

# Inspection Report

**Name of Service:** Bardan Cottage Dunmurry  
**Provider:** LG Care Limited  
**Date of Inspection:** 14 January 2025

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>	BHSCT
<b>Responsible Individual:</b>	Mr Liam Lavery
<b>Registered Manager:</b>	Miss Joanne Dodds
<b>Service Profile</b>  Bardan Cottage Dunmurry is a Day Care Setting registered to provide care for older people which includes those who may be living with dementia.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 January 2025 between 8.30 a.m. and 12:45 p.m. This 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.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards, and to assess progress with the area for improvement identified during the last care inspection on 3 July 2023.

A new area for improvement was identified, this was related to the registration of a social care worker with the Northern Ireland Social Care Council (NISCC).

As a result of this inspection, the area for improvement previously identified was assessed as having been addressed by the provider.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the day care setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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.

#### 3.2 What people told us about the service and their quality of life

We observed a range of service users who were participating in an activity and spoke with staff to seek their views of the day care setting. The information provided indicated that there were no concerns.

Staff spoke very positively in regard to the care delivery and management support in the day care setting. One told us that they loved working there, that they get great support from the management and that the service users are well looked after.

There were no responses to the questionnaires and no responses to the electronic survey.

#### 3.3 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 3 July 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was reviewed by the care inspector during this inspection.

### 3.4 Inspection findings

#### 3.4.1 Staffing Arrangements

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.

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, induction programme which also included shadowing of a more experienced staff member. The system in place for professional registrations with the Northern Ireland Social Care Council (NISCC) was not robust, as a staff member whose role has recently changed was identified as not being registered with NISCC. The manager has provided assurance that this has been addressed. An area for improvement has been identified.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

### **3.4.2 The 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 adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Staff were required to complete adult safeguarding training during induction and every two years thereafter. 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. They could also 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.

Staff were provided with training appropriate to the requirements of their role. The manager confirmed that no service users currently required the use of specialised equipment to assist them with moving.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required oral medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be completed before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (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 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 contained the appropriate documents.

A number of service users were assessed by a Speech and Language Therapist (SALT) with recommendations provided in relation to the consistency of their food and fluids.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

The fire risk assessment and the majority of staff fire training were found to be in date. The one remaining staff member to update their fire training, completed this training following the inspection. During the inspection fire exits were observed to be clear of clutter and obstructions. Daily, weekly and monthly fire checks had been undertaken.

### **3.4.3 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.

The day care setting had recently undertaken an evaluation of the service which included feedback from service users with recommendations and actions. The manager has agreed to share this report when available.

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.

### **3.4.4 The arrangements to ensure robust managerial oversight and governance**

There were monitoring arrangements in place. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints had been received since the last inspection.

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

## **4.0 Quality Improvement Plan/Areas for Improvement**

An area for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

The area for improvement and details of the Quality Improvement Plan were discussed with Miss Joanne Dodds, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (2)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediately from the date of inspection	The Registered Person shall not allow a person to work in a position where he may have regular contact with service users in the day care setting, unless they have obtained in respect of that person the information and documents specified in Schedule 2; this refers to registrations with the Northern Ireland Social Care Council (NISCC)  Ref: 3.4.1
	<b>Response by registered person detailing the actions taken:</b> The staff member has now applied for her NISCC, she is currently in the que to have her NISCC approved. They have received all documentation. i am now a wear to make sure all staff in contact with service users will firstly have to be approved by NISCC before they are aloud to be resonsiable for service users within the unit.

***\*Please ensure this document is completed in full and returned via the Web Portal\****



The Regulation and  
Quality Improvement  
Authority

## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

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**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