



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: The Beeches Resource Centre (11239)
Date of Inspection: 23 September 2014
Inspector's Name: Suzanne Cunningham
Inspection No: IN017635

The Regulation And Quality Improvement Authority
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Name of centre:	The Beeches Resource Centre
Address:	9-11 Lurgan Road Aghalee Craigavon BT67 0DD
Telephone number:	(028) 9265 2270
E mail address:	jlcrawford@thebeechesrc.com
Registered organisation/ Registered provider:	Mr James Wilson
Registered manager:	Mrs Joanne Lamont-Crawford
Person in Charge of the centre at the time of inspection:	Mrs Joanne Lamont-Crawford
Categories of care:	DCS-LD & LD(E); DCS-PH & PH(E); DCS-MP & MP(E)
Number of registered places:	68
Number of service users accommodated on day of inspection:	56
Date and type of previous inspection:	10 February 2014 Primary Announced Inspection
Date and time of inspection:	23 September 2014 09:35 – 15:00
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods / Process

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

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

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

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

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

Consultation Process

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

Service users	7
Staff	3
Relatives	0
Visiting Professionals	1

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

Issued To	Number issued	Number returned
Staff	11	8

Inspection Focus

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

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

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

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

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

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

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

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

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

Profile of Service

The facility originally opened in 1991 as a Vocational Training Unit (VTU), The Beeches Day Centre opened in the same grounds in 1994. In 2003 the two facilities amalgamated and were renamed the Beeches Resource Centre. The Organisation in Control is a company limited by Guarantee with charitable status. The registered manager has responsibility for the day to day management of the centre.

The facility is situated in the centre of Aghalee, sharing grounds with The Beeches Nursing Home. The Beeches Resource Centre is based in a two storey building with outbuildings which are used as activity rooms.

The Beeches Resource Centre provides day services to individuals with a primary diagnosis of learning disability under and over sixty five years who have complex needs. Some service users may also have a dual diagnosis of a mental disorder or an associated physical disability. The catchment area covers Aghalee, Ballynahinch, Lisburn and the rural surrounding areas of Aghalee. The organisation provides transport for a limited number of services users to and from the centre. The Beeches Resource Centre operates from Monday to Friday 9:00 – 17:00.

Summary of Inspection

A primary inspection was undertaken in The Beeches Resource Centre on 23 September 2014 from 09:35 to 15:00. This was a total inspection time of five hours and twenty five minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke a total of three staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording; ensuring records are accessible for the service users and the management arrangements in this day care setting. Staff described clear arrangements for confidentiality and working together with service users to update assessment, care plan and create review documentation. Day care was presented as led by service user choice and interests as well as meeting identified needs. Staff described setting objectives with service users and there is a clear focus for staff of monitoring progress or maintenance of development and skills. Staff knowledge regarding restrictive practices and restraint was appropriate for the service and consistent with the statement of purpose, staff described they do not use hands on physical intervention but are aware of other restrictions that can be in place and that these need to be reviewed to ensure any potential restriction is proportionate and based in improving outcomes for service users. Regarding management

arrangements this setting staff described positively the support provided by the management team and there was cover arrangements in place in the absence of the manager.

Eight questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's did identify there had been occasions when there was potential gaps in staffing and there was praise for the way management dealt with the gaps to ensure the service was still delivered safely and appropriately. The staff praised the quality of care provided within the returned questionnaires and the following comments were made:

"Excellent, everyone takes time with clients and clients give suggestions/ opinions of the day to day running of the centre"; "The quality of care is the best I have ever worked in. Everything is done by the book, staff and clients get along with each other"; "it is a very high quality of care and services provided are of high quality, beneficial to each and every individual"; "The centre provides excellent quality of care for the clients and the activities on offer are varied and tailored to each individual's needs and preferences. The mix of educational, diversional, therapeutic activities works well and ensures a full active and enjoyable timetable for all clients"; "The staff are fully dedicated and sincere towards the well-being and care of the clients"; "The clients benefit greatly in centre developing skills, communication and experiences"; "I would describe these of a very high level as each service user are individuals who receive support to meet their needs, have opportunity to try new things and achieve goals by learning and maintaining knowledge and skills"; "Great, the clients get a lot from the centre and benefit from the service provided to them. They develop a lot of skills". These comments and staff responses demonstrate the day care setting staff are striving to provide a high level of service that is responsive to the needs of the service users.

The inspector spoke with seven service users in the setting generally about their experiences in the day care setting and the focus of the inspection. The service users did provide the inspector with positive comments regarding the focus of the inspection, they recalled seeing their assessment / care plan / review records during the planning for the review and the review meeting. The service users were aware there was records kept about them and were satisfied they were kept securely.

Service users described enjoying attending the centre, the activities they had taken part in; and was positive about the support and care provided by the staff. The service users talked about the Christmas play, learning music and rhythm, work opportunities in the day centre, baking which was a favourite activity. Service users described if they were unhappy in the day care setting they would talk to someone and they knew they could have 1 to 1 time which is calm time. They talked about relaxation techniques which they find beneficial in calming their mood, they described staff as brilliant, they do their jobs and overall they described their experiences as "I do good things at the Beeches".

The inspector talked with one professional who had been working with a service user during the inspection, she was very complimentary about the quality of day care provided in this day care setting and stated staff are creative, focussed on need and service users are empowered to improve outcomes and achieve.

The previous unannounced follow up inspection carried out on 10 February 2014 had resulted in one recommendation regarding the availability of regulation 28 reports. The manager provided evidence the reports had been posted on notice boards and therefore evidenced compliance.

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

The six criterion criteria within this standard were reviewed during this inspection. All of the criteria were assessed as compliant. No requirements or recommendations are made.

Discussions with service users and staff and review of eight service users' individual files provided evidence that the centre is performing well regarding standard 15. The discussions with service users confirmed service users are aware a record is kept about them and they see this record when they attend their review or if the care plan is being worked on. Service users described this setting as an enjoyable place to come and work where staff are brilliant and they do good things.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations have been made regarding the examination of this standard.

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

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting had not used restraint on any service users therefore none would have been reported through to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Restraint had not been used to date and staff described using clear communication, diversion, calming, diffusing techniques and knowing their service users' needs and personalities. The staff identified this approach assists them in ensuring service users behaviour does not escalate.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme, no recommendations and no requirements are made regarding this theme.

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

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. The criteria were assessed as compliant and no requirements or recommendations are made regarding this theme.

Discussion with the manager and staff provided evidence that the organisation had in place monitoring arrangements; and they had a general approach of promoting quality care. Overall the arrangements in this setting regarding management cover were satisfactory and compliant.

Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations were made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined eight service users individual files, validated the registered manager's pre inspection questionnaire reviewed the staff questionnaire and monthly monitoring reports. This did not reveal any additional areas for improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre; there is a clear focus of social support in this day care setting which is entirely consistent with the day care settings statement of purpose. The setting is also striving to be innovative in its approach to compliance with the day care settings standards and this was evident in the examination of records and observation of practice throughout this inspection.

As a result of the inspection a total of no requirements or recommendations have been made, this was reported to the manager at the conclusion of the inspection and the management team were complimented regarding their preparation for this inspection and their approach to meeting the service users' needs in this day care setting.

Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	1.2	The registered person should make adequate arrangements for service users and or their representatives to be made aware of the availability of the regulation 28 monitoring report and how they can access the report.	Information posted on service user information boards detailing when the last visit happened and how the report can be accessed. Information regarding the same is also recorded in the service user guide and statement of purpose.	Compliant

Inspection Findings

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed: 7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	COMPLIANCE LEVEL
Provider's Self-Assessment: The service has a written policy on confidentiality that reflects current DHSSPSNI practice guidance. All staff receive instruction and guidance on confidentiality in respect to clients during their induction. Clients are informed on admission of their rights in respect of the confidentiality of their personal information. The service can demonstrate that personal information is handled in compliance with the policy. Staff receive instruction from the senior team regarding the need to record information and the expected quality of their recording. Records are audited annually for compliance with expected management standards for record keeping.	Compliant
Inspection Findings: The inspector reviewed eight individual service user records which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. Records containing service user information are kept securely in the setting and only accessible to appropriate staff. The setting has policies and procedures regarding access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which reflect this criterion and are available for staff reference. The inspector confirmed the providers self-assessment and was satisfied through discussion staff were aware of the meaning of confidentiality and their role and responsibility regarding the same.	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
Provider's Self-Assessment:	
<p>The service has a written policy on consent. The service default position is that every client or the person acting on their behalf has full, unrestricted access to their records. The client or their representative is fully aware of all information the service hold and their written consent for the holding and retention of this information is sought and received annually.</p> <p>All staff receive instruction at induction regarding the service's policy regarding client access to records.</p> <p>Requests for access to records from third parties are dealt with via the company Data Controller and we have a written policy for handling any such requests.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector found reference to access to service user records in the service user guide where it is explained how service users can see their records. Discussion with service users confirmed they were aware a record is kept and were confident that they could ask to see this if they wanted to. Service users also confirmed they see their records at meetings such as reviews and in their meetings with staff.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding ensuring service users are aware of the recording that is done and how this contributes to planning. The eight files inspected evidenced a person centred approach to recording on all levels and records that are accessible for service users. Staff confirmed they show service users their records as appropriate and would encourage service users to read plans and assessment information.</p> <p>Service users confirmed they are aware that a service user record is kept and have been informed how they can access the records.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user's needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user's usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	
Provider's Self-Assessment:	
<p>The service maintains all the records as required by the standard. The service reviews the information retained with the client and/or representative to ensure that it is relevant and captures the information required to meet the assessed needs of the client. A post-admission review occurs after 3 months with all parties (client, representative, family/relative and trust) to ensure the placement is meeting the assessed needs. Support plans are audited annually. Monitoring occurs monthly. Monitoring visits address issues of service quality with clients and report's note actions taken by the management with regard to the maintenance of service quality.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The examination of a sample of eight service user individual records evidenced the above records and notes are available and maintained.</p> <p>The case records and notes presented as updated as required, are they were current, person centred, incorporate service user recording when possible, present as contemporaneous, and when required they are analytical in approach.</p>	Compliant

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
In additional to any relevant daily recordings, every clients' records are updated at least weekly with a progress evaluation.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a sample of eight service user care records which evidenced individual care records have a written entry at least once every five attendances for each individual service user.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Staff receive instruction at induction and on-going training throughout their employment with regard to reporting concerns about the following matters; safeguarding, whistleblowing, grievances, complaints, and health and safety issues. Regular staff meetings and 1:1 supervision also afford staff the opportunity to discuss these issues and for management to reinforce with staff the procedure to follow with regard to internal reporting and referrals to outside agencies.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
Policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place. Discussion with staff confirmed they are aware of their role and responsibility to report and refer information and record the outcomes achieved. Staff confirmed they are aware of consent issues and to check any information that has been reported; is reported to the right people and outcomes are recorded.	Compliant
Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
Provider's Self-Assessment:	
All records are maintained to a high standard and audited at least annually to ensure compliance with the expected standard. Recording of information is discussed periodically with staff to reinforce their responsibilities to maintain records to an acceptable level.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector examined a sample of service user individual records which met this criterion.	Compliant

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

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

Theme 1: The use of restrictive practice within the context of protecting service user's human rights	
Theme of "overall human rights" assessment to include:	
Regulation 14 (4) which states: The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
<p>The service has a policy on the use of restraint and physical intervention (PI) for the management of aggression. The service has clients for whom physical intervention form part of their support plan with respect to the management of behaviour. Support plans are reviewed at least annually.</p> <p>Not all staff receive full PI training on using PI techniques. The number fo staff who have full PI training is sufficient to carry out all the techniques safely and in compliance with the recommended practice. All staff receive instruction on the use of deescalation and breakaway techniques as well as information on the use of PI. All this training is updated annually.</p> <p>All occurrences of PI are recorded and reported appropriately. There have been no instances of PI within the last inspection period.</p> <p>Our current procedures with regard to assessment, support planning, communication with clients, families and representative complies with DHSSPSNI DOLS guidance. The service has written policies for all these areas</p> <p>Seclusion is not used at the service.</p> <p>The service has implemented a training programme for all staff and clients to raise awareness of the Human Rights Act 1998, its meaning for overall human rights and specific implications in regard to services provided to clients with a learning disability.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records including: eight individual service user records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. There is assessments regarding responding to behaviour that may include restraints or restrictions however if restraint is used it is as a planned or reactive response to service users challenging behaviour and used as last resort and in exceptional circumstances. The inspector was satisfied this was being implemented into day to day practice and staff sought to use calming and diffusing techniques which had been successful to date.</p> <p>During the inspection a psychologist who works for the trust spoke with the inspector and she described how staff use professional advice and guidance to ensure they respond to behaviour in a proportionate, effective and appropriate way for each individual service user. Other professionals are also involved in assessment and planning such as the behaviour management team.</p> <p>Training is provided to staff as part of the mandatory training programme in terms of responding to behaviour, breakaway and de-escalation, care and responsibility training (only a core number of staff who can use restraint), vulnerable adult training and training regarding service users human rights. Staff work books regarding human rights training were completed and feedback forms were completed after the training.</p> <p>The inspector concluded there was no use of restraint in this centre where it was not part of the service users plan and this is not anticipated to be an issue in the future. Assessment and planning documents identified restraint and restrictions in place of a range of types such as physical restraint, PRN medications, mechanical restrictions such as lap belts and wheel chairs. These were all written into assessment and planning with a clear description of why these restraints or restrictions may be used, clearly indicating when it is appropriate to use them and for restraint why it was necessary to protect the service user or others.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre confirmed their knowledge regarding the use of restraint including how service user's human rights are protected if restraint or seclusion is planned for.</p> <p>Discussion with service users confirmed they are encouraged to seek staff help if they are upset or identify their behaviour is escalating; they also confirmed their views are sought when planning in day care.</p>	Compliant

Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider's Self-Assessment:	
All occurrences of PI are recorded and reported appropriately. There have been no instances of PI within the last inspection period.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
No service users had been subject to restraint since the last inspection and staff do not anticipate the use of restraint in this service with the current group of service users, staff are currently using approaches such as sound planning, understanding the service user's needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i> , Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.	Not applicable

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

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

Theme 2 – Management and Control of Operations Management systems and arrangements are in place that support and promote the delivery of quality care services. Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.	COMPLIANCE LEVEL
Regulation 20 (1) which states: The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users - (a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users; Standard 17.1 which states: There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.	
Provider's Self Assessment:	
<p>The service has a set of written policies and embedded procedures that have been designed to ensure that the service employees are suitably qualified, competent and experienced for their role within the service. All staff working in the service have clearly defined roles and responsibilities and are fully aware of the organisational management structure and their role within it.</p> <p>We recognise that for clients the most important people in our organisation are the staff with whom they will have the most regular contact.</p> <p>We take great care in recruiting, training, supervising and appraising our staff team and we comply with all relevant employment legislation and standards.</p> <p>We provide the appropriate number of staff to ensure that the assessed needs of our clients are addressed safely and effectively.</p> <p>We provide all our staff with access to our staff development programme. We have qualified QCF assessors able to take candidates through the levels appropriate to their role. We are committed to implementing the NISCC Code of Practice for Employers of Social Care Workers and registration with the NISCC is mandatory for all our staff.</p>	Compliant

Inspection Findings:	COMPLIANCE LEVEL
<p>The manager has professional registration with NISCC and has relevant experience for the position of registered manager. This manager was in post prior to the implementation of the standards however, working towards attaining the QCF level 5 has been discussed with her manager and the manager confirmed she is willing to complete this qualification as part of her future development. There are two staff members who manage the day care setting in the managers absence, they are registered with NISCC. The manager has undertaken assessment work and observation of their skills and knowledge of acting up in the manager absence. This is recorded in the supervision records. The manager will bring together the work done so far to produce a competency check list. Delegation of tasks is clear and monitored by the manager to evidence effectiveness of arrangements in place.</p> <p>The inspector sampled the deputy managers training, supervision, appraisal and staff records which did not reveal any concerns.</p> <p>The staff have access to the policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example they were clear who they report to; who they seek support or guidance from; who supervises them and were complimentary regarding the effectiveness of the same. The manager and deputies were clear regarding their roles and responsibilities, confirmed they are receiving supervision and appraisal in line with the day care setting standards.</p> <p>Discussion with service users confirmed they were aware of the management structure in place which was described as good, effective and supportive. The staffing structure of the day care setting is clearly described in the settings statement of purpose.</p>	Compliant

Regulation 20 (2) which states: <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
Provider's Self-Assessment: <p>The service has a written Supervision and Appraisal policy. All staff working at the service receive 1:1 supervision (from a senior staff member) every 2 months and an annual appraisal. All staff participate in the service's staff training development programme that links to both their supervision goals and performance appraisal and reflects the standards for social care staff as defined through the NISCC.</p> <p>Staff left in charge of the service must have a competency assessment prior to undertaking this responsibility.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The provider's self-assessment was evidenced.</p>	Compliant
Regulation 21 (3) (b) which states: <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
Provider's Self-Assessment: <p>The service ensures through its rigorous recruitment, training and supervision procedures that all staff employed at the service are fit to work at the Centre.</p> <p>The service maintains records as required by the standards and legislation to demonstrate the fitness of staff.</p> <p>All staff working at the Centre have a clear understanding of the management structure of the service and their role and responsibilities within that structure.</p>	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The provider's self-assessment was evidenced.</p>	Compliant

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

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

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. In 2014 no complaints or issues of dissatisfaction had been recorded.

Service User Records

Eight service user files were inspected as part of this inspection and this did not reveal any areas for improvement and they presented as consistent with schedule 4.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

Statement of Purpose & Service Users Guide

These documents were submitted for this inspection and the inspector made reference to them during the inspection. Examination of these documents did not reveal any concerns.

Monthly Monitoring Reports

The provider supplied two regulation 28 reports for this inspection and this did not reveal any concerns.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Joanne Lamont-Crawford, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the primary announced inspection of The Beeches Resource Centre which was undertaken on 23 September 2014 and I agree with the content of the report.

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

NAME OF REGISTERED MANAGER COMPLETING	Joann Lamont-Crawford
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	James Wilson

Approved by:	Date
Suzanne Cunningham	06 November 2014