



The Regulation and
Quality Improvement
Authority

Beragh Day Centre
RQIA ID: 11256
Corner Stone Centre
Beragh
BT79 7XE

Inspector: Kylie Connor
Inspection ID: IN023778

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**Unannounced Care Inspection
of
Beragh Day Centre
22 December 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 22 December 2015 from 10.00 to 14.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. The standards inspected were found to be met. A number of areas were identified for follow-up by the registered manager or the day care services manager. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

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

The details of the QIP within this report were discussed with Evelyn Young, Registered Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/ Registered Person: Western Health and Social Care Trust/Mrs Elaine Way CBE	Registered Manager: Evelyn Young
Person in Charge of the Day Care Setting at the Time of Inspection: Evelyn Young	Date Manager Registered: 21/10/2010
Number of Service Users Accommodated on Day of Inspection: 17	Number of Registered Places: 25

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed:

- Record of notifications of events
- Returned Quality Improvement Plan from the previous care inspection dated 3 February 2015.

During the inspection the inspector met with:

- Eight service users, individually and in small groups. Assistance was provided to five service users to complete questionnaires which were distributed during the inspection
- The registered manager
- Two care staff individually.

The following records were inspected during the inspection:

- File records of two service users, including assessments, care plans, progress notes and review reports
- Three randomly selected monthly monitoring reports completed during 2015
- Statement of purpose
- Service user guide
- Minutes of one service user meetings dated August 2015
- Staff rotas
- The staff training schedule for a week of training delivered in May 2015
- A policy on Safe and healthy working practices dated November 2012
- Returned service user and staff questionnaires
- One staff members' file which contained supervision records
- Records retained of the content of staff training.

An inspection of the environment included: the main activity room, office space, kitchen and bathroom facilities.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 3 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 13.10 21.8	The registered manager should improve the training records to ensure they include the content of each training session.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and an inspection of training records showed that when a hand-out had been made available, this was retained. The registered manager assured us that where hand-outs are not made available, a record of the training including, the content will be made and retained.	
Recommendation 2 Ref: Standard 23.3	The registered manager should ensure there is a competency assessment completed with band 5 (acting) staff member who is left in charge in the manager's absence. The competency assessment must evidence the staff member has a clear understanding of their role and responsibility when they are left in charge of the setting. The assessment must evidence they have been assessed as competent and have received sufficient training to undertake this role.	Met
	Action taken as confirmed during the inspection: An inspection of the completed competency assessment demonstrated that this recommendation had been addressed.	
Recommendation 3 Ref: Standard 23.7	The registered manager should ensure when she is not in the setting the staffing rota states who will be assuming day to day management responsibility and this is clear on the rota.	Met
	Action taken as confirmed during the inspection: An inspection of the staff duty rotas for the last six months demonstrated that this recommendation had been addressed.	

Recommendation 4 Ref: Standard 22.2	The responsible person must ensure there are adequate arrangements in place for staff and managers to receive supervision in this setting, that supervision must be delivered at least once every three months. Each staff member and the manager must have an individual supervision meeting and a supervision record must be available to evidence this happening.	Met
	Action taken as confirmed during the inspection: An inspection of a sample of one staff members file, demonstrated that supervision records were available and supervision had been carried out. The registered manager confirmed that a number of records without a date would be rectified.	

Areas for Improvement

Two areas were identified for follow-up by the registered manager. This pertained to ensuring a record is made of the content of training where hand-outs are not made available and ensuring supervision records are dated. No areas for improvement were identified.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Service users' records were found to well organised, up to date and to accurately reflect the individual's assessed needs. Care plans provided evidence of the objectives related to personal care needs, some of which included continence care and promotion. The registered manager and staff members confirmed their confidence and knowledge in following procedures for personal care provision and in respecting each service user's privacy and dignity.

Care review records for a sample of two service users showed that relevant care matters had been addressed appropriately and to the satisfaction of the service user, a relative or a relevant professional.

A training schedule showed that staff had participated in training in May 2015 which included moving and handling and continence promotion. Staff confirmed that training provided is adequate to support them in the delivery of their roles and responsibilities. All staff and service users indicated their satisfaction with the day centre facilities.

Is Care Effective? (Quality of Management)

The Western Health and Social Care Trust has recently responded to RQIA on the work in progress to develop a new and more comprehensive written policy on continence promotion and it is expected to be made available to day centres and other services in the near future.

Staff confirmed that a number of service users had assessed needs related to continence promotion. There was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs.

Staff confirmed that they had access to adequate supplies of person protective equipment and continence products. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant, person centred and up to date.

Monthly monitoring visits and reports were being completed regularly by the service manager and a sampled report was found to address all of the matters required. The service manager met with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. We advised that a system should be developed to ensure that all persons interviewed can be identified while ensuring their confidentiality. We also advised that the range of issues staff are consulted upon should be broadened. A number of reports inspected only referenced discussions regarding staffing levels.

Is Care Compassionate?

Staff members interviewed, spoke of the importance of knowing each service users individual needs and preferences and of promoting their independence. Staff confirmed their confidence in the compassionate care practices of their colleagues.

Observations of staff member's interactions with service users throughout the inspection demonstrated good quality compassionate care being delivered. Service users' views on the quality of the care and support provided were positive and complimentary.

Areas for Improvement

An area was identified for follow-up by the day care services manager pertaining to monthly monitoring reports. No areas for improvement were identified. The standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

Staff members spoken to confirmed that they were qualified and experienced in their designated roles. The registered manager and care staff have many years' experience in social care roles. The staff, who met with the inspector, confirmed that they were confident in their practice and of other members of the staff team. Staff confirmed that the registered manager was supportive

and approachable and that the day centre was well run and managed. There were systems in place to ensure that risks to service users were assessed continually and managed appropriately.

It was evident throughout the inspection that the day centre has a dedicated, skilled and well managed staff team who work enthusiastically together.

Following discussions with service users, staff and an inspection of records, we confirmed that a high level of consultation takes place with service users and their representatives. This included: care planning, annual care reviews, service user meetings, monthly registered provider visits, meals provided and the activities in which they participate.

Service users were keen to engage in the inspection process and spoke of their enjoyment in having friends at the centre. Service users spoke of the benefits they derive from attendance at the centre and from taking part in a range of activities.

Is Care Effective? (Quality of Management)

Beragh day Centre and the Western Health and Social Care Trust have quality assurance systems in place, through which the centre's operations are monitored and staff's practice and performance is evaluated. This includes staff supervision, annual appraisal and monthly registered provider monitoring visits by the service manager.

A number of policies and procedures associated with this standard were not in place and one was in need of review. A recommendation has been made.

Care records were sampled by the service manager who also spoke individually to a number of service users during monthly registered provider visits. While monitoring reports inspected were found to address the required range of issues, advice was provided and detailed in the previous section of this report, in regard to making further improvements.

Staff confirmed that training on relevant aspects of care work was provided, in addition to the mandatory training for each year. The centre had been closed for training for a week in May 2015 and staff commented positively on the training delivered.

Service users participate in annual care reviews which evaluate the suitability of each service user's placement. Staff presented as being knowledgeable about the needs of service users and the methods to be employed in meeting these. Staff demonstrated knowledge of service users likes, dislikes and preferences.

Two service users' care records inspected were found to be well organised and to contain all of the required information. Good records were kept of each service user's involvement and progress.

Service user meeting take place regularly and records inspected demonstrated that areas discussed included activities, transport, and meals. The minutes of service user meetings and discussions with service users demonstrated that action had been taken to address suggestions made by service users.

Following discussions with service users and from an inspection of care records we confirmed that service users enjoyed fulfilling and rewarding activities within the centre. Service users

confirmed that there was a well organised and supported involvement in a range of activities which were enjoyed. These included bowls, boccia, chatting with each other and bingo.

Care and support provided is effective in terms of promoting each service user's independence, involvement, choice and wellbeing. Staff were observed seeking feedback from service users prior to and following activities.

Is Care Compassionate? (Quality of Care)

Service users and staff members presented a very positive view of the need and positive outcomes derived from attendance at the centre. Staff resented as being committed to ensuring the best possible outcomes from their work. In all of the interactions observed, service users were engaged with warmth, respect and gentle encouragement. Service users spoke of the warmth and kindness of staff members. Staff members spoken to were knowledgeable regarding the values which are required and underpin the delivery of compassionate care.

Areas for Improvement

One area for improvement was identified. This pertains to the development of a number of associated policies and procedures. The standard was assessed as being met.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.1 Service Users Views/Returned Questionnaires

Eight service users were spoken to individually or in a small group of two persons. Service users made positive comments regarding the care and support delivered by staff, the range of activities made available to them, the quality of the food provided and the benefits derived from attendance at the centre. A suggestion was made to have toilets designated as ladies only and men only. This was discussed with the registered manager who agreed to address the reasons for this request being made.

Ten completed questionnaires were returned prior to the completion of the inspection. Nine returned questionnaires indicated that service users were either 'satisfied' or 'very satisfied' with the areas examined. One questionnaire indicated that the service user was unsatisfied that their views and opinions are sought about the quality of the service. No specific detail was provided. This was shared with the registered manager.

Some comments included:

- "It's good fun."
- "Couldn't wish for better."
- Staff are "full of fun."
- "It's a great wee group."
- "The food is excellent"
- "I'm glad the Social Worker got me in here."

5.2 Staff Views/Returned Questionnaires

Staff spoken to demonstrated their knowledge of service users, skills in delivering care and support in an effective and compassionate manner and of those values which underpin person centred practice. Staff expressed positive views in regard to training provided, of the suitability of the environment, of the involvement of service users in decision making and of the standard of care and support delivered. Two staff questionnaires were returned and responses indicated that they were 'very satisfied' in all areas examined.

5.3 Complaints and Compliments

The registered manager confirmed that there had been one complaint received during the period 1 January 2014 to 31 March 2015. Discussions confirmed that it had been managed appropriately. The registered manager stated that the service does not record compliments received. The registered manager was advised to develop a system for recording all compliments received.

5.4 Environment

Beragh Day Centre was observed to be clean, fresh smelling and furnished appropriately. The day centre was decorated for the Christmas season.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Evelyn Young, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. 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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 18.1 Stated: First time To be Completed by: 31 March 2016	<p>The registered provider should ensure that the following policies and procedures, as detailed in Appendix 2 of the DHSSPS Day Care Settings Minimum Standards (2012) are developed or reviewed and made available in the day centre in respect of:</p> <ul style="list-style-type: none">• Consent• Involvement of service users in the running of the day care setting• Listening and responding to service users' views• Service Users Meetings and Forums• Safe and Healthy Working Practices• Service users' involvement in activities and events• Communications with carers and representatives.• Quality Improvement.		
	<p>Response by Registered Person(s) Detailing the Actions Taken: The manager will ensure that all the above policies and guidance will be available in the day centre before the end of March 2016</p>		
Registered Manager Completing QIP	Evelyn Young	Date Completed	02/02/2016
Registered Person Approving QIP	<i>Aislinn Hay</i>	Date Approved	11.2.16
RQIA Inspector Assessing Response	<i>H. Markey</i>	Date Approved	24.02.16

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

