

# Inspection Report

26 January 2023



## Bardan Cottage

Type of service: Day Care Setting

Address: 265-267 Kingsway, Dunmurry, Belfast, BT17 9NP

Telephone number: 02890 618869

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> LG Care Ltd	<b>Registered Manager:</b> Miss Joanne Dodds
<b>Responsible Individual/s:</b> Mr Liam Lavery	<b>Date registered:</b> 19/10/2022
<b>Person in charge at the time of inspection:</b> Miss Joanne Dodds	
<b>Brief description of the accommodation/how the service operates:</b>  This is a Day Care Setting with 20 places registered to provide care for people who are living with dementia.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 26 January 2023 between 9.00 a.m. and 1.40 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, Dysphagia management and Covid-19 guidance was also reviewed.

Areas for improvement identified, related to training, fire risk assessment, quality monitoring reporting and management of complaints.

Good practice was identified in relation to service user involvement.

## 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.

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 staff survey.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users, relatives 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 love being here."
- "I enjoy the quizzes."
- "Being at this day centre has changed and saved my life."
- "The manager is a great girl."
- "The staff are never off their feet and will do anything for you."

Service users' relatives/representatives' comments:

- "We are very happy with the service."
- "Staff are brilliant."
- "Staff are very friendly."
- "The staff do an amazing job."
- "A very well run service."

Staff comments:

- "All the staff put in their very best effort."
- "Care is first class."
- "I feel supported in role by manager and the owner."
- "I love working here, first time I have a job that I don't dread going to work."
- "The manager is approachable, I feel I could go to the manager with any concerns."

There were no responses to the questionnaires or staff 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 17 February 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. The organisation had an identified Adult Safeguarding Champion (ASC). The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

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.

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.

On inspection, a number of training modules renewal dates had expired. An area for improvement has been identified in relation to this finding.

The manager reported that none of the service users currently required the use of specialised mobility equipment. They were aware of how to source such training should it be required in the future.

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.

The manager advised that no service users required their medicine to be administered 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) (2016) 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 Deprivation of Liberty Safeguards (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 reflected the required documentation.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. During the inspection fire exits were observed to be clear of clutter and obstructions. It was noted that the last full evacuation drill was undertaken on the 26 August 2022. Fire risk assessments for the centre were available for the inspection and had been completed on 16 November 2021, with a recommended review in November 2022. The fire risk assessment had not been completed in November 2022. An area for improvement has been identified in relation to this finding.

### **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 regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

### **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.

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.

#### **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). 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 robust, structured, at least three day induction programme which also included shadowing of a more experienced staff member.

#### **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, however no report for December 2022 was available on inspection. All other reports were available. An area for improvement has been identified in relation to this finding. 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 and staff. The reports included details of a review of service user care records; accident/incidents and environmental issues. The reports reviewed did not contain any review of training.

The Annual Quality Report was reviewed and was satisfactory.

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 along with current certificates of public and employers' liability insurance.

There was a system in place to manage complaints. The management of the complaints received since the last inspection was not compliant with the day care setting's policy and procedure. An area for improvement has been identified in relation to this finding.

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

Four areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	0

The areas for improvement and details of the QIP were discussed with Joanne Dodds, Registered 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 Setting Regulations (Northern Ireland) 2007.	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20-(1)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that persons employed to work in the day care setting receives mandatory and other training appropriate to their work.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The mandatory training has now been added to the monthly inspection by the registered provider to ensure all staff are keeping up to date with all essential training which is required. The manager is and will support all staff with all additional training to enhance personal development within the work place.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 26 (4)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall have in place a current written fire risk assessment.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> On the day of the inspection documentation which stated a deficiency in the fire risk assessment were found but had not been updated on file, since the inspection the registered provider has reviewed the documents on the 07/02/2023, it has now been signed of as this review was 2 months out of date.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 28(3)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall visit the day centre monthly and prepare a written report.  This relates specifically to one missing report  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> I visit all units regularly during the week. However, unfortunately one reported visit was missed during December 22. (November visit was held on 17-11-22 and January visit was 05-01-23). This was due to myself being unavailable during the week I had earmarked for the visit, and the Christmas period.



	To ensure this one off miss does not happen again, we are in the process of registering another Responsible Individual, to provide cover if I am again indisposed.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 24(3)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of inspection	The registered person shall ensure that any complaint is fully investigated.  Ref: 5.2.6
	<b>Response by registered person detailing the actions taken:</b> The Registered Provider had previously sent a letter to the service user's wife on the 18/08/2022. There has since been no response from the service user's wife. This ultimately resulted in the closing of the case.



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**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