

# Unannounced Care Inspection Report 14 June 2016



## Bannvale Social Education Centre

**Type of Service: Day Care**  
**Address: 10 Moyallen Road, Gilford BT63 5JX**  
**Tel No: 028 38 831545**  
**Inspector: Maire Marley**

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## 1.0 Summary

An unannounced inspection of Bannvale Social Education Centre took place on 14 June 2016 from 10.00 hours to 17.00 hours.

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

### **Is care safe?**

On the day of the inspection Bannvale SEC was found to be delivering safe care. Observations of care practices showed there was a culture that ensured service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were well maintained. No areas for quality improvement relating to safe care were identified during this inspection.

### **Is care effective?**

On the day of the inspection it was determined that the care in Bannvale SEC Centre was effective. Observations of staff interactions with service users and discussions with a total of eight service users provided evidence of effective care. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. Two areas for improvement were identified in relation to a risk assessment and a record relating to the monitoring of behaviour.

### **Is care compassionate?**

On the day of the inspection Bannvale SEC Centre was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with, in an appropriate manner. No areas for quality improvement were identified.

### **Is the service well led?**

On the day of this inspection there was evidence of effective leadership, management and sound governance arrangements in Bannvale SEC Centre. Staff confirmed that they were well supported in their roles and that suitable training was provided. A monitoring officer who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visits. One area for improvement was identified during the inspection and this related to the frequency of staff supervision.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Melyvn Purdy, Registered Manager and Maureen Killen, Assistant Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organization/registered provider:</b> Southern HSC Trust/Francis Rice (Registration pending)	<b>Registered manager:</b> Melyvn Purdy 13 June - 26 June 2016 (registration pending at the time of this inspection)
<b>Person in charge of the day care setting at the time of inspection:</b> Melyvn Purdy	<b>Date manager registered:</b> Melvyn Purdy, acting 13 June 2016-26 June 2016 (registration pending at the time of this inspection)
<b>Number of service users accommodated on day of Inspection:</b> 45	<b>Number of registered places:</b> 90

## 3.0 Methods/processes

Prior to inspection the following records were analysed:

- Written and verbal communication received since the previous care inspection
- The previous care inspection report

During the inspection the inspector met with:

- The registered manager and deputy manager (who also works in the centre on alternative days)
- Five care staff
- Eight service users
- Two relatives
- One visiting professional

The assistant manager was provided with questionnaires to distribute randomly to five service users; five staff members and five service users' representatives for completion. The questionnaires asked for the views of service users, staff and service users' representatives regarding the service, and requested their return to RQIA. Three questionnaires completed by service user's representatives were returned to RQIA. The content of the questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record
- Accident/untoward incident records
- Staff supervision and appraisal records
- Elements of three service users' care files
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training information
- Minutes of staff meetings
- Minutes of service user meetings
- Three monthly monitoring reports

## **4.0 The inspection**

### **4.1 Review of requirements and recommendations from the most recent inspection dated 12 August 2014**

The most recent inspection of the establishment was an announced estates inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the specialist inspector at their next inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 12 August 2014

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 28 (4) (5) <b>Stated:</b> Second time	The designated person when carrying out the visit shall ensure the views of representatives for services users are sought.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the monthly monitoring visits provided evidence that the views of service users or where appropriate their representatives had been sought and recorded.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 26 (2) (b) <b>Stated:</b> First time	The registered person must ensure the carpet in the hallway is replaced. The damaged floor covering in the dining room should be replaced.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector can confirm that the carpet in the hallway and dining area was replaced.	
Last specialist inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 7.4 and 6.5 <b>Stated:</b> First time	The registered manager must confirm that: (a) The care plan for an identified service user has been reviewed. (b) The risks associated with the service user's ongoing condition should also be reviewed to ensure the care provided is in the best interests of the service user. (c) The risk assessment must be subject to regular review.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The examination of the identified record established that a multidisciplinary review meeting was held and a review of the identified care plan and risk assessment was undertaken. The records identified the date of the revision for both documents and they were appropriately signed.	

<p><b>Recommendation 2</b></p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p>	<p>The registered manager must confirm that the care management review have been held for two identified service users.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Records viewed on the day confirmed that both care reviews had been held and the minutes of the reviews were available.</p>	<b>Met</b>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 7.5</p> <p>Stated: First time</p>	<p>The registered manager must review the content of daily records to ensure the records provide sufficient information on the service user's circumstances.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> There was evidence the daily progress note proforma had been updated and the content of the record was monitored by management.</p>	<b>Met</b>
<p><b>Recommendation 4</b></p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p>	<p>Awareness training should be provided for the staff team on the Deprivation of Liberty Safeguards (DOLS) guidance.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Training records viewed evidenced that the team had received awareness training on the Deprivation of Liberty Safeguards (DOLS) guidance. Copies of the document were also available to staff.</p>	<b>Met</b>

### 4.3 Is care safe?

The registered manager for the service is on planned leave for a month, and RQIA received and approved an application to register Melyvn Purdy as acting manager, for a two week period and Maureen Killen, acting manager, for a further two weeks. Mr Purdy was the registered manager for this inspection. Both managers hold responsibility for two other day centres.

The assistant manager and staff outlined the planned daily staffing levels for the day care centre, and confirmed that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster for the month of May 2016 and June 2016 evidenced that planned staffing levels were maintained.

Staff who were consulted confirmed that staffing levels met the assessed needs of the service users. Observation of the delivery of care provided evidence that service users' needs were met by the staff on duty.

The assistant manager and staff confirmed that competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the centre for any period of time in the absence of the manager; records of competency and capability assessments were retained.

The SHSCT had a robust staff recruitment policy and procedure. The registered manager confirmed the arrangements in place to ensure information pertaining to all of the matters specified in Schedules 2 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007 were reviewed. Recruitment records were retained at the organisation's personnel department.

Review of three staff files and discussion with care staff confirmed that: staff had received mandatory training, including safeguarding vulnerable adults training which was undertaken in April 2016; and fire training which was undertaken on 13 April 2016. It was good to note that copies of the new regional guidance Adult Safeguarding; Prevention and Protection in Partnership, were displayed in the centre and that management recognised there was a need to enhance staff awareness regarding the new procedures.

Staff who were interviewed clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. Management reported that there were no current safeguarding concerns ongoing. On the day of the inspection no restrictive practices were observed.

Discussion with staff and a review of returned staff satisfaction questionnaires confirmed that mandatory training and other professional development training was provided. Staff felt they were well supported in their role and responsibilities by the provision of individual staff supervision, annual appraisal and easy access to the management team.

A review of the service users' environment was undertaken. It was good to note that a re-decorating programme had been undertaken and flooring had been replaced in the front entrance and the dining area. Areas within the centre had been redecorated and the day centre was found to be welcoming, bright, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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### 4.4 Is care effective?

Discussion with the registered manager established that the service responded appropriately to and met the assessed needs of the service users.

There was evidence that introductions to the day care service for service users and their representatives are planned. On the day of inspection a prospective service user and a family member were undertaking a visit.



Discussion with the family member and the community key worker confirmed the family had been provided with relevant information about the centre and staff were facilitating a range of visits to enable the service user to become familiar with the setting and the staff. Relevant documentation relating to the service user's assessment had been obtained by staff and there was evidence of appropriate consultation regarding the assessment with the service user.

A review of five care records confirmed that these were generally maintained in line with the legislation and standards. They included assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care records were updated regularly to reflect changing needs. However, it was noted in one care record that the risk relating to service user food management identified and agreed at a care management review had not been transferred into the service users' risk assessment. The management team must ensure risk assessments are reviewed in a timely manner and that strategies are in place to manage identified risks. In a further record the monitoring record relating to a specific pattern of behaviour did not reflect all of the relevant matters. Required improvements were discussed with the staff member and the management team.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Assessments and care plans were signed by the service user or their representative and the relevant member of staff. The care records reflected multi-professional input into the service users' health and social care needs. Discussion with staff and a review of care records confirmed that a person centred approach underpinned practice.

Staff stated that there was effective teamwork and those who were interviewed or observed during the inspection clearly demonstrated the knowledge, skill and experience necessary to fulfil their roles and responsibilities. Staff also confirmed that if they had any concerns, they would raise these with their line manager, or the registered manager if necessary.

Service users are consulted on a formal basis in the annual reviews of their day care placements and the annual quality monitoring survey. The subsequent report of that quality review had been completed by a student social worker.

Informally, staff consult with service users daily, and twice a year the centre holds an open day for families and friends. Discussion with service users and staff and a review of records provided evidence of service user advocacy meetings being held regularly; the records examined were recorded in good detail.

A record of all complaints was maintained. The last recorded complaint was dated 8 April 2016. The record included the relevant details. Service users consulted were aware of how to raise any issues or concerns and named the staff they would talk to in these circumstances. Five service users completed written questionnaires for the inspection and all of the responses were entirely positive.

### Areas for improvement

Two areas for improvement were identified in relation to a risk assessment and a record relating to the monitoring of behaviour.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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## 4.5 Is care compassionate?

Service users confirmed that management and staff listen to them, offer them choices and involve them in decision making during their time in the day care setting. Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans.

Discussions with service users along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities. The day care worker confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussions with service users and observation of practice confirmed that service users' needs were recognised and responded to in a prompt, courteous and supportive manner by staff.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. The comments within the five service user questionnaires returned to RQIA affirmed strongly that compassionate care was delivered within the day care setting. The views of service users were sought during the monthly quality monitoring visits and these comments were included in the monthly reports for April, May and June 2016 which were reviewed.

Examples of some of the comments made by service users on the day are listed below:

- "I do lots of activities; we do all different things."
- "I like the food and the staff. They always give us a choice."
- "I do my jobs here and really like it."

The five completed returned service user questionnaires, asking for opinions on how safe, effective and compassionate the care is and how well led the service is, provided positive responses.

The mother of a service user took time on the day of inspection to speak with the inspector and spoke highly of the staff, the care they provided and their friendly caring attitude not only to her daughter but to all the service users. This relative confirmed that the centre provided care in a safe manner and that staff communicated effectively with her on all relevant matters. Two returned relative questionnaires also provided positive responses. One relative commented in the returned questionnaire that they had "no issues or concerns".

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.6 Is the service well led?

The registered manager described the organisational structure and confirmed all staff were aware of their roles, responsibility and accountability. The registered manager was fully familiar with his role and responsibilities under the legislation. Completion and return of the RQIA Quality Improvement Plan (QIP) confirmed that the registered person responded to regulatory matters in a timely manner.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibilities in relation to raising concerns. Service users were aware of the roles of staff within the day centre and who to speak with if they wanted advice or had any issues or concerns.

There was evidence of sound governance systems and processes in place to meet the needs of service users.

The health and social care needs of service users were being met in accordance with the centre's statement of purpose.

A number of policies and procedures were reviewed during this inspection as referenced in earlier sections of the report. No improvements were identified on this occasion.

Evidence of positive working relationships between the registered manager and staff in the centre was both observed by the inspector and reported by staff.

Systems were in place for the provision of staff supervision and support. The management team provided a range of supervision that included group supervision, observation of practice and formal individual supervision. Examination of three staff members' files showed that formal individual supervision was taking place. However, records indicated this was not every three months as stated in Standard 22.1 of the Day Care Settings Minimum Standards 2012.

Records showed that annual appraisals were taking place as required. There was written evidence to show that staff members were appropriately qualified and trained for their designated roles. Records of staff training were up to date and demonstrated that staff were in receipt of the required training.

Records of the monthly team meetings provided evidence of a range of relevant topics having been discussed and actions agreed. Staff within the centre reported that they had also attended a team building day and expressed that they found the day very beneficial.

The centre had a complaints policy and procedure in place. This was in accordance with the relevant legislation and DHSSPS guidance on complaints handling. Service users and their representatives were made aware of the process of how to make a complaint by way of the service user guide and leaflets. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

The registered manager confirmed the day care centre had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and

reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Monthly monitoring visits were being undertaken in accordance with Regulation 28 of The Day Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives, staff, trust representatives and RQIA. The reports showed that all of the required aspects of the centre's operations were checked, with action plans introduced to ensure that any shortcomings would be addressed within a specified timescale. Completion of monitoring action plans were revisited by the monitoring officer in subsequent visits.

Review of records and discussion with the day care worker confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place.

The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

Service users gave positive feedback in regard to management of the service and commended the relaxed friendly way in which the service was managed. Analysis of satisfaction questionnaires returned to RQIA following the inspection provided evidence that service users and their relatives were very satisfied with the service.

### Areas for improvement

One area for improvement was identified during the inspection and related to the frequency of staff supervision.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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## 5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Melyvn Purdy, Acting Manager and Maureen Killen, Assistant 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

## 5.2 Recommendations

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

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [day.care@rqia.org.uk](mailto: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 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 person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p>Ref: Standard 4.3</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should confirm that the identified assessment has been updated and strategies are in place to manage the identified risks.</p> <p><b>Response by registered person detailing the actions taken:</b> The Day Care Worker has updated the service user's Risk Assessment and Care Plan to address the issues surrounding oral intake which includes actions to manage risk.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should confirm that the monitoring records relating to a specific pattern of behaviour reflect all the relevant matters and include the periods when the service user is absent from the centre.</p> <p><b>Response by registered person detailing the actions taken:</b> The Day Care Worker has reviewed the monitoring records to ensure all relevant matters in relation to a specific behaviour are reflected including when the service user is absent from the centre.</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 22.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2016</p>	<p>The registered person should ensure staff are in receipt of individual formal supervision every three months.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The registered manager and assistant managers will ensure, through monitoring, that staff are in receipt of individual formal supervision every three months.</p>
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*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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