

# Inspection Report

13 February 2023



## Beech Hall Centre

Type of service: Day Care Setting  
Address: 21 Andersonstown Road, Belfast, BT11 9AF  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)</p> <p><b>Responsible Individual:</b> Dr Catherine Jack</p>	<p><b>Registered Manager:</b> Mr William Briggs</p> <p><b>Date registered:</b> 19 April 2018</p>
<p><b>Person in charge at the time of inspection:</b> Mr William Briggs</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></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 13 February 2023 between 9.30 a.m. and 15.45 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, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified related to Staff training and Fire Safety.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

## 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 registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

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.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

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.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

##### **Service users' comments:**

- "I had not been out in years; I love it here and the staff are excellent."
- "Such a good change for me."
- "I really enjoy coming and such kindness of staff."
- "I like it; I come three days per week."
- "I get a cup of tea and toast when I arrive. I would be lost without the day centre."
- "I enjoy it, staff are good."
- "I love coming, it gets me out."
- "Great place, happy with everything."

##### **Staff comments:**

- "I enjoy working here, can be busy when staff are off and you are doing all the tasks."
- "Service users have choice; they are well looked after."
- "We get to know the service users well."
- "No concerns; I can talk to the manager if I have any problems."
- "Weekly meeting is good; we have a huddle meeting in the morning but I don't think we need it every day."

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

- “Very satisfied with all aspects of care and attention at Beech Hall. It is a pleasure to be there as a service user.”
- “No complaints, everything is okay. Staff are very caring.”
- “Happy and content with all.”

A comment made by one service user was discussed with the manager for follow up.

There were no responses to the electronic survey.

## **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 4 January 2022 by a care inspector. No areas for improvement were identified.

## **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 manager established that they were knowledgeable in matters relating to adult safeguarding 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. 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 are required to be reported.

With regards to fire safety, records examined identified that a number of checks and audits had been undertaken including fire alarm tests. Fire risk assessments for the centre were available for the inspection and had been completed in January 2021. Records indicated that staff had completed fire safety training; two staff are due to complete a training update in February 2023. It was noted that the last full evacuation drill had taken place on 19 July 2022 however it was identified that a number of staff had not participated an annual fire drill. An area for improvement has been identified.

Staff were provided with 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 records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this was identified by the day care setting before care delivery commenced and training was requested from the HSC Trust. There is an Occupational Therapist working in the day care setting four days per week. 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 their representatives.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered orally with a syringe. They were 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.

The majority of staff had completed appropriate DoLS training appropriate to their job roles. It was identified that a small number of staff a due to complete a training update. An area for improvement has been identified.

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 DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

### **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.

It was also positive to note that the day care setting had reintroduced service user meetings following the closure due to the pandemic. Some matters discussed included:

- Tuck Shop
- Activities
- Christmas

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

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

### **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 (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

### **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, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.



There was a structured, induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person’s capability and competency in relation to their job role.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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

There were monthly monitoring arrangements in place in compliance with 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. 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 some of the reports contained information with regard to individual service users who had DoLS in place; we discussed with the manager the benefits of including this information in future reports.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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. It was noted that no complaints were received since the last inspection. A number of compliments had been received they included:

- “Best move I ever made in my life coming to Beech Hall day centre. The staff are very good to me; they look after me.”

**6.0 Quality Improvement Plan/Areas for Improvement**

Areas for improvement have been identified where action is required to ensure compliance with Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the QIP were discussed with Mr William Briggs, Registered Manager and a senior manager as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 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: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> A planned fire evacuation took place on Wednesday 29/03/2023. All Day Centre staff on duty attended and this was recorded in the Day Centre Fire Manual. Fire evacuation training is recorded on the Day Centre Staff Training Matrix and compliance is monitored via monthly review of this document by the Centre Manager. Fire evacuation training compliance is now at 100%.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that staff are trained for their roles and responsibilities.</p> <p>This relates specifically to DoLS training.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Beech Hall Day Centre has added the MCA training records to the Day Centre Staff Training Matrix. Compliance with training is monitored via monthly review of this document by the Day Centre Manager. MCA Training compliance is now at 100%.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**







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