

# Inspection Report

25 July 2024



## Linenbridge

Type of service: Day Care Setting  
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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> Southern Health and Social Care Trust (SHSCT)	<b>Registered Manager:</b> Mr Darren Campbell
<b>Responsible Individual:</b> Dr Maria O'Kane	<b>Date registered:</b> 17 June 2019
<b>Person in charge at the time of inspection:</b> Assistant Manager	
<b>Brief description of the accommodation/how the service operates:</b> Linenbridge is a day care setting that provides care and day time activities, Monday to Friday. The day care setting is situated on the ground floor of a multi-use complex and is accessed through a separate main entrance. The setting is divided into two areas, one area provides support and care for service users who have a learning disability and the other area provides support and care for service users who are living with physical disabilities. The day care setting is managed by the SHSCT.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 25 July 2024 between 9.30 a.m. and 4.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting'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.

No areas for improvement were identified.

Good practice was identified in relation to service user involvement, infection prevention and control practices, dysphagia management and staff training. There was evidence of good governance and management arrangements in place.

We would like to thank the assistant manager, service users and staff for their support and co-operation throughout the inspection process.

### 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 any previous areas for improvement identified, 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 easy read 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 and staff members.

The information provided indicated that they had no concerns in relation to the day care setting.

Comments received included:

#### **Service users' comments:**

- "This is a great place to come and the staff are all very kind. We are going out for coffee this morning. I enjoy the outings from the centre."
- "I get to choose what I do when I am here. Staff always take time to listen to me."
- "I like colouring and doing jigsaws. I pick what I want to colour and staff print the pictures off."
- "The dinner we get is lovely and I get a choice of dinner; you couldn't get better."
- "We have discos here."

## Staff comments:

- “Very good staff training is provided and we receive a reminder regarding the update training due date. The training is relevant to our role.”
- “I recently started working in the day centre. I had a really detailed induction and all staff were very supportive and still are.”
- “Service users are encouraged and supported to make choices on how they want to spend their day here. Care records are detailed and outline service users’ interests and preferences.”
- “I have regular supervision and if I had any issues I could approach management at any time. We also have regular staff meetings.”

Returned questionnaires indicated that the respondents were generally satisfied with the care and support provided. All comments were positive with the exception of one. All questionnaire responses were shared with the manager following the inspection for further consideration and action, as appropriate.

Written comments included:

- “Love it.”

No staff responded to the 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 31 October 2023 by a care inspector.

Areas for improvement from the last inspection on 31 October 2023		
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 (2)(b) <b>Stated:</b> Third time	The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state or repair externally and internally. The following maintenance issue must be addressed: <ul style="list-style-type: none"><li>• Replace the identified window units.</li></ul>	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> A confirmation date for the replacement of the identified window units was provided by the manager.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 26 (4)(d) <b>Stated:</b> First time	The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839.  <b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. Review of the weekly testing of the fire alarm system record evidenced that this area for improvement had been addressed.	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 21 (1)(b) (2)(b) (3)(d) <b>Stated:</b> First time	The registered person shall ensure that AccessNI pre-employment checks are satisfactorily carried out for all staff before they commence employment.  <b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the person in charge confirmed that this area for improvement had been addressed. Review of records evidenced that AccessNI pre-employment checks had been completed for a number of staff following the previous care inspection.	<b>Met</b>

## 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).

Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately. Adult safeguarding matters were reviewed as part of the quality monitoring process.

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. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

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.

All staff had been provided with training in relation to medicines management. The person in charge advised that one service user required their liquid medicine to be administered orally with a syringe. A competency assessment had been undertaken before staff undertook this task.

Staff had completed 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.

There were systems in place to ensure staff were trained and supported to do their job. Staff mandatory training was maintained on an up-to-date basis. Staff spoke positively on their training and how it was provided.

The environment was observed during a tour of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided.

It was identified that items were stored in accordance with Control of Substance Hazardous to Health (COSHH) guidance.

The day care setting was found to be warm, fresh smelling and clean throughout. Fire exits were observed to be clear of clutter and obstruction.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users and staff, it was positive to note that service users had an input into devising their own plan of care. Care plans were detailed and contained specific information on each service users' care and support needs and what or who was important to them.

It was also positive to note that the day care setting had regular service users' meetings which enabled the service users to discuss what they wanted from attending the day care setting and any activities they would like to become involved in. Service users said they felt well looked after and would speak to staff if they had any concerns. They also told us their views and opinions are sought as well as integrated into practice.

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

There was a range of activities and outings provided for service users. The range of activities included gardening, quizzes, art therapy and walking groups.

### **5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

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.

Discussions with staff and review of service users' 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. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the 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. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified. Service users were complimentary about the provision of the meals and were satisfied with the choices available.



#### **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) and the Nursing and Midwifery Council (NMC); there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge advised that there were no volunteers deployed 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 induction in place which included shadowing of a more experienced staff member.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Records viewed indicated that staff had completed required training.

Staff described working the day care setting positively and said there is good teamwork and they had received a good induction to their role.

#### **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. 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, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; dysphagia management; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory; there was evidence of engagement with service users, their relatives and other key stakeholders.

The person in charge advised 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.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure.



Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with service users concluded they are aware of the day care setting's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

There was a system in place for managing instances where a service users did not attend the day care setting as planned. This included a system for signing in and out the service users who attend.

There was a system in place where an identified person checked the vehicle at the end of each journey to ensure that no service users remained on the transport.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Assistant Manager, Complex Care Manager and the Governance Lead, SHSCT, as part of the inspection process and can be found in the main body of the report.



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