

# Unannounced Inspection Report 19 January 2017



## Bardan Cottage Dunmurry

Type of service: Day Care Service  
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Inspector: Michele Kelly

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Bardan Cottage Dunmurry took place on 19 January 2017 from 09:45 hours to 15:30 hours.

The inspection sought to assess progress with any issues raised during and since the last inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

On the day of the inspection Bardan Cottage was found to be delivering safe care. Observations of care practices showed there was a culture that ensured service users were safe and protected from harm. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were welcoming and very well maintained.

Five areas for quality improvement relating to safe care were identified during this inspection. They refer to;

- Staff training in the area of manual handling
- Staff induction procedures
- Ensuring evidence of pre-employment checks is available in staff files
- The timescale for staff appraisals
- Full records of staff names included on the rota and transport logs.

### Is care effective?

On the day of the inspection it was determined that the care in Bardan Cottage was effective. Observations of staff interactions with service users and discussions with two service users and a relative provided evidence of effective care. There were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. No areas for quality improvement relating to effective care were identified during this inspection.

### Is care compassionate?

On the day of the inspection Bardan Cottage was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with service users provided evidence they were listened to, valued and communicated with, in an appropriate manner. No areas for quality improvement were identified.

### Is the service well led?

On the day of this inspection there was evidence of effective leadership, management and sound governance arrangements in Bardan Cottage. Staff said that they were well supported in their roles and that suitable training was provided. The registered person who is not directly involved in the day to day operations of the centre visited monthly and provided a report of the visit.

One area for quality improvement was identified and refers to ensuring the policy in respect of restrictive practice is reviewed.

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

**1.1 Inspection outcome**

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	5

Details of the Quality Improvement Plan (QIP) within this report were discussed with Louise Harte, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

**1.2 Actions/enforcement taken following the most recent care inspection**

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 12 January 2016.

**2.0 Service details**

<b>Registered organisation/registered person:</b> GL Care LLP/Mr Liam John Lavery	<b>Registered manager:</b> Mrs Louise Harte
<b>Person in charge of the service at the time of inspection:</b> Mrs Louise Harte	<b>Date manager registered:</b> 13 October 2016

**3.0 Methods/processes**

Prior to inspection the following records were analysed:

- Written and verbal communication received since the previous care inspection
- The previous care inspection report.

During the inspection the inspector met with:

- The registered manager
- Three care staff
- Five service users

- A relative who was visiting the centre.

Questionnaires were given to the registered manager to distribute to service users/ representatives and staff in the centre. Four were returned by service users and representatives and the content is discussed in the main body of the report. There were no questionnaires returned by staff.

The following records were examined during the inspection:

- Staff personnel records
- Induction procedures
- Staff supervision and appraisal records
- Elements of two service users' care files
- Sample of policies and procedures
- Sample of quality assurance audits
- Staff training records
- Minutes of staff meetings
- Minutes of service user meetings
- Three monthly monitoring reports.
- The statement of purpose and service users guide for this setting.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 12 January 2016**

The most recent inspection of the service was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 12 January 2016**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 28 (4) (c) <b>Stated:</b> First time	The registered person should prepare a written report of his monthly monitoring visits.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed the registered provider had visited the centre once per month since the last inspection in accordance with regulation 28. The reports were made available for inspection.	

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>	Care plans should be signed by the service user.	<b>Met</b>
<b>Ref:</b> Standard 5.3 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Three care plans were viewed by the inspector and they had been signed by the service user or their representative.	

### 4.3 Is care safe?

The registered manager outlined the planned daily staffing levels for the day care centre, and confirmed that these levels ensured the assessed needs of the service users were met. Eight service users attended the day centre on the day of inspection. The staff said the team in Bardan Cottage works together, staff are flexible and will support service users in all areas of the setting depending on need. Staff spoken to agreed their priority is to ensure service users' needs are met as described in the care plans, service users are cared for in an environment that is free from harm, risk assessments are addressed and activities are delivered for all service users. A relative who met with the inspector emphasised the individual nature of care within the setting. The staff who spoke with the inspector discussed their role and responsibility to promote the safety and protection of service users in their care. They confirmed they had received safeguarding vulnerable adult training and were aware of their responsibility when a service user is identified as vulnerable or in need of protection.

The staff training record was inspected for 2016. The staff mandatory training record detailed staff had undertaken relevant training through the medium of eLearning. The inspector noted that staff had not had practical face to face training in the area of manual handling. The inspector was advised before the end of the inspection that this training was now scheduled. A recommendation is made to ensure that all staff meets mandatory training requirements to prepare them for their roles and responsibilities.

The manager confirmed that risk management procedures were in place relating to the safety of individual service users. These were observed within care records examined, for example, moving and handling and swallowing risk assessments. Measures in place to minimise identified risks were reflected within care plans and the inspector viewed evidence that these are shared with staff. Care needs assessments and risk assessments reviewed were updated on a regular basis or as changes occurred.

The inspector viewed recruitment information for three staff members and it was noted that one staff member had only one reference on file. Subsequent to the inspection a second reference was located and sent to the inspector. In addition there was no evidence of a physical and mental health assessment in this staff member's file. In two files inspected the Access NI serial/reference number was not recorded but the manager was able to produce emails which verified that Access NI checks and numbers had been received. A requirement is made in respect of the reference and health assessment which were missing from records.

The inspector noted that the staff rota and daily transport logs did not contain the full names of staff on duty; a recommendation is made to address this issue.

Staff had completed an administrative tick list with the manager as evidence of induction. This process should be improved for social care staff so that it also focusses on understanding their role and responsibility and competency when working in a social care setting, as well as administrative tasks. The NISCC induction standards, social care standards and code of practice could be referred to in this regard. Whilst the manager showed the inspector work in progress in respect of improving staff induction a recommendation is made in respect of this.

Some staff had not received an appraisal within their first year of employment. The manager reported these would be completed in the coming months; timescales should be improved in this matter and a recommendation is made.

Infection prevention and control measures were observed as in place. The environment in Bardan Cottage very attractive, spotlessly clean and welcoming. There was comfortable furniture in the group rooms and enough space for service users who had mobility aids and wheelchairs to access areas they wanted to.

Two relatives returned a questionnaire. They answered yes to: their relative is safe and protected from harm in the day centre; they could talk to staff; the environment is suitable to meet their relative’s needs; and they would report concerns to the manager.

Two service users returned questionnaires, one commented;

“Excellent service and staff, I really enjoy going to the day centre. Could not praise it highly enough”

Three care staff spoken with during the inspection gave positive feedback in regard to care provided. No issues or concerns were raised or indicated.

Service users indicated they were very satisfied with the care provided. No issues or concerns were expressed or indicated.

**Areas for improvement**

Five areas for improvement were identified. The organisation should ensure that;

- Staff induction is improved to show all staff are prepared and competent to carry out the duties for their job.
- The timescale for staff appraisals should be improved.
- Evidence of pre-employment checks is available in staff files.
- All staff attend mandatory training in manual handling.
- Full names of staff are included on staff rotas and transport logs.

<b>Number of requirements</b>	1	<b>Number of recommendations</b>	4
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**4.4 Is care effective?**

Discussion with the manager established that staff in the centre responded appropriately to and met the assessed needs of the service users.

A review of three care records confirmed that these were maintained in line with the legislation and standards. Care records examined contained an up to date assessment of needs, risk

assessments and associated care plans. Care records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the service user. Regular notes were recorded at least every five days of attendance.

The inspector saw evidence that service users and/or their representatives were encouraged and enabled to be involved in the review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice. Care records showed that service users were consulted with choice, views and preference reflected within person centred care plans. The service user care records were stored securely and safely in the manager's office. The manager confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included information gathering at the referral stage, multi-professional collaboration, reviews, service users' meetings and staff meetings. The manager, staff and a relative confirmed that an "open door" approach to the manager was available so that anyone can speak directly with her or the person in charge.

The complaints record did not contain any complaints that had been recorded in the last 12 months. Service users and relatives spoken to said they knew if they have a concern or problem they could talk to staff or the manager. They said they were confident this would be addressed in a timely manner to improve care or any concerns they had. The service users and a relative said they did not have any complaints.

One relative commented in a returned questionnaire,

"Care is very well managed. Staff are excellent at meeting needs. Any changes I notify them of is taken on board"

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.5 Is care compassionate?

The manager confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Discussion with staff, service users and one representative confirmed that service users' needs were being met. The inspector observed service users enjoying a three course lunch in attractive restaurant style surroundings. The manager explained that mealtimes in the centre are very important social occasions and the menus are discussed at service user meetings.

The manager, staff and service users, who were able to communicate, confirmed that consent was sought in relation to care and treatment. Discussion with service users and staff along with observation of practice and interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users' rights, independence and dignity. Staff were also able to demonstrate how service users' confidentiality was protected.



The manager and staff confirmed that service users were always listened to, valued and communicated with in an appropriate manner. Discussion with staff, service users, one representative and observation of practice confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

The records of service users meetings were inspected, they provided evidence the meetings had been held regularly. The 2016 annual report for the day care setting was not complete but in progress; the inspector was shown some returned service user surveys. The manager described how staff and professional views would also form part of the completed report.

Service users and representatives who returned questionnaires were satisfied with this aspect of care.

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### 4.6 Is the service well led?

There was a clear organisational structure and all staff demonstrated awareness of their roles, responsibility and accountability. This information was outlined in the centre's Statement of Purpose and Service User Guide. Discussion with the manager identified that she had good understanding of her role and responsibilities under the legislation. The manager confirmed that the registered provider was kept informed regarding the day to day running of the centre.

The manager confirmed that the centre operated in accordance with the regulation framework and that the health and social care needs of service users were met in accordance with the centre's Statement of Purpose.

The centre's certificate of registration with RQIA was displayed in a prominent position.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures examined were systematically reviewed every three years or more frequently as changes occurred.

The centre had a complaints policy and procedure which was in accordance with the legislation and DHSPPS guidance on complaints handling.

A review of policy and procedure on restrictive practice/behaviours which challenge was not deemed appropriate for service users with dementia. The policy referred to 'time out' and 'seclusion' and did not reflect current best practice guidance including the Deprivation of Liberties Safeguards (DoLS). The inspector advised that this policy should be rewritten to address the needs of persons with dementia and fully describe the involvement of representatives in any restrictive measures. A recommendation has been made in this regard. The registered manager explained that 'time out' and 'seclusion' has never been used in the centre and described a range of distraction strategies employed to divert and calm service users who may become distressed.



A monthly monitoring visit was undertaken as required under Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007; a report was produced and made available for service users, their representatives, staff, trust representatives and RQIA to read.

Service users and representatives who returned questionnaires were satisfied with this aspect of care.

### Areas for improvement

One area for improvement was identified during the inspection and refers to reviewing the existing policy on restrictive practice.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Harte, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day centre setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) or assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory requirements

**Requirement 1**

**Ref:** Regulation 21 (1)  
(a) (b) (c)

**Stated:** First time

**To be completed by:**  
Immediate and ongoing

The registered person shall not employ a person to work in the day care setting unless —

- (a) the person is fit to work in the day care setting;
- (b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2;
- (c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.

Refers to missing reference and health assessments in staff files.

**Response by registered provider detailing the actions taken:**

The management have completed all staff files to Regulation 21 and will closely monitor employment practices.

### Recommendations

**Recommendation 1**

**Ref:** Standard 23.2 &  
23.3

**Stated:** First time

**To be completed by:**  
19 March 2017

The registered provider should improve arrangements for staff induction and staff competency assessments in Bardan Cottage Dunmurry.

The process should be improved so it also focusses on role and responsibility; and competency when working in a social care setting, as well as administrative tasks. The NISCC induction standards, social care standards and code of practice could be referred to in this regard.

Evidence of the improved induction process and competency assessment(s) must be available for future inspections.

**Response by registered provider detailing the actions taken:**

The management have been developing and improving induction process and introduced new system

**Recommendation 2**

**Ref:** Standard 22.5

**Stated:** First time

**To be completed by:**  
19 March 2017

The registered provider should improve arrangements for staff appraisal and ensure staff receive an appraisal no less than annually.

**Response by registered provider detailing the actions taken:**

Yearly staff appraisals have been completed and manager will closely monitor time scales for this process

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 March 2017</p>	<p>The registered provider should make arrangements for the settings policy and procedure on restraint and seclusion to be improved to meet the needs of persons with dementia.</p> <p><b>Response by registered provider detailing the actions taken:</b> A review and update of this policy has been completed and forwarded to inspection team for approval.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing</p>	<p>The registered provider should keep a record of staff working each day and the capacity in which they worked.</p> <p>Refers to including the full names of staff on duty rotas and transport logs.</p> <p><b>Response by registered provider detailing the actions taken:</b> Daily reports record the name and role of staff on duty and hours worked.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 February 2017</p>	<p>The registered provider should ensure mandatory training requirements are met.</p> <p><b>Response by registered provider detailing the actions taken:</b> Mandatory training highlighted has completed with all staff</p>

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



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