

# Inspection Report

4 January 2022



## Beech Hall Centre

Type of service: Day Care Setting  
Address: 21 Andersonstown Road, Belfast, BT11 9AF  
Telephone number: 028 9504 9395

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 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 announced inspection was undertaken on 4 January 2022 between 10.00 a.m. and 2.30 p.m. by two care inspectors.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff.

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

### 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.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included the previous inspection report and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- contacting the service users, their relatives, BHSCT representatives and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives. An electronic survey was provided to enable staff to feedback to the RQIA.

### 4.0 What people told us about the service

We spoke with four service users and two staff. Following the inspection we made telephone communication with one relative and one BHSCT community representative.

In addition we received questionnaires from service users/relatives and electronic survey feedback from staff and BHSCT representatives which indicated that they were generally happy with the service provided by the agency. Comments made are included in the report and were discussed with the manager on 24 January 2022 to action as appropriate.

#### Comments received during inspection process-

##### Service users' comments:

- "I come three days a week."
- "I get to see my friends."
- "All the staff is good."
- "I have a key worker."
- "The staff always wear Personal Protective Equipment (PPE)."
- "I come on the bus."
- "I liked the old building as well."
- "Feels like there is not enough staff at times."
- "I'm treated well and respected well."
- "I feel all my needs are met and I am happy."

**Relative comments:**

- “The day centre is a lifesaver.”
- “The staff are always very approachable.”
- “I couldn’t say enough good things about the day care centre.”

**Staff comments:**

- “Service users are well catered for.”
- “We have up to three service users in each room.”
- “We are aware of DoLS and the Mental Capacity Act.”
- “We have confidence in the agency being well managed.”
- “We get regular access to supervision and Staff Development Review (SDR).”
- “We are always updated on Covid-19 changes.”
- “We have the opportunity to discuss issues in daily huddles.”
- “The service makes a huge difference to people’s lives.”
- “Service users are offered a wide range of activities that reflect their personal interests and individualised level of functioning.”
- “This is an excellent place to work, staff often go above and beyond their role to support service users as required.”

**BHSCT community representative’s comments:**

- “I always think the day centre provides the highest level of care.”
- “There is a good multi-disciplinary approach.”
- “Staff are always very attentive to service users.”
- “Staff are approachable and have always acted on any concerns that have been raised.”
- “The day centre is invaluable and life changing for all of the service users who attend.”

**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 inspection to Beech Hall Centre was undertaken on 18 July 2019 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. The organisation had an identified Adult Safeguarding Champion (ASC).

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

It was noted that staff are required to complete classroom based adult safeguarding training during their induction programme and two updates thereafter. Day care setting support staff have also completed adult safeguarding training.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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 had a system for retaining a record of referrals made to the Belfast Health and Social Care Trust (BHSCT) in relation to adult safeguarding. Records reviewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection.

Service users who spoke to us stated 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.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the day care setting's policy and procedures.

All staff had completed DoLS training appropriate to their job roles; records reviewed evidenced training. Discussion with staff clarified their knowledge of the subject. Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate documentation available for review.

The manager told us that the day care setting did not manager service users' monies.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

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

The Manager identified a number of service users who required assistance with eating and drinking due to having swallowing difficulties; some of whom required their food and drinks to be of a specific consistency. Review of the records identified that the risk assessments were consistently reflected in the care plans.

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). It was established that not all staff had completed training in Dysphagia. However, within an agreed timeframe, the Manager forwarded evidence of the completed Dysphagia training for all staff. The information was reviewed and found to be satisfactory.

### 5.2.3 Are their robust systems in place for staff recruitment?

The Manager advised that there were no newly recruited staff to the day care setting since the last inspection. There was a process in place to ensure that new staff are recruited in accordance with the regulations and minimum standards.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and NMC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The Manager told us that the day care setting does not use volunteers or voluntary workers.

### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the day care setting's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and BHSC representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

We noted the following comments on the day care settings quality monitoring report from a service user's relative:

- 'There is no opportunity for outreach at the minute, not the fault of the day centre, due to restrictions.'
- 'The managers have very good systems in place.'

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that one complaint was received since the last inspection and they had been dealt with in accordance to policy and procedure.

Review of daily staffing records indicated that they were not robustly completed to show the staff working each day and the capacity in which they worked. However, within an agreed timeframe, the Manager forwarded revised documentation to be used going forward, which indicated the staff on duty each day and the capacity in which they worked. The information was reviewed and found to be satisfactory.

It was established during discussions with the Manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alert's (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr William Briggs, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care