

# Inspection Report

17 February 2022



## Bardan Cottage Dunmurry

Type of service: Day Care

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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

<b>Organisation/Registered Provider:</b> LG Care Limited  <b>Responsible Individual:</b> Mr Liam John Lavery	<b>Registered Manager:</b> Miss Joanne Margaret Dodds Registration pending  <b>Date registered:</b> Application received
<b>Person in charge at the time of inspection:</b> Miss Joanne Margaret 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 took place on 17 February 2022 from 10.00 am to 14.00 pm.

This inspection was underpinned by the by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

This inspection focused on recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Evidence of good practice was found in relation to staffing, communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting including the choices offered and the high standard of meal provision.

There were no areas for improvement.

Service users were asked their views about attending the day care setting and they all responded positively.

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.

### 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 in relation to the day care setting. This included the previous inspection report and quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. One relative response was received and the respondent was very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

One area for improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with several service users and four staff including the manager.

Comments received during the inspection process included:

**Service users' comments:**

- "I love it here , I like the companionship"
- "The food is very good"
- "I enjoy doing the exercises"
- "Staff are very friendly"

**Staff comments:**

- "We had good information during Covid-19 and there was sufficient PPE."
- "We have a brilliant staff team"
- "It is good to work here you have more time in this setting to work one to one"
- "I feel people have a good experience here"

**Relatives' comments:**

- "Staff work hard to make service users feel special"
- "Amazing service it really helps us"
- "When \*\*\*\* was ill they were so kind to her"

## 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 Bardon Cottage Dunmurry was undertaken on 27 January 2020 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 27 January 2020		
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 21 (1) (b), Schedule 2  <b>Stated:</b> First time	The registered person shall ensure that the recruitment process is reviewed. Reasons for leaving previous employments must all be recorded and all gaps in employment must be explored and a satisfactory explanation documented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector viewed the application of a recently recruited staff member which included a reviewed application form which had been amended to ensure candidates were prompted to record and explain all gaps in employment and reasons for leaving previous employments.	

## 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 annual Adult Safeguarding Position report for the agency had been formulated and was reviewed.

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.

Day care staff and 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 Health and Social Care Trust (HSCT) in relation to adult safeguarding. Discussions with the manager indicated that one adult safeguarding referral had been made. This serious matter had been notified to RQIA. On the day of inspection this record could not be accessed but was presented to the inspector following the inspection. The inspector was satisfied that procedures had been followed appropriately and measures taken to minimise future risk. The monthly monitoring report for the incident was reviewed.

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 agency's policy and procedures.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager discussed the ongoing activities to address DoLS practices in conjunction with the HSCT. Representatives from the HSCT have recently visited the setting and are processing formal assessments of capacity. The outcomes of these assessments may result in a review of care plans which will be reviewed at the next inspection.

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.

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

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)?**

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 staff had completed training in Dysphagia and one new staff member was scheduled to attend. This staff member had previous training with another organisation.

The discussions with staff and review of service user 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. Staff also implemented the specific recommendations of the Speech and Language Therapist (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 as identified within the service users' care plans and associated SALT dietary requirements; staff were familiar with how food and fluids should be modified. The inspector viewed the menu choices and the lunch time experience and noted the high standards of food available. The cook was well informed of each service user's dietary needs and these were catered for.

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

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff members commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

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.

The process, on some visits included engagement with service users, service users' relatives, staff and HSCT representatives but some records did not reflect engagement with relatives and representatives on a monthly basis. These matters were discussed with the manager and advice was given regarding accessing recent guidance in respect of monthly monitoring within the RQIA website. Monthly monitoring reports will be reviewed at the next inspection.

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

## **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**

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





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