

Unannounced Care Inspection Report 26 November 2020



Linenbridge

Type of Service: Day Care Setting
Address: 20 Meeting House Road, Banbridge, BT32 3ER
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Inspector: Angela Graham

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Linenbridge is a day care setting with 60 places that provides care and day time activities Monday to Friday. The day care centre 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 up to 40 service users who have a learning disability and the other area provides support and care for up to 20 service users who are living with physical disabilities.

3.0 Service details

Organisation/Registered Provider: Southern Health and Social Care Trust (SHSCT)	Registered Manager: Mr Melyvn Purdy (Acting Manager)
Responsible Individual: Mr Shane Devlin	
Person in charge at the time of inspection: Mr Melyvn Purdy	Date manager registered: Not applicable

4.0 Inspection summary

An unannounced inspection took place on 26 November 2020 from 09.50 to 17.10.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 04 December 2019. Since the date of the last care inspection, RQIA was notified of a small number of incidents which had occurred within the day care setting. Whilst RQIA was not aware that there was any specific risk to the service users within Linenbridge a decision was made to undertake an on-site inspection adhering to social distancing guidance.

We reviewed the dates that criminal records checks (AccessNI) had been completed to ensure that they were in place before commencement of employment. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager and service users. We also reviewed the list of all Covid-related information, disseminated to staff.

All those spoken with indicated that they were happy with the care and support provided.

One area for improvement was identified during the inspection in relation to obtaining copies of service users' continence promotion assessments.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control, the use of personal protective equipment (PPE) and Covid-19 education.

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

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 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Mr Melvyn Purdy, manager and the assistant 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.

4.2 Action/enforcement taken following the most recent care inspection dated 04 December 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 04 December 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report, the returned QIP and written and verbal communication received since the previous care inspection.

During the inspection, we met with the manager, assistant manager, a day care worker, three day care support workers and six service users.

To ensure that the appropriate staff checks were in place before commencement of employment, we reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19 guidance.

The assistant manager advised that there had been one safeguarding incident since the date of the last inspection. The assistant manager confirmed that one complaint was received since the date of the last inspection. We discussed the complaint that the day care setting had received and deemed that the complaint had been managed appropriately. The assistant manager confirmed that local resolution had been achieved in relation to the complaint. No complaints or concerns were raised by service users during the inspection. We also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 28.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. Five users/relative questionnaires were returned to RQIA within the timeframe for inclusion in this report.

Five areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met for four and partially met for one.

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

6.0 The inspection

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
Area for improvement 1 Ref: Regulation 15 (b) Stated: First time To be completed by: 31 January 2020	The registered person shall obtain where applicable a copy of each service user's continence promotion assessment.	Partially met
	Action taken as confirmed during the inspection: We reviewed elements of three care records and a copy of the service user's continence promotion assessment was available in two of the three records reviewed. This area for improvement has been partially met and is stated for a second time.	
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 31 January 2020	The registered person shall ensure that written continence management plans where necessary are in place.	
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of elements of three care records evidenced that this area for improvement had been addressed.	
Area for improvement 3 Ref: Regulation 20 (1) (c) Stated: First time To be completed by: 31 January 2020	The registered person shall ensure staff are provided with training on continence promotion.	Met
	Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager confirmed that all staff have completed e-learning regional continence awareness training. Review of	

	staff training records evidenced additional continence promotion training was provided on 12/02/2020, 13/02/2020 and 12/03/2020.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.2 Stated: First time To be completed by: 31 January 2020	<p>The registered person shall ensure the staffing levels at peak times are reviewed to make sure that all service users assessed needs can be met.</p>	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Discussion with the manager confirmed that a review of staffing levels and duties undertaken during peak times had been undertaken following the last care inspection. The manager confirmed that the current staffing levels meet the service users' assessed care and support needs.</p> <p>No complaints or concerns were raised by service users or staff in relation to staffing levels during the inspection.</p>	
Area for improvement 2 Ref: Standard 21.8 Stated: First time To be completed by: 31 January 2020	<p>The registered person shall ensure that induction records and pre-employment checklists are signed and dated.</p>	Met
	<p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of two staff files evidenced that this area for improvement had been addressed.</p>	

6.1 Inspection findings

Recruitment records

The assistant manager confirmed that staff employment records were held within the SHSCT human resources department and that all staff appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

We reviewed documentation in two staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The NISCC matrix reviewed confirmed all staff are currently registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager. The manager confirmed that all staff are aware that they are not permitted to work if their NISCC registration has lapsed. Discussion with staff confirmed that they were registered with NISCC. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

Care records

We reviewed elements of three service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

An area for improvement identified at the last care inspection regarding obtaining, where appropriate, a copy of each service user's continence promotion assessment was reviewed during the inspection. We reviewed elements of three care records and a copy of the service user's continence promotion assessment was available in two of the three records reviewed. This area for improvement has been partially met and is stated for a second time.

Discussion with the manager and staff confirmed that they had endeavoured to obtain copies of service users' continence promotion assessments from Health and Social Care (HSC) professionals but were unsuccessful on a number of occasions.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The manager described how service users were encouraged and supported to be fully involved in their annual care reviews; records which were examined verified that service users had access to an initial and annual care review. The sample of review records viewed evidenced positive feedback regarding attendance at the day centre.

Discussion with the staff and service users assured the staff in this setting had responded to service users' wishes, feelings, opinion and concerns with the aim of ensuring service users were experiencing the most effective day care in this setting. Discussions between service users and staff were observed on the day of the inspection, staff encouraged service users to discuss their preferences and staff engaged them in developing their cognitive, physical and social skills through discussion and activities.

Complaints and compliments record

A complaints and compliments record was maintained in the day care setting. The assistant manager confirmed that one complaint was received since the date of the last inspection. We discussed the complaint that the day care setting had received and deemed that the complaint had been managed appropriately. The assistant manager confirmed that local resolution had been achieved in relation to the complaint. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Monthly quality monitoring

We discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. The Regulation 28 quality monitoring visits had been undertaken monthly by the monitoring officer. A sample of reports viewed for September to November 2020 provided evidence that the monitoring process included engagement with service users, service users' representatives and staff; a review on the conduct of the agency and development of action points.

Adult safeguarding

The assistant manager confirmed that the organisation's adult safeguarding practices are directed by the regional Adult Safeguarding Prevention to Protection in Partnership, July 2015 and its associated Operational Procedures, September 2016. An Adult Safeguarding Champion (ASC) was identified for the service. Discussion with assistant manager further confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to appropriate professionals. Discussion with staff established that they were aware of the roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records. The assistant manager advised that one adult safeguarding referral was made since the last care inspection.

Stakeholders' Views

Discussion with service users and staff evidenced that they felt the care provided was safe, effective, compassionate and well led. The following is a sample of comments made:

Comments from service users' included:

- "I feel safe here, staff always wear their PPE."
- "Staff clean continually during the day, they clean things like door handles and tables."
- "I enjoy coming here and staff are very supportive; they always have a smile for you."
- "Staff listen to me and I can choose what I want to do when I am here."
- "I like coming and I like doing my drawings."
- "Staff remind us about hand hygiene."
- "I like coming here and I missed it when I couldn't come."
- "The centre is cleaned all the time."

Comments from staff included:

- "I have had IPC training including PPE training, waste management and donning and doffing training."
- "Management are very supportive."
- "Lots of PPE available and good quality. We have donning and doffing stations throughout the centre."
- "Brilliant induction and the girls were all very helpful."
- "We encourage the service users to wash their hands and each service user has their own table and individual activity equipment."
- "We have a Covid-19 file with lots of information to use as reference material."
- "We sign for cleaning four times per day but we clean much more often than that."
- "The centre's nurse has provided PPE training including donning and doffing. She observed us donning and doffing our PPE."

Five completed service user/relatives' questionnaires were returned to RQIA. The respondents indicated that they were very satisfied or satisfied that the care provided was safe, effective, compassionate and well led. Comments included: "Carers are professional and care about us not just for us"; "I feel important and valued."; "Proactive care." and "Excellent."

Covid-19

The environment was observed during the inspection 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. Hand sanitisers were strategically located throughout the day care setting.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19.

Staff training records confirmed that staff had received training in infection prevention and control in line with their roles and responsibilities. Observation of staff practice evidenced that staff adhered to infection prevention and control procedures.

Staff had also completed training in relation to Covid-19 and training on the donning (putting on) and doffing (taking off) of PPE. The manager further described how signage was displayed in relation to donning and doffing guidance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. PPE audits were undertaken. We reviewed a sample of PPE audits which we found to be satisfactory. All service users spoken with confirmed that the staff wore PPE appropriately.

Environmental changes and changes to the routines of the day care setting had been made, to ensure that social distancing could be maintained. Meal times had been staggered and chairs in activity rooms had been rearranged to ensure that the two metre distance could be maintained.

There was also a system in place to ensure that staff and service users had their temperatures checked twice daily and wellness checks recorded.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building and a decontamination schedule for areas such as the sensory room.

A Covid-19 file was available and included information related to:

- Covid-19 IPC guidance
- BMJ Best practice Covid-19
- Enhancing communication during Covid-19
- PPE Table 4
- Covid-19 How to make personal protective equipment less daunting for people with learning disabilities
- PPE safe use of visors

- How to work safely in care homes

It was positive to note that easy-read documents were available to the service users, which included:

- Mencap stop the coronavirus
- Why we wear PPE
- PHA Coronavirus Covid-19

It was also positive to note that staff had developed a booklet for service users titled “My return to Linenbridge memory book during Covid-19”. The booklet supported service users on their return to the day care setting.

We reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- dissemination of information to staff
- monitoring of staff practice
- infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19
- staff training and guidance in relation to infection prevention and control and the use of PPE, in line with guidance

We reviewed records relating to infection prevention and control policies which were in line with the guidance.

The procedures and guidance in place evidenced that:

- robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff
- there are effective systems in place to monitor staff compliance with good infection prevention and control practices
- all staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service

From feedback, it was positive to note that staff were working well together to support the best outcomes for service users, in a caring manner whilst being caring and compassionate to both service users and their relatives.

It was also noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by service users in their comments. Staff are being vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to recruitment practices, staff registrations with NISCC, communication between service users, staff and other key stakeholders, compliance with Covid-19 guidance, the use of personal protective equipment guidelines, Covid-19 education and management including infection prevention and control measures.

Areas for improvement

One area for improvement was identified in relation to obtaining copies of service users' continence promotion assessments.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Melvyn Purdy, manager and the assistant manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 care 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.

7.1 Areas for improvement

An area for improvement has been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 15 (b)</p> <p>Stated: Second time</p> <p>To be completed by: 31 January 2021</p>	<p>The registered person shall obtain where applicable a copy of each service user's continence promotion assessment.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Craigavon and Banbridge daycare staff (Manager, Assistant Managers, LD Nurse and Day Care Workers) now have access to PARIS and are able to view continence information for Service Users which is in a format that staff are able to understand. A continence management plan will be devised in line with these continence assessments where applicable. Daycare staff are now able to see specific product prescription and dates of reviews also.</p>



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