

Unannounced Care Inspection Report 11 March 2020



The Beeches Resource Centre

Type of Service: Day care
Address: 9-11 Lurgan Road, Aghalee, Craigavon, BT67 0DD
Tel No: 02892 65 22 70
Inspector: Maire Marley

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Beeches Resource Centre is a Day Care Setting with a maximum of 68 places that provides care and day time activities for people aged over 18 years of age with a learning disability; some service users may have additional needs arising from physical disability, sensory impairment and/or mental health needs. The day centre is open Monday to Friday.

3.0 Service details

Organisation/Registered Provider:
The Beeches Professional & Therapeutic Services Ltd

Registered Manager:
Mrs Joann Lamont Crawford

Responsible Individual(s): Mr James Brian Wilson	
Person in charge at the time of inspection: Joann Lamont Crawford	Date manager registered: 30 September 2010

4.0 Inspection summary

An unannounced inspection took place on 11 March 2020 from 10.00 to 12.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified since the last care inspection. This was a short focused inspection to look at recruitment practices and service users experiences in the day centre.

On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted.

Service users said:

- “The centre is lovely, staff are great and we have lots to do.”
- “Really happy here, and I get to help out and that means a lot to me.”
- “We all know who to talk to if we have any problems, we can talk to our keyworkers, the manager or James (responsible individual).”
- “I just love this centre.”

Evidence of good practice was found in relation to staff knowledge of service users’ needs, activities provided, communication with healthcare professionals and families and the cleanliness of the general environment.

No areas of improvement were identified during this inspection.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Joann Crawford, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 31 January 2019

No further actions were required to be taken following the most recent inspection on 31 January 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff work with service users; we examined recruitment records relating to Access NI and registration with the Northern Ireland Social Care Council (NISCC).

Questionnaires were provided to give service users and those who visit them the opportunity to contact us after the inspection with their views. A poster was provided for staff detailing how they could complete an electronic questionnaire and return it to RQIA.

Ten questionnaires were also provided for distribution to the service users and their representatives; four responses were completed and returned to the inspector during the inspection; analysis and comments are included within the report.

During the inspection the inspector communicated with 14 service users, four staff, and two service users' relatives.

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

6.1 Inspection findings

On the day of the inspection, the centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted. Furniture and fittings were found to be fit for purpose.

During the inspection staff interactions with service users were observed to be compassionate, caring and timely. Staff were noted to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. Service users approached staff freely, communicating their needs and making requests.

Those service users who engaged with the inspector spoke positively about the service and the ongoing benefits of attending the centre.

Service Users' comments:

- "We have our meetings and everyone has an opportunity to bring anything they want discussed or sorted out."
- "The staff here are really good; we all get on so well."
- "I would tell my keyworker if anything was bothering me, we meet regularly to discuss how I am getting on."
- "I helped to make that plant holder, and we are getting the garden ready for summer."
- "We have a week each year where we get to try a new activity, which helps us decide what we want to do."
- "I like it here, it's nice and safe."

Four questionnaires were completed by service users and returned to the inspector during the inspection. The responses indicated that the four service users were satisfied with all aspects of service delivery.

Relatives' comments:

The inspector had the opportunity to meet two relatives and the following comments were made;

"This is an excellent centre, I cannot praise it enough, every person from the top down is professional and caring. Very effective communication, this centre shows how care should be delivered; absolutely no concerns and I really appreciate everything the staff do."

"My relative is so happy here, he has friends and he gets on really well with the staff, I am so content with every bit of the care he receives. There are so many activities for them (service users) to choose from and staff are always trying new things, it just couldn't be any better, manager and staff are excellent."

Staff Comments:

- "I think the care here is very good, we are proactive in ensuring the service user (client) is at the heart of everything we do."
- "Our service users (clients) are involved in every aspect of care; they are very vocal and tell us what they want to do."
- "We have supervision quarterly and also have opportunities to attend additional training; we close for a week in September to facilitate training."
- "Management are very approachable and very supportive."
- "Good team and great staff who are all committed to what we do."
- "Centre is a lot of fun, people get to try different things and staff are always looking for new initiatives."
- "All staff have a responsibility for safe care."
- "Safeguarding is everyone's business, any concerns report immediately to senior staff."

- “I was provided with an excellent induction, shadowed staff and got to know the routines and how and why things were done in a certain way; I was then shadowed to ensure I was competent.”
- “Management team very good, lots of support, issues can be raised and resolved.”

The one staff questionnaire response received indicated that the staff member was very unsatisfied that the care provided in the setting was safe. The respondent did not provide any further information or contact details. The response was shared with the manager and agreement given that staff would be provided with an additional opportunity to identify any concerns in regard to the safety of care.

The staffing arrangements which had been assessed as necessary to provide a safe service in the setting were discussed and assurances were provided that sufficiently competent and experienced persons are working in the centre to meet the range of needs accommodated. The manager reported the staff team was very stable and there was minimum unplanned leave.

Duty records from 2 January 2020 to week beginning 9 March 2020 were examined and found to contain details of the number of staff on duty; their role and the hours worked. The review confirmed that staffing levels were maintained during this period. During discussions staff and relatives expressed that they felt there was sufficient staff to maintain the safety of service users in the centre. Observation during the inspection found the needs of the service users were effectively met by the staff on duty.

A review of three staff records employed in the centre relating to the recruitment process found the information in place was consistent with Regulation 13, Schedule 3 of the Day Care Setting Regulations (Northern Ireland) 2007 and Standard 11 of the Day Care Settings Minimum Standards, 2012. It was noted there was documentary proof of the date of the Enhanced Disclosure Access N.I pre-employment check along with the reference number. Documentation viewed and discussion with the manager confirmed that the organisation's recruitment practices were effective and confirmed that staff were not employed until all pre-employment checks were completed and verified to be satisfactory.

Arrangements are in place to ensure that all staff are registered with The Northern Ireland Social Care Council (NISCC). Information in regard to registration and renewable dates are maintained for the staff employed within the centre and were available for inspection. A review of these records and discussion with the assistant manager confirmed that all staff are currently registered with NISCC. It was positive to note that regular audits are in place to monitor staff registration. Staff were aware that they are not permitted to work if their NISCC/NMC registration had lapsed.

Areas of good practice

There were areas of good practice found throughout the inspection in relation to staff knowledge of service users' needs, range of activities, recruitment practices, NISCC registrations and the general environment.

Areas of Improvement

No areas for improvement were identified during this inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)