

Inspection Report

13 September 2024



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

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Mrs Kerri McKee
Responsible Individual: Dr Catherine Jack	Date registered: 29/04/2024
Person in charge at the time of inspection: Mrs Kerri McKee	
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection was undertaken on 13 September 2024 between 9.30 a.m. and 3.40 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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 were also reviewed.

Good practice was identified in relation to service user involvement, staff training and induction and dysphagia management. There was evidence of good governance and management arrangements in place.

We wish to thank the manager, service users and staff for their support and cooperation 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, 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.

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 they had no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "Love coming here, all good."
- "Lively, happy atmosphere in the day centre."
- "Staff are great; love the garden and cannot wait to get in it."
- "Food is good."
- "I can choose to do what I want."
- "It gets you out of the house, I love it. "
- "Helps me socialise with others."

Staff comments:

- "Like working here, I have no issues."
- "This is a great day centre; staff are all supportive of each other."

- “Service users are safe here.”
- “We have good relations with the service users.”
- “New management has been good and positive impact.”
- “Great outreach work to the shops, swimming, library and the market.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided.

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 1 September 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 1 September 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: Second 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: 5.1& 5.2.1 Action taken as confirmed during the inspection: Inspector confirmed that all staff had participated in a fire evacuation drill within the last year.	Met
Area for improvement 2 Ref: Standard 5.6 Stated: First time To be completed by: Immediate and ongoing from the date of inspection	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. This relates specifically to ensuring that individual care plans accurately reflect details of SALT recommendations. Ref: 5.2.3	Met

	<p>Action taken as confirmed during the inspection: Inspector confirmed that service users care plans accurately reflected details of SALT recommendations.</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> <p>Action taken as confirmed during the inspection: Inspector confirmed that staff had completed Dysphagia training.</p>	Met
<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> <p>Action taken as confirmed during the inspection: Inspector confirmed that information recorded was accurate and up to date.</p>	Met
<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>	Met
	<p>Action taken as confirmed during the inspection: Inspector confirmed that this area for improvement had been met.</p>	

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 and staff 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 good 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.

The day care setting retained records of any referrals made to the HSC Trust adult safeguarding team. 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 in keeping with the regulations. Discussion with the manager and records viewed indicated that incidents that had occurred within the day care setting 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 their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required liquid medicine to be administered orally with a syringe. The manager 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 appropriate 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 in place. A DoLS register was in place and information relating to DoLS was noted to be retained in an organised manner.

Details of the person in charge on the day of inspection was clearly displayed along with the menu and daily activities.

All areas used by service users were noted to be warm and comfortable.

It was noted that a fire risk assessment of the day care setting had been completed; there was evidence that actions had been taken to address matters highlighted within the action plan. Staff had completed fire safety training and participated in fire evacuation drills as required. There was evidence to indicate that required fire safety checks had been completed. Fire doors were observed to be unobstructed during the inspection.

Hazardous substances were observed to be stored appropriately and in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

A review of the environment found it to be well decorated, clean, fresh; décor and furnishings in the rooms were matched to the needs of the service users. There was a calm and relaxed atmosphere throughout the day care setting. The dining area was clean and tidy; food provided was observed to be appetising and well presented.

Bathrooms were observed to be clean, tidy and fresh smelling. Handwashing facilities were available.

The office areas were observed to be well organised and information stored in a secure manner. There was a range of key information displayed for staff reference.

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 kept under regular review 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 service user meetings on a bi-monthly basis which gave service users the opportunity 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:

- Christmas

- Walking group
- Staffing
- Dining room experience

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. 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. It was noted that AccessNI check had also been completed for bus drivers and ancillary staff.

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 on a monthly basis by the manager. A spot check completed during the inspection indicated that staff were appropriately trained. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers supporting within 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. The structured induction programme 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. Comments included:

- "I would be lost without it, love it here."
- "The staff always have 'Word search' puzzles for me because they know I love them."

The reports included details of a review of service user care records; accident/incidents; safeguarding matters; DoLS; the environment; and staffing arrangements including recruitment and training.

The Annual Quality Report was reviewed and was satisfactory.

The manager 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 manager audits and the quality monitoring process.

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.

There was a procedure in place to direct staff of the actions required should they be unable to locate a service user whilst collecting them for day care.

There was a process whereby transport staff or an identified person checked the vehicle at the end of each journey to ensure that no service users remained on the transport; a record of the checks is retained.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Kerri McKee, Registered Manager and the Assistant Service Manager, as part of the inspection process and can be found in the main body of the report.



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