

Inspection Report

1 September 2023.



Beech Hall Centre

Type of service: Day Care Setting
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)</p> <p>Responsible Individual: Dr Catherine Jack</p>	<p>Registered Manager: Mr William Briggs</p> <p>Date registered: 19 April 2018</p>
<p>Person in charge at the time of inspection: Senior Day Care Worker</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a Day Care Setting with a maximum of 35 registered places to provide care and day time activities for people who are living with physical disability, sensory impairment and/ or a learning disability.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 1 September 2023 between 9.10 a.m. and 3.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to Fire Drills, Dysphagia training, Care planning, Record keeping and the quality monitoring process. Following the inspection, the senior manager advised of the actions taken and that are planned to address any areas for improvement identified during the inspection.

Good practice was identified in relation to service user engagement.

We wish to thank the person in charge, service users and staff for their support and co-operation during the inspection process.

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives or staff.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

Comments received from staff during the inspection and in response to the electronic survey in regards to staffing arrangements were discussed with the person in charge and the senior manager. They described the measures in place to ensure that the needs of the service users are met. The senior manager stated that staff recruitment is ongoing and that staffing arrangements are monitored on a regular basis.

Comments received included:

Service users' comments:

- "Love coming here, it gets me out. The staff are great and it is a nice place."
- "Food just okay at times, but others love it. I love the company; I have no complaints."
- "Great place, coming here years."
- "Love getting out and about to the shops."
- "Great wee place, all okay."

Staff comments:

- "All good, I enjoy working here."
- "We could do with more staff; they are trying hard to get staff."

- “If less staff it limits what we can do, such as getting out of the centre.”
- “Love working here, lovely place.”
- “Service users’ needs are met but sometimes we are not getting allocated time for updating records.”

Returned questionnaires indicated that the majority of respondents were satisfied with the care and support provided. Written comments included:

- “I couldn’t speak highly enough of Beech Hall and the staff. They are kind and caring and motivating. There are many activities in the centre plus trips outside.”

A comment made by one individual was discussed with the senior manager for follow up.

Four staff responded to the electronic survey. A number of comments made by some of the respondents in relation to staffing arrangements and changes to job roles and responsibilities within the day care setting, were discussed with a senior manager following the inspection. They advised that there is ongoing engagement with the staff team in relation to roles and responsibilities, they described the measures in place to ensure that there are staff available at all times to meet the assessed needs of the service users. Assurances were provided that the comments would be discussed with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 13 February 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 13 February 2023		
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 28.6 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that all staff attend a fire evacuation drill at least once a year. Ref: 5.2.1	Not met
	Action taken as confirmed during the inspection: It was identified that a number of staff had not completed a fire evacuation drill as required. This area for improvement has been assessed as not met and is stated for a second time.	

Area for improvement 2 Ref: Standard 21 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	The registered person shall ensure that staff are trained for their roles and responsibilities. This relates specifically to DoLS training. Ref: 5.2.1 Action taken as confirmed during the inspection: Inspector confirmed that staff had completed required DoLS training.	Met

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding; we discussed with the person in charge the need to record the outcomes of referral made. Following the inspection, a senior manager advised that a process has been put in place to ensure that a record is retained of all actions and outcomes. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and were appropriate their representatives, in line with the commissioning trust's requirements.

The person in charge advised that no service users required their medicine to be administered with a syringe. The person in charge was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, their care records contained details of the DoL is in place.

It was identified that the fire risk assessment had not been completed as planned; following the inspection the senior manager advised that it was completed on the 11 September 2023. It was noted that staff had completed Fire Safety Training. However, it was noted that a number of staff had not completed an annual Fire Evacuation Drill; this had been identified as an area for improvement at the last inspection and included in the QIP. This area for improvement has been assessed as not met and is stated for a second time. It was noted that required weekly and monthly fire safety checks had been completed. Fire exits were observed to be clear.

The fire alarm sounded during the inspection and it was observed that staff acted appropriately and supported service users and visitors to evacuate the day care setting in an efficient, calm and organised manner, providing reassurance throughout. It was noted that the main entrance door which is also a fire exit was being repaired during the inspection.

The environment was observed to be warm, clean and uncluttered.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are currently being reviewed and service users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had facilitated bi-monthly service user meetings which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Some matters discussed included:

- Staffing
- Activities
- Transport

The day care setting had completed an annual review in relation to their practice which incorporated service users and their representatives' feedback.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. From records viewed it was noted that the care plan for one service user needed to be updated to reflect the details of the SALT assessment. This was actioned during the inspection; however, we discussed with the person in charge the need to ensure that care plans in place accurately reflect the recommendations as outlined within the SALT assessment. An area for improvement has been identified.

A review of training records confirmed that a number of staff needed to complete training in Dysphagia, an area for improvement has been identified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users. It was noted that the manager is notified when all checks have been completed and staff are available for work. There was evidence that checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored on a monthly basis by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

It was noted that the staff list and the NISCC registration list needed to be reviewed and updated to ensure that they accurately reflected those staff currently working in the day care setting. An area for improvement has been identified.

There were no volunteers within the day care setting.

It was noted that ancillary staff had completed adult safeguarding training and that Access NI checks had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by agencies. However, it was noted that the information needed to be reviewed and updated to ensure that it accurately reflected the training staff had completed. An area for improvement has been identified and is subsumed into the area for improvement noted in 5.2.4.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly quality monitoring arrangements in place in regards to Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Comments included:

- "Dead on, I have freedom to go to the Kennedy Centre."
- "Staff are very kind."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was noted that the reports did not consistently record the job role of the person completing the quality monitoring review. In addition, it was identified that any actions made following the monitoring visits were not routinely reviewed at the next visit, an area for improvement has been made.

The Annual Quality Report was reviewed and we discussed with the person in charge the need to include more comments made by individual service users within the report.

The person in charge advised that no incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process. We discussed with the person in charge the need to record the outcome of any complaints received.

It was good to note that a number of compliments had been received; they included:

- “I have seen a difference in my father since he started attending.”
- “I love coming here, good company.”

There was a system in place for managing instances where a service user did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

It was discussed with the person in charge the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The person in charge welcomed this advice and immediately implemented a system to record these checks.

The Statement of Purpose required updating with RQIA’s contact details, this was completed following the inspection and confirmation received by RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* the total number of areas for improvement includes one that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with the person in charge and a senior manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 28.6</p> <p>Stated: Second time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that all staff attend a fire evacuation drill at least once a year.</p> <p>Ref: 5.1& 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>A Fire alarm test is carried out every Wednesday morning within Beech Hall Health and Wellbeing Centre. From October 2023 there will be an evacuation drill carried out in Beech Hall Day Centre every two months and recorded in the Fire File to ensure all staff have attended a fire evacuation drill once per year.</p> <p>A Fire evacuation Audit is carried out as part of the peer monitoring report, attendance at fire evacuations is monitored to identify any staff who have not been involved in an evacuation drill.</p> <p>At present all staff working within the Day Centre have been involved in a fire evacuation drill within the last year.</p> <p>Peeps training is carried out as part of the induction of new or agency staff.</p> <p>All staff inductions updated to include fire training including fire evacuation drills.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 5.6</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that service users' care plans are kept up to date and reflect the individual service user's needs and clearly record the care to be provided.</p> <p>This relates specifically to ensuring that individual care plans accurately reflect details of SALT recommendations.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>All 18 service users with an IDDSI recommendation have had their file audited and updated to ensure their IDDSI requirements are detailed in their care plan.</p> <p>A monthly audit process will be undertaken of service users files to ensure care plans are up to date, reflective of service users needs and that recordings reflect implementation of the care plan and IDDSI recommendations.</p>

	<p>All IDDSI recommendations are discussed at the staff daily safety huddles to ensure that all staff are aware of IDDSI recommendations relevant to the service users attending the day centre each day.</p> <p>All service user files have been audited and reviewed to remove out of date assessments and documentation.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff complete Dysphagia training.</p> <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>e-Learning training has been provided to all staff within Beech Hall Day Centre on IDDSI and there is further face to face training planned for 14th November 2023, which will be facilitated by the Speech and Language Therapy Team. All staff working in Beech Hall will attend this training.</p> <p>All staff will read the Eating, Drinking & Swallowing policy and will be required to deliver care in line with this policy.</p> <p>A monthly audit of training will be undertaken by the Centre Manager and will include the monitoring of compliance with IDDS training. Monthly peer quality monitoring visits will include monitoring of training compliance.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 19.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that information held on record is accurate and up to date. This relates specifically to the day care setting's staff register, staff training records and professional registration information.</p> <p>Ref: 5.2.4 & 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken:</p> <p>ASM and Day Centre Manager have reviewed the Day Centre's staff register, training record and professional registration register and ensured all records are up to date and accurate.</p> <p>The registered manager will review all NISCC / Access NI records for core staff and agency staff.</p> <p>An audit process has been developed. The Day Centre manager will maintain oversight of records and be accountable ensuring audits are completed monthly and records are up to date and accurate.</p>

	<p>Monthly peer quality monitoring visits will include monitoring of these documents.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that the person completing the quality monitoring visit reviews the action plan from the previous visit and records progress achieved. In addition, the persons completing the monitoring visits should clearly record their job role on the monitoring reports.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken:</p> <p>The ASM has adapted the monthly monitoring report to ensure the report details the review of action plan, key finding and recommendations. The ASM has provided the inspector with a copy of the revised document for review and comment.</p> <p>The ASM will audit all monthly monitoring reports to ensure that actions have been completed and recorded.</p>

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