspection The Beeches Resource Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with in an appropriate manner. Qualitative examples were given by management and the staff team where service users had participated in various innovative projects and activities all of which resulted in positive outcomes for them. No areas for quality improvement were identified.

Is the service well led?

On the day of this inspection there was evidence of effective leadership, management and robust governance arrangements in The Beeches Resource Centre and a culture focused on the needs of service users. One area for quality improvement was identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012; previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the recommendations and timescales for completion within the Quality Improvement Plan (QIP) in this report were discussed with Mrs Joann Lamont Crawford, Registered Manager and Mr James Wilson, Registered Person, as part of the inspection process.

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

1.2 Actions taken following the most recent care inspection

The most recent inspection of the day care setting was an unannounced care inspection. This took place on 10 September 2015. The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the previous QIP there were no further actions required.

2.0 Service details

Registered organization / registered person: The Beeches Professional & Therapeutic Services Ltd/Mr James Brian Wilson	Registered manager: Mrs Joann Lamont Crawford
Person in charge of the day care setting at the time of inspection: Mrs Joann Lamont Crawford	Date manager registered: 30 September 2010
Number of service users accommodated on day of inspection: 50	Number of registered places: 68

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous care inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016

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

- Discussion with the registered manager and registered person
- Discussion with 19 service users and five care staff
- Examination of records
- File audits
- Evaluation and feedback

The registered manager was provided with 15 questionnaires to distribute to randomly selected service users; five staff members and five carers for their completion. The questionnaires asked for service user, staff and carer's views regarding the day service. Fifteen completed questionnaires were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (one area of dissatisfaction/concern/complaint recorded)
- Accident/untoward incident record (five were randomly reviewed since the previous care inspection)
- Two staff files regarding recruitment and induction records
- Staff training information
- Elements of three service users care files
- Review of nine randomly sampled policies and procedures
- Statement of Purpose
- Service Users Guide
- Five monthly monitoring reports

- Minutes of three service users meetings
- Minutes of three staff meetings
- Three evaluation summary reports from annual surveys of service users, staff and stakeholder satisfaction questionnaires

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection dated 10 September 2015

The most recent inspection of the day care setting was an unannounced care inspection. The completed QIP is detailed below.

4.2 Review of requirements and recommendations from the last care inspection dated 10 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 26(2)(j) Stated: First time	With regards to safety, promoting independence, privacy and dignity for service users in The Beeches Resource Centre; the registered persons are asked to ensure an appropriate alert system/call bell is installed in bathrooms and toilets so that service users can use this when they need staff assistance.	Met
	Action taken as confirmed during the inspection: An alert call bell system has been installed in all bathrooms and toilets in The Beeches Resource Centre. Discussions with service users, management and care staff conclude this has been positive in promoting independence.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 27.3 Stated: First time	The registered manager should ensure personal protective equipment (PPE) for example: gloves, aprons etc are in closed storage in bathrooms and toilets.	Met
	Action taken as confirmed during the inspection: A tour of bathrooms and toilets in The Beeches Resource Centre verified PPE is in closed storage.	

4.3 Is care safe?

RQIA reviewed the following policies and procedures for The Beeches Resource Centre during this inspection:

- Accident and Untoward Incidents
- Complaints
- Confidentiality and Access to Records
- Infection Prevention and Control
- Management of Violence and Aggression
- Recruitment
- Staff Orientation and Induction
- Staff Training and Development
- Infection Prevention and Control

The above policies and procedures were robust, comprehensive and compliant with legislation, Minimum Standards and current good practice guidelines.

The registered manager was asked if there had been any safeguarding vulnerable adult incidents regarding service users in the day care setting since the previous care inspection and she replied there had been none. On the day of the inspection no restrictive practices were observed.

Two staff files were sampled, all identified recruitment/pre-employment information and documents were retained as required. The Northern Ireland Social Care Council's (NISCC) Induction documentation had been completed regarding both staff members. The induction records were qualitative and comprehensive.

A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in The Beeches Resource Centre.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year.

Review of a sample of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager informed RQIA the day care setting's fire detection and alarm system was being upgraded and magnetic hold open devices were being installed linked to the centre's fire alarm system.

Infection prevention and control measures were adhered to and equipment was appropriately stored.

Inspection of the internal and external environment identified that the day care setting and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. There were no obvious hazards to the health and safety of service users, visitors or staff.

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?

Discussion with the registered manager and five staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with 19 service users also concluded their needs are being met in the day service.

Review of elements of three service user care files reflected there are comprehensive assessments, risk assessments and care plans in place. These met Minimum Standards 4 and 5. There was evidence that risk and other assessments informed the care planning process.

Review of a sample of service users progress care records evidenced these were updated regularly, they were qualitative, objective and compliant with Minimum Standards 7.4 and 7.5. Service users and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process.

Care records accurately reflected the assessed needs of service users, and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT), dieticians or the organisation's behaviour support team.

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 made available for inspection concerning audits of the environment and care records and evidenced that actions identified for improvement had been completed. Further evidence of audits were contained within the monthly monitoring visits reports, these were qualitative and comprehensive.

The day care setting's annual quality report was made available during this inspection. This complies with Regulation 17(1), Schedule 3.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, monthly service users and staff meetings. Discussion with the registered manager confirmed that management operated an open door policy in regard to communication within the day care setting.

Discussion with the registered manager confirmed that staff meetings were held on a monthly basis and records verified this. Staff stated that there was effective teamwork; each staff

member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the deputy manager or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information available to staff, service users and representatives in relation to advocacy services.

Areas for improvement

One area for quality improvement was identified during the inspection.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

Discussions with service users confirmed they were treated with compassion, kindness and respect. Service users said management and staff listen to them, offer them choices and involve them in decision making during their time in the centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. The lunchtime service for five service users was observed and staff were offering a choice of meal and drinks. Clothing protectors and napkins were available to service users. Specialist equipment had been provided for service users, where necessary, to enable them to remain independent. The meal was served hot and was attractively presented. The menu was on display in an accessible format and was reflective of the meal served. Service users reported that they were enjoying their meal. The service was calm and well organised and timely assistance was given to service users as required.

Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between all staff and service users were observed to be relaxed and friendly.

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 e.g. music session; computer session and relaxation in the snoozeleen room.

The registered manager confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff and the registered manager.

There were systems in place to ensure that the views and opinions of service users, and/or their carers/representatives, were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with staff and the manager. They are also consulted on a formal basis via monthly service users' meetings; the annual review of their day care placement and an annual survey about the standard and quality of care and day service. A sample of three minutes of service users' meetings; three service user's annual review reports and the evaluation report from the annual service users' survey were examined and verified this.

Service users confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within The Beeches Resource Centre.

Evidence was provided of several innovative projects with service users which included a 'Step by Step' programme, to encourage service users to walk more, both within the Centre and their home environments. Each participant got a pedometer to keep track of the amount of steps taken each day. Discussions with service users provided evidence that they thoroughly enjoyed this and several individuals said they had "lost weight", "felt better and healthier." Certificates of Achievement (signed by the Disability Physical Activity Coordinator in one of the Trusts) were observed in identified service user's care files. Several service users told RQIA a famous TV/Radio celebrity presented these to them; photographs were displayed on notice boards in the centre.

Evidence was provided via the minutes of service users meetings of service users contributing to a 'Client Training' week. Service users chose the topics they wished to receive training in and these workshops occurred in June 2015. Discussions with two service users verified this and that these sessions had helped them "to learn new things".

Several service users said they really enjoyed a joint fundraising and memorial event regarding the centre's previous Music Facilitator who had died in 2015. Photographs of this event were displayed in the centre, considerable funds were raised and a part of the centre's garden area is specifically dedicated to the memory of this individual.

The registered manager informed RQIA one of the day care workers organised a Multi-Sensory Environment awareness session on 25 January 2016 with five staff. During this session the staff member explained how to facilitate Multi-Sensory activities with service users in the centre's multi-sensory room. The operation of the equipment was demonstrated and the benefits of each. Discussions with staff and the minutes of staff meetings verified this. Positive outcomes for staff and service users included: enhanced understanding of what the equipment is for and the benefits of same; sequencing, turn taking, object referencing and Makaton. Since this training a staff member has supported a group of service users to create a new projection wheel for use in these multi-sensory sessions.

With regards to promoting active and healthy lifestyles, a staff member completed training to become a Walk Leader on 25 February 2016 on guided walks with service users who may need different levels of support or assistance. During discussions service users said they have "enjoyed" the walks, "feel fitter" and "have gained confidence" since participating in them.

In addition to this a new Multi-Sports programme run by Sport NI commenced with service users in April 2016, this group is run at both Craigavon Hub and the Water Sports Centre. Activities service users have enjoyed to date include: volley ball, archery, tennis and tag rugby. Discussions with service users concluded they enjoyed these activities. These have enhanced service user's quality of life by promoting integration in the community through the use of local

services and amenities. Future activities will involve: boxercise, badminton, chair based exercises, dance and rafted canoeing.

Positive comments were shared with the registered manager about the promotion of Makaton with service users through music. The registered manager described this group as a fun way to practice communication and interaction skills through music. The programme was developed to support the communication needs of people with profound or severe learning disabilities. During the inspection RQIA observed part of a music session which was taking place with service users. Random samples of the review of an identified service user's care notes showed the individual enjoyed the time limited music sessions, had gained confidence; improved his/her eye contact; increased their communication skills; listening and turn taking skills.

Discussions with the registered manager and minutes of a staff meeting showed a staff member had facilitated an information session to seven staff on 22 April 2016 on how to run the aforementioned music group. The Beeches Resource Centre continues to promote the use of Makaton with service users who have a moderate learning disability. Activities such as "Singing Hands", "Sing and Sign" and Makaton Hangman are utilised in addition to the music group. Evidence of this is contained within service user's care files.

RQIA had discussions with a total of 19 service users. Everyone interviewed confirmed that the manager and care staff were approachable if they have any concerns. Examples of some of the comments made by service users are listed below:

- "I love it here."
- "It gets me out of my flat. I like it a lot. I planted seeds yesterday."
- "I'm happy to be back and to get into my routines again. It's good here."
- "This place is 100% and I am treated 100% with respect here. I've been in other centres and this is the best for me."
- "The staff are nice and management are nice. I feel safe here. There is good management. They care."
- "I'm very happy here, I've lots of friends and there's lots to do."
- "It's ok, I like the art and woodwork and making radiator covers. I enjoy it all. I would like to use the standing frame more."
- "I look forward to coming here to see everyone. It's like a big family, they care and help me."
- "I like having jobs here and I feel good when I learn things. I like the computers and helping with the shop."
- "This centre is the best, I love the music but I like everything I do here."
- "The staff are great, they are kind and good fun. I enjoy the craic in this centre."

Fifteen RQIA questionnaires were issued to service users, relatives and staff. All fifteen were returned within the required timeframe. All responds were positive and no concerns were raised. The following qualitative comments were recorded in one of the questionnaires:

- "No issues because the staff team are very person centered and my daughter is very happy at The Beeches and has grown in 'self confidence' during her time there. There is a lovely bond and friendship. I would and am most confident to recommend The Beeches to other parents and carers based on my daughter's and own experience."

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?

Discussion with the registered persons identified they have understanding of their role and responsibilities under the legislation and Minimum Standards. The registered manager confirmed that the registered person was kept informed regarding the day to day running of the centre.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the centre. An organisational chart was displayed. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Discussion with service users concluded they were aware of the roles of the staff in the centre and whom they should speak to if they had a concern.

RQIA's registration certificate of the day care setting and their certificate of public liability insurance were current and displayed in a prominent place.

Discussion with the registered manager and observation evidenced that the centre was operating within its registration.

Policies and procedures were indexed, dated and ratified by the registered person. The health and social care needs of service users were met in accordance with the Day Centre's Statement of Purpose.

During the inspection staff training records were reviewed and showed staff had received all mandatory and other relevant training to their roles and responsibilities.

Standard 14 – Complaints, was reviewed by RQIA during this inspection. Discussions with service users concluded they were aware of the process of how to make a complaint and would have no hesitation in approaching staff or management if they were not happy about something. Discussions with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager informed RQIA a new complaints recording template had been devised as a result of lessons learned from a complaint made in September 2015. The day care setting's complaints record was reviewed during this inspection. This showed there had been one complaint recorded since the centre's previous care inspection on 10 September 2015. Records reflected the areas of concern; contact made with the complainant; a summary and result of the investigation which included a timeline of the action taken. The complainant was not satisfied with the outcome of the centre's investigation. The registered manager subsequently offered him/her a copy of the centre's complaints leaflet which detailed the next steps in the centre's complaints process. Records reflected this was declined by the complainant.

Following this complaint, the registered person reviewed and amended the centre's Complaints Policy, Procedure, Statement of Purpose and Service Users Guide to ensure they fully reflected the day care setting's complaints process and complied with the DHSSPS new guidelines for the management and resolution of complaints (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning).

The centre's revised Complaints Policy and Procedures reflect current DHSSPS complaint guidelines and are compliant with Minimum Standard 14.1. However, the centre's Statement of purpose and Service Users' Guide need to be further reviewed because they do not state the complainant is advised to contact the respective Health and Social Care Trust (responsible for the day care placement) if they are unhappy with the outcome of the centre's investigation. This is an identified area for improvement.

Arrangements were in place to share information about complaints, any learning from same and compliments with staff.

A regular audit of accidents and incidents was undertaken and this was available for inspection and is used to identify trends and to enhance service provision. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice. The registered and deputy managers were very aware regarding the process and cycle of continuous improvement.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

The findings from the annual survey had been collated into an evaluation/summary report which was informative and qualitative, however did not include an action plan regarding areas for improvement. This is an area for quality improvement.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Based on the findings of this care inspection RQIA concluded the day care service was well led. There was evidence of good leadership, robust and effective management and governance systems in The Beeches Resource Centre which were focused on the needs of service users.

Areas for improvement

One area for improvement was identified during the inspection. This regards a review of the centre's Statement of Purpose and Service Users Guide so it fully reflects the day care setting's complaints process and is compliant with current DHSSPS complaints guidelines.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The recommendations identified during this inspection were discussed with Mrs Joann Lamont Crawford, Registered Manager and Mr James Wilson, Registered Person as part of the inspection process.

It is the responsibility of the registered person to ensure that 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s 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 the Day Care Settings Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Day.Care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 14 Stated: First time To be completed by: 10 May 2016	The registered person should ensure The Beeches Resource Centre's Statement of Purpose and Service Users Guide is reviewed to accurately reflect the day care setting's complaints process. These should be consistent with the DHSSPS new guidelines for the management and resolution of complaints (Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning).
Recommendation 2 Ref: Standard 8.5 Stated: First time To be completed by: 25 April 2017	Response by registered person detailing the actions taken: Completed and documents distributed.
	Response by registered person detailing the actions taken: The service user's quality assurance survey will include an action plan.



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