

Care Inspection Report

24 April 2017



The Beeches Resource Centre

Type of service: Day Care Service
Address: 9-11 Lurgan Road, Aghalee, Craigavon, BT67 0DD
Tel no: 02892652270
Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of The Beeches Resource Centre took place on 24 April 2017 from 10:30 until 16:30.

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

Is care safe?

The Beeches Resource Centre premises, which include several adjacent buildings on the same site, were clean, fresh, and in good condition, with no obvious hazards for service users or staff. There are sufficient rooms available for group and individual activities. Discussions with the manager, staff and service users confirmed that staffing levels are sufficient to meet service users' needs. Staff members who were interviewed demonstrated their understanding of safeguarding procedures. They confirmed their confidence in the caring qualities and commitment of their colleagues and were confident that poor practice would be reported by team members. Risk assessments were being carried out regularly in an effort to minimise risks and to manage them consistently. 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. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Service users' records that were examined at this inspection contained well-detailed assessment information, which supported the development of support plans and the delivery of effective care. Outcomes for service users were clearly stated in review reports. The positive value of the day care service was confirmed by all of the service users and staff members who met with the inspector. Staff are well qualified and well informed and were deployed in a manner that made good use of their skills and experience. Three staff members spoke of supportive and positive working relationships within the team. The evidence indicates that The Beeches Resource Centre is providing a good level of effective care that the manager and staff continually seek to develop and improve. No areas for improvement were identified at this inspection with regard to the provision of effective care.

Is care compassionate?

More than twenty service users introduced themselves, or were introduced by staff to the inspector and contributed a range of positive comments on their enjoyment of attending the centre and on its value to them. There was a warm, relaxed atmosphere throughout the centre and interactions between staff members and service users were seen and heard to be, respectful and caring in an adult to adult manner. Staff who met with the inspector emphasised the importance of respecting the dignity of each service user and of promoting each person's independence and fulfilment. The caring nature of practices that were observed was reflected in progress records, written at least weekly for each service user. Monthly service user committee meetings provided regular opportunities for views to be aired. The evidence presented at this inspection indicates that compassionate care is provided consistently by the staff team in The Beeches Resource Centre.

Is the service well led?

The Beeches Resource Centre and The Beeches Professional and Therapeutic Services Ltd., have systems in place to ensure that staff are informed on the responsibilities of their roles and the expected standards of practice. Continuous Professional Development is well embedded in both the philosophy and the practice, as evidenced at this inspection. There is a well-planned programme of training and staff are supervised and well supported within the team. Team members confirmed that they have the confidence and support of the manager and of their colleagues. Service users in the centre stated that the service was well run by “lovely, caring people”. Required records were well kept and up to date. Monthly monitoring reports fulfilled the regulatory requirements and included a commendable level of detail of feedback from service users and from staff. There was evidence to show that management and leadership of the service has been maintained at a high quality level and that the senior staff work constructively and creatively to lead and support the staff team.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Mrs Joann Lamont Crawford, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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 26 April 2016.

2.0 Service details

Registered organisation/registered person: The Beeches Professional & Therapeutic Services Ltd/Mr James Brian Wilson	Registered manager: Mrs Joann Lamont Crawford
Person in charge of the service at the time of inspection: Mrs Joann Lamont Crawford	Date manager registered: 30 September 2010

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 26 April 2016.

During the inspection the inspector met with:

- More than twenty service users in group settings
- Two service users individually
- Three care staff, in individual discussions and four others in group settings
- One tutor, from a local college, who leads woodwork classes each week
- The registered manager at the commencement and conclusion of the inspection
- The director who carries out monthly monitoring visits.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Eleven completed questionnaires were returned to the inspector by the conclusion of the inspection visit.

The following records were examined during the inspection:

- File records for five service users, including assessments and review reports
- Progress records for five service users
- Monitoring reports for the months of December 2016 and for January, February, March and April 2017
- Records of staff meetings held in February, March and April 2017
- The centre's annual quality survey report for 2016
- Minutes of Client Committee Meetings for January, February and March 2017
- Selected training records for staff, including staffs' qualifications
- Procedures for implementing and promoting continuous professional development
- Policy for Safeguarding Clients' Money and Valuables
- Policy for Adult Safeguarding, (Revised 20 March 2017)
- The statement of purpose for the centre (Reviewed June 2016)
- The Summary of amendments to policies and procedures
- Photographic records of activities over the past year.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 26 April 2016

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the specialist inspector. This QIP has been validated by the inspector at the current inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 26 April 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 14 Stated: First time	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).	Met
	Action taken as confirmed during the inspection: The revised Statement of Purpose and the Service User Guide were examined and were found to include up to date information on the management of complaints.	
Recommendation 2 Ref: Standard 8.5 Stated: First time	The registered person should ensure the evaluation/summary report resulting from the annual service users' quality assurance survey includes an action plan regarding areas for improvement.	Met
	Action taken as confirmed during the inspection: The summary report of the annual quality survey was in compliance with this recommendation.	

4.3 Is care safe?

The extensive day centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff. There are several rooms and open spaces available for group activities and for individual work with service users, when necessary. The manager, three staff members and one visiting professional, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. All three staff members expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and fulfilling. All new staff undertake a detailed induction programme, as described by one fairly recently appointed assistant day care worker.

Safeguarding procedures were understood by staff members who were interviewed, who all confirmed that they had the confidence and determination to report poor practice, should they identify it. However, all confirmed that the practice throughout the centre was of excellent quality. There were systems in place to ensure that risks to service users were assessed

regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer.

Risk assessments with regard to transport, mobility and moving and handling, or other areas specific to an individual, were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff members were observed interacting sensitively with service users and being attentive to each person's needs. 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.

Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Fire safety training had been designed for service users, some of whom expressed their satisfaction that they were trained to know what to do to prevent a fire, and also to keep safe if a fire broke out.

During the inspection visit, six service users, individually, spoke positively of the quality of care provided at the centre and confirmed that they felt safe and well cared for in the centre and in the transport vehicles. 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. The manager maintains clear, well organised records of safety checks and audits, which are carried out regularly and frequently.

The evidence presented supports the conclusion that safe care is provided consistently in The Beeches 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. The Service User's Guide includes pictorial support for the written information, helping to make it accessible to many of the service users. The manager expressed interest in the idea of developing a DVD version of the guide.

Four 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 'Client Agreement' on the terms of the individual's attendance. Care planning information was included in both the assessments and in the records of reviews and referred to the intended outcomes for service users, although the links between assessed need, objective, action required and outcome were not set out together in a discrete care plan document. The manager accepted the advice that the presentation of this information could be made clearer, in order to state goals or objectives in a way that would facilitate the measurement and recording of achievements and outcomes.

Each of the files examined contained clear 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 made in proportion to the frequency of attendance of the individual. Dates and signatures were present in all of the files examined. 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, informed by progress notes and including the service user’s views, where possible, were available in four files examined. There was written evidence in the annual quality survey report for 2016 to indicate that all stakeholders were satisfied with the effectiveness of the service and these views were supported in the review reports sampled.

The premises are spacious, through several adjoining buildings, with a layout that facilitates a wide range of activities, appropriate to the support and development needs of service users. There is good outdoor space, including an open sided woodwork area, in which garden furniture and decorative items are made under the guidance of a tutor from the local college. Left-over wood is chopped for sale as kindling and service users said they liked this work.

Six service users spoke about their experiences of participating in the centre’s activities and all were positive about the benefits they gained from these. Activities included music and drama, woodwork, art, computer use, gardening and several community based initiatives, including exercise groups for better fitness. One service user demonstrated how to use ‘Clip-Art’ for illustrating documents that are being typed. A number of service users participated in courses leading to qualifications and many service users had been provided with training by staff of the provider organisation, on topics such as fire safety, active lifestyles and keeping safe.

Five service users completed RQIA questionnaires during the inspection and all were entirely positive about the care and the service provided in The Beeches. Comments made by respondents included:

“My keyworker is very good and she helps me out a lot”, and,

“I have done a fire drill”.

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

Areas for improvement

No requirements or recommendations for improvement were identified in a Quality Improvement Plan, although advice was given on the format of the care plan document.

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

On the day of this inspection, the atmosphere throughout The Beeches Resource Centre was calm, caring and motivating. 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, woodwork, art, boccia, computer skills, horticulture, music and drama. In all of the activities and interactions observed, service users were engaged by staff with warmth, respect and encouragement.

Service users confirmed that staff listen to them and encourage them to take a full part in deciding how they want to spend their time in the day centre. Activity programmes are clearly set out with each individual's agreement and there was evidence of changes being negotiated in order to accommodate new interests. Many service users contributed positive comments on their enjoyment of attending the centre and on its value to them socially and emotionally. Staff demonstrated a good knowledge of each service user's assessed needs as identified within the individual's records.

The systems in place to ensure that the views and opinions of service users were sought and taken into account, included the booklet, "A bit about me" and, records of keyworker sessions with service users in preparation for their reviews or for starting a new activity. During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all of the monthly monitoring reports that were reviewed. The minutes of four staff meetings, in the two months prior to this inspection, provided evidence of good consultation with service users and a strong focus on ensuring compassionate care was provided consistently.

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 more often than weekly for each service user. Service user meetings provided regular opportunities for views to be aired. In the centre's most recent annual quality survey for 2016, all of the respondents rated the care provided in the centre very positively. One hundred percent of respondents rated the care provided in the centre as being of high quality.

The evidence presented at this inspection indicates that compassionate care is provided consistently by the staff team in The Beeches Resource 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 manager provided information on the history and operation of the centre and presented a wide range of documentary evidence to inform the inspection's findings. These included minutes of staff meetings, client committee meetings, monitoring reports, audit records, work rotas, client files, staffing information, written policies and procedures and the annual quality survey report for 2016. The Beeches Resource Centre and the parent organisation have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice. The attention to detail in the organisation of records and in the breadth of quality assurance checks is commendable.

During each monthly monitoring visit, the views of a sample of service users and staff were sought and their comments were included in good detail in all four of the monitoring reports examined, which were for December 2016 and for January, February and March 2017. Monitoring visits regularly took place twice each month and a report was completed every month. 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.

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 theoretical aspects of the training with their day to day practice. The provider works to develop members of its own staff as trainers in various fields of interest and a significant portion of the mandatory training for staff teams of the several facilities is delivered by managers, deputy managers and day care workers. In keeping with the provider organisation’s guidance paper on continuous professional development, supervisory staff were knowledgeable and enthusiastic on the subject of staff’s learning and this had a noticeably motivating influence on the work of team members and on the overall team morale. Bi-monthly supervision was welcomed by staff members who said that they felt well supported and encouraged in their work.

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. In addition to monthly staff meetings, the daily briefing meetings were regarded by staff as a key part of the effective communications in the team. Staff commented that the manager’s leadership style was both constructive and reflective and helped team members to accept responsibility for their work and for the overall effectiveness of the centre.

Overall, the evidence available at this inspection confirmed that the registered manager was very effectively leading, supporting and motivating staff and enthusiastically promoted a culture of continuous improvement within the team. The service is well led.

Areas for improvement

No areas for improvement were identified during the inspection.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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