

# Unannounced Care Inspection Report 13 August 2019



## Bardan Cottage Dunmurry

**Type of Service: Day Care Service**

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

**Tel No: 02890 618869**

**Inspector: Ruth Greer**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting with 20 places registered to provide care for people who are living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> GL Care LLP  <b>Responsible Individual(s):</b> Mr Liam John Lavery	<b>Registered Manager:</b> Mrs Louise Harte
<b>Person in charge at the time of inspection:</b> Louise Harte	<b>Date manager registered:</b> 13 October 2016
<b>Number of registered places:</b> 20 DCS-I, DCS-DE, DCS-PH	

### 4.0 Inspection summary

An unannounced inspection took place on 15 August 2019 from 09.00 to 13.45.

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body RQIA have 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 services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with the centre.

This inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective, compassionate care and if the service was well led.

On the day of the inspection there was good evidence that the day care setting promoted service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement. Service users were observed moving freely around the centre and making independent choices in regard to activities, with whom they wished to spend time and food provided.

Evidence of good practice was found in relation to the level of service user involvement in the running of the centre, communication with staff, service users' care records and the valuing of service users as individuals.

Service users said they were happy in the day care setting, that staff were attentive and that the activities were enjoyable. Examples included –

- “I like it here I don’t know what I’d do if I couldn’t come”
- “The staff are very good to us”
- The inspector also spoke with two relatives, both of whom spoke positively of their loved ones’ experience in the centre. Examples included-
- “I just don’t know how I’d manage without X coming here and he really enjoys it too”
- “If it was possible I’d give this place a ‘zillion’ percent there is nowhere like it”.

Satisfaction questionnaires were left for completion by service users and relatives. Two completed by relatives were returned to RQIA in time for inclusion in this report. Both respondents recorded that they were “very satisfied” with all aspects of the care provided. Comments included -

“Entirely brilliant”

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

#### 4.1 Inspection outcome

	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 Louise Harte, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent care inspection dated 9 and 14 November 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 and 14 November 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous inspection report, the returned quality improvement plan and any notifications from the centre to RQIA since that date.

During the inspection the inspector met with ten service users, two relatives and four staff.

The following records were examined during the inspection:

Statement of Purpose  
 Service users' Guide  
 Care files (3)  
 Complaints  
 Accidents  
 Staff training  
 Staff supervision matrix  
 Fire precautions  
 Reports of visits as required by regulation 28  
 Annual quality review report

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 9 and 14 November 2018**

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### **6.2 Review of areas for improvement from the last care inspection dated 9 and 14 November 2018**

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 26(4)(a)  <b>Stated:</b> First time	The registered person shall ensure the fire risk assessment carried out in May 2016 that was identified for review during May 2017 is reviewed without delay.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A fire risk assessment dated 16 November 2018 was in place.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 7  <b>Stated:</b> First time	The registered person shall review and improve the settings statement of purpose, specifically the description of what needs they will meet and admission criteria for the setting. This should be sent to RQIA with the completed QIP and made available to referrers to ensure they have the right information to consider if the setting is suitable to meet service users' needs.  Ref: 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The statement of purpose had been reviewed and a copy forwarded to RQIA	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20  <b>Stated:</b> First time	The registered person shall review and improve the settings procedures and practice in relation to staff recruitment to ensure they are compliant with the Day Care Settings Standard in this regard.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The procedure for staff recruitment had been reviewed and amended. This was found to be compliant with standard 20.	
<b>Area for improvement 2</b>	The registered person shall review staffing,	<b>Met</b>

<p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p>	<p>activities and the environment to ensure the best care and support is delivered each day to meet service users' needs. Any improvements identified should be implemented and monitored for evidence of improvement to ensure the service user group needs are met.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> New sensory equipment has been purchased and an activity template devised to record the choices of service users in relation to the activities the centre provides.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall put in place arrangements to improve staff knowledge, for example improving the induction to include standards and competency, improving the range of training available for staff particularly in relation to meeting service users' needs that have a learning disability and/or complex behaviours and communication needs relating to memory loss and/or dementia.</p> <p>Ref: 6.4</p> <p><b>Action taken as confirmed during the inspection:</b> A range of training (in addition to the mandatory training) has been provided since the last inspection. For example, dementia awareness.</p>	<p><b>Met</b></p>



<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 7.4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall put in place arrangements to review all service users' individual personal information held by the setting. The review should ensure all service users have a current assessment that clearly identifies their assessed needs and plan that identifies how their needs will be met:</p> <ul style="list-style-type: none"> <li>• the assessment should contain information from the referrer regarding the service users' needs.</li> <li>• the service users' needs as identified in the assessment should be consistent with the referral criteria in the settings statement of purpose.</li> <li>• the service users care plans should be reviewed and improved to ensure the plan details how the assessed needs will be met by staff and details how service users individual outcomes/personal objectives will be met in day care.</li> </ul> <p>Ref: 6.5</p> <p><b>Action taken as confirmed during the inspection:</b> A review of all care files had been undertaken by the manager. In the files randomly selected at the inspection it was noted that additional information had been requested from the service users' social workers. A meeting had taken place with the trust at which the criteria for admission to the centre was agreed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review and where possible improve activity plan and delivery to ensure activities are aligned to the needs of the service users and ensures all service users have the opportunity to be involved in day care activities.</p> <p>Ref: 6.6</p> <p><b>Action taken as confirmed during the inspection:</b> Service users' comments and records examined confirmed that the activities provided was in response to the service users wants as well as their assessed needs.</p>	<p><b>Met</b></p>



### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The Bardan Cottage day care centre premises were well maintained and in good decorative order, with no obvious hazards for service users or staff noted on the day of the inspection.

The manager is based in the day centre and is supported by a senior support worker, a team of day care workers and a cook.

On the day of inspection the staffing arrangements were found to be satisfactory and sufficient to meet the needs of service users. Duty records examined contained details of the number of staff on duty, hours worked, and information of the specific care duties allocated to staff. Discussion with the manager, staff, relatives and service users confirmed that staffing levels were appropriate to meet the assessed needs of service users.

Effective arrangements are in place to support staff and include induction, training, supervision and appraisals. The manager stated that any new staff would receive a structured induction to ensure they are familiar with service users' needs along with the settings routines and procedures. Staff recruitment records were not inspected on this occasion.

A review of the staff training records found that all staff had up to date mandatory training and had accessed additional training and development relevant to the needs of service users.

The day care setting had arrangements in place to identify, manage and where possible eliminate unnecessary risks. There was evidence that comprehensive risk assessments and safety management plans were completed inclusive of service users and when appropriate their representatives. Risk assessments were personalised and included information specific to each person and their needs. The records examined provided evidence that the day care setting had attained a balance between promoting autonomy and maintaining safety.

A range of health and safety risk assessments were in place and included fire risk assessments, fire safety training and fire drills. All staff had received up-to-date safeguarding and health and safety training appropriate to their role and were aware of how to identify and report concerns. Staff confirmed that they would have the confidence to report poor practice if they saw it. They felt all their colleagues would do the same and that no one in the centre would tolerate any form of poor practice.

The service undertook regular health and safety checks that ensured a safe environment was maintained. A fire risk assessment dated 16 November July 2018 was in place and was planned for review in November 2019. Records showed that a fire evacuation had taken place in March 2019. Fire training had taken place in February 2019 and was planned for September 2019.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. Notifications of such events were submitted to RQIA as required. A review of the records confirmed that all accidents and incidents reportable and those not required to be reported had been managed in a timely and appropriate manner.

A review of policies confirmed there was a policy and procedure on restrictive practice in keeping with DOH Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberty Safeguards (DoLS). The manager stated that restrictive practice is neither needed nor used in the day centre and on the day none was observed. Individual restraint may be in place for some service users, for example, wheel chair lap belts. Where this was in place there was a corresponding risk assessment in the service user's care plan.

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

Staff were aware of the impact of human rights legislation within their work. They gave examples of promoting and maintaining the rights of service users in the care they provide. For example in how they empower service users to make decisions and choices.

Discussion with service users and staff in regard to the provision of safe care included the following comments:

#### Service users' comments

- "I love the staff"
- "It's a good place to come"
- "The dinners are to die for"

#### Staff comments

- "These service users often don't get out anywhere apart from here. It's important that they have a great time and look forward to coming"
- "We all work well together and the service users' needs always comes first"
- "It's just whatever they ( service user) wants, they're the important ones"

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with the requirements of GDPR.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the centre's environment.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The centre's Statement of Purpose and Service User Guide were reviewed and showed that the documents accurately reflected the elements set out in the regulations and standards.

It was good to note that the Statement of Purpose contained reference to the commitment to promote the human rights of service users.

When a new referral is made to the setting, potential service users are assessed to ensure the centre can meet their identified needs. The potential service user and /or their representative undertake several visits to the centre and are provided with a service user's guide. The service user's guide provides information of the service user's right to full involvement in all aspects of their care. The guide includes information on how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences. The accommodation provided in the centre was appropriate to meet the needs of the people attending. Service users can also enjoy a garden area.

Three care files were chosen, at random, for examination. The care files included referral information, service user agreement, contact information and personal outcomes. A range of assessments were carried out and were specific to each individual's needs. For example, moving and handling, falls risk, swallowing and choking and transport. Each care plan was underpinned by the rights of service users and methods for improving outcomes. The assessments provided information to staff that assisted them to minimise risks and to keep service users safe. Care planning documentation contained regular progress notes. Also evident within the records was the view of the service users themselves as to how they viewed the effectiveness of the care they received. Work has been undertaken to devise and implement a new menu in photographic form.

Records of annual care reviews for each service user demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each file. The record of review also included the views of the service user and/or their representative and was informed by the written progress notes. It was noted that the comments made by service users during their annual reviews were all very positive. Records examined were signed and dated and there was evidence that a regular audit of the documentation was undertaken.

During discussions with staff it was evident the care they provided to service users within the setting was effective. Staff were knowledgeable regarding service users' needs and care plans; they described how intervention with each service user was person centred depending on their individual needs. To ensure continuity of care staff checked daily to ascertain if there were any changes or updates of which they needed to be aware.

The interactions observed between staff and service users throughout the inspection confirmed that staff were suitably skilled and effective in communicating with all service users. There was good evidence of person centred interventions that assured service users were involved and communication opportunities maximised.

Discussion with staff and service users with regard to the provision of effective care included the following comments:

#### Service Users Comments

- “I don’t know what I’d do if I couldn’t come here”
- “I’ve been coming for many years it’s my life”

#### Relatives’ Comments

“My relative has come on by leaps and bounds since she started here. Before she was very withdrawn and now she is the life and soul”.

#### Staff Comments

- “It’s a good centre and we work as a team”
- “Everybody just wants the same thing, the service users’ best interest”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Discussion with service users and observations of care during the inspection showed service users were treated with dignity and respect while promoting and maintaining their independence. Service users were enabled and supported to engage and participate in meaningful activities, social events, hobbies and interests.

Observation of activities during the inspection found service users were encouraged to be comfortable, communicate and have fun. Staff used eye contact and non-verbal cues with service users who had limited communication to ensure what they were doing was consistent with the service users’ preferences. Service users were observed undertaking games, chatting in groups and reading the papers. They were observed being fully assisted by staff who provided encouragement and support. Overall observations of staff consulting with service users during the inspection showed staff seeking opportunities to involve service users in their care and support and empowering service users to achieve their full potential.

Staff responses were noted to be cheerful, appropriate and non-patronising. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with and involvement of service users and, where appropriate their relatives, was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user committee meetings. These are held on several days over a week to ensure all service users have to opportunity to share their views. Minutes of meetings held from 17 to 21 June 2019 were reviewed. This provided evidence that service users had been consulted about a range of matters including corporate issues, for example:

- activities/outings
- menus
- staffing
- monitoring visits
- transport

The inspector was informed that the centre is responsive to changing needs and, where this is needed, advocates for service users. This may take the form of liaising with other professionals to increase additional days of attendance at the centre. There is a well-defined ethos in the centre in place for consulting with service users.

Discussion with staff and service users with regard to the provision of compassionate care included the following comments:

#### **Service Users comments:**

- “Every one of them (staff) is so kind.”
- “It’s good here, staff are good.”

Relatives comments:

- “Staff are wonderful, so friendly”
- “I’ve been a nurse all my life and these people (staff) are among the best I’ve ever seen”.

#### **Staff Comments:**

- “We work hard to ensure that the people who come here have a good time”
- “It’s a very open place; anyone is welcome to call in as you can see relatives are in all the time”.

#### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The Statement of Purpose for the day care service was reviewed. (November 2018). The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. A review of governance records evidenced that staff received individual, formal supervision at least quarterly and an annual appraisal.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

A complaints and compliments record was maintained in the day centre. A review of this record showed that all concerns raised had been taken seriously, dealt with effectively and the complainant informed of the outcome. Compliments had been shared with staff.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and a number of recent reports of May, June, July and August 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were of unannounced visits. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed. Records showed that equality information included communication methods, adult safeguarding and risk assessments where a risk was identified.

Discussion with service users, relatives and staff evidenced that they felt the care provided was well led. They described the service as well planned and they confirmed they are asked to be involved in the monitoring visits.

The manager stated that all staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate and a record of their registration details held in the centre.

Discussion with staff revealed they felt well supported by the manager. They stated that service users are central to the service and they (staff) are aware that they have responsibility to ensure care and support was safe, effective and compassionate. Staff stated that they are supported in their task by staff meetings, supervision and that the manager makes herself available as required. One staff member confirmed that she had had individual supervision sessions in February and May 2019. A review of the minutes of the most recent staff meeting showed that the meetings provide the opportunity to review the work and plan ahead.

Review of the annual quality review report dates April 2019 provided evidence that the contents complied with (Regulation 17 (1) & Schedule 3.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0



## **7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**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