



The Regulation and
Quality Improvement
Authority

Beech Hall Centre
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**Unannounced Care Inspection
of
Beech Hall Centre**

01 September 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 01 September 2015 from 10.00 to 16.45. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. 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, 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	1	2

The details of the QIP within this report were discussed with the William Briggs acting manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered Manager: Mr William Briggs
Person in Charge of the Day Care Setting at the Time of Inspection: William Briggs (Acting Manager)	Date Manager Registered: 16 July 2015
Number of Service Users Accommodated on Day of Inspection: 30	Number of Registered Places: 35

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: the registration status of the service; incidents notification which revealed one incident had been reported and RQIA; written and verbal communication received since the previous care inspection which did not reveal any concerns and the returned quality improvement plans (QIP) from the care inspection undertaken in the previous inspection.

During the inspection, care practice was observed by the inspector and a tour of the general environment took place. During the inspection the inspector met with all of the service users, the acting manager, individually with two staff; and informally with all staff. There were no visiting professionals and two visiting representatives/family members spoken to during the inspection. Five service users and two staff completed questionnaires for this inspection.

The following records were examined during the inspection: The settings statement of purpose and service user's guide; four service users individual care records including care plans, assessments and review documentation; one complaint/ issue of dissatisfaction; a sample of the settings monthly monitoring visit records (regulation 28) from November 2014 to July 2015; a sample of the settings incidents and accident records; and policies and procedures regarding standards 5 and 8.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 19 May 2014. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.4	It is recommended that the process of assessment, care planning and review should be used as the basis for each service user's care records and the presentation of this information should make it as accessible as possible for the service user or a representative.	Met
	Action taken as confirmed during the inspection: Assessment, care plans and reviews were available and up to date at the time of inspection.	
Recommendation 2 Ref: Standard 5.6	A number of records in service users' files had been signed but not dated. The manager should ensure that the practice of signing and dating documents becomes embedded in staff's practice.	Met
	Action taken as confirmed during the inspection: Signed documentation was available and up to date at the time of inspection.	

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

There is a trust continence promotion policy and procedure which was reviewed in January 2014. The procedure contains very basic information and does not give specific guidance on how to identify continence needs, how to meet needs in a person centred way and support continence needs. There is no reference to promoting service users privacy and protecting their dignity in the procedure; which should also be incorporated. A recommendation is made in this regard.

Discussion with two staff and the manager concluded staff had attended a continence awareness type training session in 2014 and again in 2015. They discussed their awareness of protecting service user's dignity and ensuring care is tailored to service user's individual needs.

The review of four service users' individual records revealed the care plan and assessment contains reference to "toileting". The care plan does identify if service users need assistance and how many staff should assist the service user. There was no evidence of a personalised care plan to meet intimate care needs and no consideration of how continence could be promoted for each individual service user. Discussion with staff revealed they do talk to service users to gauge their preferences and needs regarding continence, however they acknowledged this is not written specifically into the care plan or assessment. A recommendation is made staff should avoid the use of toileting in service users records when referring to continence needs and promotion. Plans should include details of continence needs and service user's preferences to ensure staff are fully informed regarding the individual approach that should be taken when meeting individual's needs.

The inspection of four service users' needs assessment, risk assessments and care plans confirmed they had been kept under continual review, amended as changes occurred and kept up to date to accurately reflect the needs and preferences of the service user. The needs assessment and care plan's had been appropriately signed.

Discussion with staff confirmed they are aware of the different continence products, and they also described their use of Personal Protection Equipment (PPE) which did not reveal any concerns. Their care practice presented as reflective of current infection control guidance.

The observations of the environment did not identify any concerns regarding odour. Location/ storage of PPE and continence products was in keeping with infection control guidance.

Staff meeting records were sampled from April to the date of the inspection. This revealed staff meet weekly and discuss service users, staff issues and the centre issues. Each meeting reviews a policy and or procedure; and a standard. Continence promotion was discussed; as was continence training on 6 July 2015, this was referenced as the theme / standard for this year's inspection.

Discussion with service users and review of the five RQIA questionnaires completed for this inspection revealed service users feel satisfied to very satisfied that they are safe and secure in this setting and that staffing levels are appropriate. Service users commented: "staff are brilliant in here", "I feel safe with everyone, if I am not sure I can ask staff or my key worker and they will help me". "Staff are great in here", "I can ask staff if I need help with the toilet". Finally one service user commented "the centre is very accessible and I can get help if I need it. Everything is fine, I'm happy enough".

Two staff returned RQIA questionnaires after the inspection and they reported staff were satisfied to very satisfied with training provided. Comments were made regarding staffing shortages affecting attendance at training and one staff member commented they attend training that is of a high standard and this keeps them updated with policies and procedures. In the questionnaires one staff member identified they are satisfied with the environment and commented the bathrooms in the centre are not satisfactory for both service users and staff. In contrast the inspection concluded this is a relatively new building and whilst the design is not perfect for this service user group, the bathrooms were inspected and other staff identified them as fit for purpose during the inspection. Another staff member reported they are very satisfied with the centres environment and commented in general the new building meets the service user's needs.

In conclusion the inspection of the care plan and practice revealed service users receive individual continence promotion and support and this care is safely delivered. Improvements can be made in the care plan by recording service users' preferences and specific detail regarding meeting their continence needs.

Is Care Effective?

The walk around the day care setting where intimate care needs are met evidenced staff were aware of how to support service users to use the bathroom. Supplies of continence products were in the bathrooms for staff to access and staff had unrestricted access to PPE in the centre.

Discussions with seven service users confirmed they feel the toilets are accessible and they either get staff support as assessed that they need or can ask for additional support if required. Service users said they are listened to and their opinions are respected in all areas of their needs.

The manager and two staff described the staff system in place to identify continence issues. Currently the referral for day care is used to identify need and an O.T. assists staff and the service user to identify moving and handling issues, which are put into the care plan. The care plans do detail moving and handling needs and if a service user requires assistance. However, the plan does not detail the how a service user communicates they need assistance with continence care in the day care setting; whilst protecting their privacy and dignity, neither does it reference the service users preferences regarding how staff support them. As identified in the previous section a recommendation is made to improve the description in the care plan to ensure the care is based on the service users preferences, the plan clearly explains what continence needs are identified and how they should be met.

Two staff returned RQIA questionnaires post inspection, they identified they are very satisfied they have access to supplies of continence products, PPE and based on the care plans staff feel they have sufficient knowledge, skills and experience to assist service users with personal care. One staff member said they are "satisfied with these areas"; and we regularly check and update our supplies on a regular basis.

Five service users completed RQIA questionnaires and they described they feel very satisfied to satisfied the staff are effective and know how to care for them and respond to their needs. One service user said "I know about my care plan and they go through it with me", another said "staff talk to me about what I need. Before I have to ask, they will ask me if I need help, staff are observant".

In conclusion the inspection of standard 5, the care plan identified service users receive effective individual continence promotion and support however, the plans can be improved by incorporating a person centred approach into the care plan.

Is Care Compassionate?

Inspection of documentation, discussion with staff and service users; and observation revealed staff are knowledgeable regarding continence care and individual service user's needs. Discussions with staff revealed; whilst information is not clearly recorded in the care plan and assessment regarding preferences and person centred care; staff do approach service users and meet their needs using their personal knowledge of preferences and individual needs. The staffs person centred approach was underpinned by informed values such as promoting service users choice, independence, dignity and respect which are required to deliver care and support and meet individual continence promotion.

Service users discussed during the inspection that they are satisfied the staff assist them when necessary to meet their continence needs. Service users were also satisfied that the toilet facilities in the setting were accessible for them.

Two staff returned RQIA questionnaires which detailed they feel very satisfied service users are afforded privacy, dignity and respect at all times and service users are encouraged to retain their independence and make choices.

In conclusion the inspection of standard 5, the care plan does inform care regarding individual continence promotion and support and staff deliver care to the service users using a compassionate and person centred approach.

Areas for Improvement

Two recommendations are made regarding Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

The registered manager should review the assessment and care planning documentation and make improvements to ensure specific guidance regarding continence needs is detailed with service user's preferences, choices and person centred information. This information will direct staff how to support and meet individual's continence needs. When referring to continence needs and promotion in care planning records staff should avoid language that is not person centred such as the term "toileting".

The registered manager should make arrangements for the setting to write a policy and procedure for staff regarding continence promotion which references why it is important for staff to promote service users continence, their privacy and protect their dignity. The procedure should detail information such as how this will be done, what resources are in place to promote practice in this regard, how staff identify continence needs and if a referral to a continence professional is required how this is done, how staff ensure they meet needs in a person centred way and support continence needs in a person centred way.

Number of Requirements:	0	Number of Recommendations:	2
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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?

The review of four service users individual records, observation of practice and discussions with staff evidenced are staff actively seeking service users' and their representatives' views and incorporating these into practice, to ensure that choices, complaints or risks are recorded and acted on.

Observation and review of four individual service user records, user group records and discussions with service users evidenced service users are listened to and responded to by staff who are knowledgeable about service users' individual communication needs. One service user had new equipment to aid her communication in the centre. During the inspection the equipment was being personalised with the service user so they could give their views openly using language they are comfortable with and express their preferences.

The inspection of the service users' needs assessment, risk assessments and care plans revealed they had been kept under continual review, review information was clearly recorded in each individual file, plans had been amended as changes occurred and information had been kept up to date to accurately reflect the needs of the service user. The needs assessments and care plans were appropriately signed.

Beech Hall has a user's committee. The member's details with the role of the committee and issues discussed were clearly displayed on a notice board in the corridor. The committee meet at least monthly to discuss suggestions, compliments, complaints raised by users of the centre. The discussion with two representatives revealed service users can approach a representative to bring any issues to the committee or their opinion about the centre. They feel this system works well to resolve any issues and bring forward suggestions. The committee members also sit on other meeting groups in the community and in the trust to discuss issues regarding this service user group and work towards improving services.

There are day centre / trust policies regarding:

- service users' meetings and forums
- listening and responding to service users' views
- service users' involvement in activities and events
- communications with carers and representatives
- general communication arrangements
- safe and healthy working practices
- complaints

In conclusion the inspection revealed staff promote service users' involvement in this setting by gathering service users' views and comments in a variety of ways which is used to shape the quality of services and facilities provided by the day care setting and ensure care is safe and responsive to service users' needs.

Is Care Effective?

There is a range of methods and processes where service users' and their representatives' views are sought, recorded and the records include details of the action taken. The centre has a user's committee who are elected by the service users. They are a group who bring service user issues to the staff team for action, consult with service users re issues raised by staff; and report service user feedback to meetings and form views on activities, the environment in the day centre, and forward recommendations of any improvements that can be made.

The service users spend time with their key worker to discuss their individual issues, they report their views on questionnaires, and are involved in monitoring visits; furthermore service users discuss their individual preferences when they review of their care plan.

Discussion with service users confirmed they felt they had been listened to and consulted. They gave examples of activities, how staff had supported them, how staff seek their views and when their views and preferences had been listened to by staff and integrated in the day care setting. One example of this was the introduction of chickens to the centre, service users said they were involved in the project to buy, name and care for two chickens. Service users said this has brought a new element to the setting. The inspection concluded service users' choices, preferences, opinions or suggestions had been facilitated or implemented effectively and service users said they do feel listened to.

Staff described they ensure service users' dignity and privacy is respected, that service users have choices; and that choice is promoted. This was evident in activities service users choose to be involved in, the committees work, key work sessions, the maintenance of the garden and introduction of the chickens.

In conclusion the inspection provided evidence of compliance with standard 8, service users are involved in this service and service users' views and comments are effectively shaping the quality of services and facilities provided by this day care setting.

Is Care Compassionate?

Discussion with staff and records examined during this inspection showed there is a high level of regard for seeking and respecting individual choices and preferences, keeping service users informed and giving service users a voice and opportunity to express their preferences, wishes and feelings.

Discussion with staff revealed service users are listened and responded to by staff who are knowledgeable about individual service users' individual communication needs. Staff use a range of methods to communicate from using electronic aids to the use of the voice, body language and pictures.

Discussion with service users revealed they feel informed about issues affecting them and are treated with respect. Service users also said they felt comfortable about raising issues with staff as necessary.

During the inspection the inspector observed service users being informed regarding the inspection of the day care setting. Staff encouraged service users to talk openly with the inspector by introducing the inspector and the purpose of the inspection, leaving the room to enable service users to talk confidentially and encouraging service users to discuss their experience of attending this day centre and what they do in the day centre.

Two staff returned RQIA questionnaires from this inspection and reported they are very satisfied staff talk and listen to service users; care is based on individual's wishes and needs; service users are involved in the running of the centre; systems are in place to seek service users views; management respond to service users issues, concerns or complaints; and service users are kept informed regarding any changes or events. They commented "unfortunately staff shortages mean that there is not always the time I would like to talk and listen to service users". On the day of the inspection staff shortages were not evident as a risk to service users' needs being met or interfering with the compliance with this standard. However, this does demonstrate how compassionate the staff are about the quality of care they provide and it is reassuring they are seeking to protect the time they have for talking and listening to service users. Service users did not identify time spent with them discussing their views, opinions and preferences had reduced.

Five service users discussed with the inspector that they feel satisfied to very satisfied that their views and opinions are sought about the quality of the service. Service users commented "I like relaxation and yoga"; "if I want to make a change to my choices I mention it and its implemented". "It's useful to give my views at a review and I can speak to committee members"; "I love this day centre"; "I am very happy in this day centre".

In conclusion the inspection of standard 8 regarding service users' involvement it was clear staff take a compassionate approach to seeking service users' views and comments which are used to shape the quality of services and facilities provided by the day care setting.

Areas for Improvement

No areas of improvement were identified regarding Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.

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

5.5.1. File Reviews

Four service user individual records were reviewed; these were kept in individual files. They contained evidence of assessment; care planning documentation; activity records; risk assessment; review documentation and minutes. The review of these files did identify the assessment and care plan could be improved to incorporate more person centred information and language regarding continence. A recommendation is made in this regard.

5.5.2. Complaints

The complaints record was reviewed and this revealed no complaints had been made in 2014 and one complaint had been made in 2015 at the time of this inspection. These had been investigated and responded to in compliance with the settings policy and procedure. The complainant came from outside of the setting and was regarding where service users could smoke. The manager discussed possible solutions and was very aware of the need for service users to be dry and sheltered when the weather deteriorates. I am satisfied the manager will advocate for the service users preference and challenge any decisions that are not consistent with the service users personal choice.

5.5.3. Staff meetings

The staff meeting minutes were sampled from April to the date of the inspection. The information recorded staff had discussed service users' needs, preferences and this year's inspection standards. The information sampled did not reveal any concerns or improvements required.

5.5.4. Monitoring reports

Monitoring reports were sampled from November 2014 to July 2015: Reports were all recorded as announced visits and the format had recently changed to a less informative format. The inspection of the reports identified the quality of information monitored and the way it is reported on was inconsistent. A requirement is made that visits are a mix of announced and unannounced and the future reports must clearly describe the conduct of the day care setting such as is incident management, service users records, reviews and staffing arrangements are consistent with the day care setting regulations.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with William Brigs, acting 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 28 (3) & (4)</p> <p>Stated: First time</p> <p>To be Completed by: 27 October 2015</p>	<p>The responsible person must ensure future monitoring visits to this setting improve compliance with this regulation by:</p> <p>Reports must evidence there is mix of announced and unannounced visits to this setting.</p> <p>Future reports must clearly describe and report on the conduct of the day care setting: for example incident management, service users records, reviews and staffing arrangements should be reported on and a view given as to whether arrangements are consistent with the day care setting regulations.</p> <p>The returned QIP must detail arrangements put in place to improve these two areas.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The process has been amended in relation to Regulation 28- monthly monitoring visits and will be adhered to by the four managers with responsibility for carrying out this task.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be Completed by: 27 October 2015</p>	<p>The registered manager should review the assessment and care planning documentation and make improvements to ensure specific guidance regarding meeting continence needs is detailed with service user's preferences, choices and person centred information. This should be used to direct staff how to support and meet individual's continence needs.</p> <p>When referring to continence needs and promotion in care planning records, staff should avoid language that is not person centred such as the term "toileting".</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>All service users who currently attend Beechhall centre have had an up to date continence plan completed and this will be reviewed at least once a year or as the individual's needs change. Information relating to supporting each individual's continence be recorded on care plans.</p>
<p>Recommendation 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p> <p>To be Completed by:</p>	<p>The registered manager should make arrangements for staff to access a policy and procedure regarding continence promotion. This document should reference why it is important for staff to promote service users continence, their privacy and protect their dignity. The procedure should detail information such as; how this will be done, what resources are in place to promote practice in this regard, how staff identify continence needs, arrangements for referrals to a continence professional, how</p>

27 October 2015	staff ensure they meet and support continence needs in a person centred way.		
	Response by Registered Person(s) Detailing the Actions Taken: Revised existing continence promotion to reflect best practice and guidance for all staff in promoting continence promotion and shared with all four centres in Programme of Care.		
Registered Manager Completing QIP	William Briggs	Date Completed	27/10/15
Registered Person Approving QIP	Michael McBride	Date Approved	15/11/15
RQIA Inspector Assessing Response	Suzanne Cunningham	Date Approved	18/11/15

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