

Unannounced Care Inspection Report 4 December 2019



Linenbridge

Type of Service: Day Care Service

Address: 20 Meeting House Road, Banbridge, BT32 3ER

Tel No: 028 4062 6773

Inspector: Maire Marley

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 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

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| Organisation/Registered Provider: Southern HSC Trust Responsible Individual: Shane Devlin | Registered Manager: Darren Campbell |
| Person in charge at the time of inspection: Darren Campbell | Date manager registered: 17 June 2019 |
| Number of registered places: 60 | |

4.0 Inspection summary

An unannounced inspection took place on 4 December 2019 from 9.30 to 17.00 hours.

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.

RQIA, as a public-sector body have 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 services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to, staff training, staff induction, activities, communication with health professionals and families and the general environment.

Five areas of improvement were identified during this inspection in relation to incontinence assessments, maintenance of records, pre- employment checklists and staffing.

Service users said:

- "Staff are exceptional however at times they can be very stretched, it (staffing) has improved recently."
- Excellent centre and care is very good."
- "Great place, I enjoy my days here."

Comments made by service users during the inspection were very positive and complimentary regarding the safety of the service, the staff and the management team. Their comments confirmed that staff treat them in a polite dignified manner.

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

4.1 Inspection outcome

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 3 | 2 |

Details of the Quality Improvement Plan (QIP) were discussed with Darren Campbell manager and two assistant managers, 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 19 February 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 February 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the registration details of the day centre
- information and correspondence received by RQIA since the last inspection
- unannounced care inspection report dated 19 February 2019

During the inspection the inspector was introduced and spoke informally to all service users, spoke to three service users privately, six service users in their activity room and spoke with four staff members.

Service Users' comments during the inspection:

- "Very safe place, if I had any worries I would talk to B...."
- "Lots of things to do if you don't want to do an activity, you just tell staff."
- Movers and shakers group meet monthly, good avenue for discussion and planning events"
- "Staff team are always willing to listen and more importantly respond."

Staff comments during inspection:

- “Safe care maintained by risk assessments, care plans, staffing, training and maintaining a safe environment.”
- “Care is very person centred, very individualised, staff are very professional.”
- “Communication is central to effective care and team are very good at communicating.”

A range of documents, policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

Ten service user and/or representatives’ questionnaires were provided for distribution. No questionnaires were returned in time for inclusion in this report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 February 2019

The most recent inspection of the day care setting was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 19 February 2019

| 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 24 (3) (8) Stated: First time | The registered person shall ensure: <ol style="list-style-type: none"> The identified complaint is investigated in accordance with the SHSCT complaint policy and procedures. The outcome of the identified investigation should be submitted to RQIA. Ref. 6.5 | Met |
| | Action taken as confirmed during the inspection: The outcome of the complaint was submitted to RQIA as requested and confirmed that the complaint was investigated in accordance with | |

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| | the SHSCT procedures. During the inspection the information was validated and it was noted that the records reported the complainant was satisfied with the outcome of the complaint. | |
| Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012 | | Validation of compliance |
| Area for improvement 1 Ref: Standard 5.2 Stated: First time | The registered person shall ensure improvements identified in regard to the two care plans as detailed in section 6.5 of this report has been addressed. Ref: 6.5 | Met |
| | Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, examination of information detailed in care plans and a review of staff training records confirmed this area of improvement had been addressed. | |
| Area for improvement 2 Ref: Standard 3.2 Stated: First time | The registered person shall ensure that service users agreements are signed and dated and include if consent to photography is provided. Ref: 6.5 | Met |
| | Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan, along with a review of a sample of service user's agreements confirmed that this area of improvement had been addressed. | |
| Area for improvement 3 Ref: Standard 15.3 Stated: First time | The registered person shall ensure each service user has an annual care review. Ref: 6.5 | Met |
| | Action taken as confirmed during the inspection: The information in the returned Quality Improvement Plan and discussion with staff found this area of improvement had been addressed. Care records viewed on the day were found to have up to date review meetings with minutes of the meetings maintained. | |

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

On arrival at the day centre the inspector was informed that due to industrial action transport was not provided and only those service users who could make alternative arrangements would be attending the centre. It was noted that attendance was low.

During the tour of the building it was observed that Linenbridge day centre was well maintained and in good decorative order, with no obvious hazards for service users or staff noted. Fire exits were clear and there were suitable supplies of hand sanitizers throughout the building.

Staff records examined confirmed that competency and capability assessments were in place for staff who assumed responsibility in the absence of the manager.

The day care worker who accompanied the inspector on a tour of the building described the staffing arrangements which had been assessed as necessary to provide a safe service in the setting. Assurances were provided that sufficiently qualified, competent and experienced persons are working in the centre to meet the range of needs accommodated. A sample of duty records examined contained details of the number of staff on duty; hours worked and confirmed that staffing levels were maintained. It was noted the centre continues to avail of bank staff, and it was pleasing to note that some bank staff had been successful in obtaining posts within the day centre.

The duty rosters examined showed there was sufficient staff, however following discussion with staff and service users who spoke of staffing being stretched at peak times along with a review of care practices, management were asked to review the deployment of staff at peak times. This is an area identified for improvement.

Effective arrangements are in place to support staff and included structured induction, training, supervision and appraisals. Examination of an induction programme confirmed that new staff receive a structured induction to ensure they are familiar with service users' needs along with the setting's routines and procedures. Relevant policies and procedures are reviewed and staff are supported to complete the induction standards workbook set down by The Northern Ireland Social Care Council (NISCC). Discussion with a staff member who was deployed from an agency along with their induction record confirmed the staff member had received an induction appropriate to their role. The staff member said "prior to commencing duty she had met with the manager and this provided an opportunity to discuss role and expectations and for the manager to get to know my strengths." It was noted that induction records and pre-employment checklists were not always signed and dated. This is an area of improvement.

A review of training records found that mandatory training was up to date; in addition, staff had accessed other training and development courses relevant to the needs of service users.

Discussion with the management team and staff confirmed there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals.

Staff demonstrated their awareness of their safeguarding roles and responsibilities and confirmed that they would have the confidence to report any concerns in regard to a service user's well-being or a colleague's poor practice and were confident they would be supported by management. Training records sampled confirmed that training was up to date and had been provided for staff in March 2018. It was noted several incidents involving behaviour had been referred to the adult safeguarding team in a timely manner.

Regular health and safety checks were in place to ensure a safe environment was maintained. A fire risk assessment was in place and had been reviewed on 5 June 2018 with a further review planned for June 2020. Records showed that a fire evacuation had taken place on 24 May 2019 and fire training was up to date.

Arrangements had been implemented in regard to the recording and reporting of accidents and incidents. A review of the accident records from April 2019 to 8 November 2019 confirmed that there had been twelve accidents/incidents recorded during that period. The accidents/incidents had been managed appropriately and medical assistance sought in a timely manner and notifications had been submitted to RQIA as required.

A range of policies in keeping with Department of Health (DoH) Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) were in place. Records showed that staff had attended training on restrictive practice on 1 October 2019 and the day care worker confirmed this included information on the Mental Capacity Act and the implications of this legislation for day care. Management reported that an independent staff member from the Trust was undertaking an audit in regard to restrictive practices as detailed in the Mental Capacity within two days of the inspection. The outcome of this audit will be examined in future inspections.

Arrangements were in place to ensure service user care records and staff personnel records were stored securely in line with General Data Protection Regulation (GDPR). This meant people could be assured that their personal information remained confidential.

During a walk around the day care setting, it was observed that the environment was warm, clean, fresh smelling and had suitable lighting and heating. The standard of hygiene observed throughout the centre was found to be very good and infection prevention measures were in place.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, supervision and appraisal, adult safeguarding, infection prevention and control and environment.

Two areas for improvement were identified during the inspection and related to the completion of induction records and the deployment of staff during peak times.

| | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 2 |

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose and Service User Guide were reviewed and revealed that the documents reflected the elements set out in the regulations and standards. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with the Statement of Purpose.

Prior to the inspection RQIA had received intelligence and as a result this inspection focused on the management of incontinence. The day centre has a continence promotion policy and procedure in place. The document covered roles, responsibilities, where to access support regarding continence and protecting service users' privacy, dignity and independence.

In regards to continence promotion, discussions with three care staff concluded there were an identified number of service users attending Linenbridge day centre that need staff support and assistance with their personal care. Staff were observed to be respectful, sensitive and diplomatic in the language used to support and assist service users who have continence support needs and a cognitive impairment. Staff described how they ensured service users privacy and dignity were respected; were knowledgeable about the use of personal protective equipment and where continence products are stored. Staff explained some service users only need staff support to orientate them to the bathroom and others require two staff members to assist them. Several service users have a preference regarding the bathroom they use. Staff records examined revealed several staff had not received training on continence promotion and other staff were in need of refresher training. An area of improvement has been made in this regard. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

Discussions with two service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserve their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. These service users stated care staff knew them very well. No issues were raised in regard to their personal care.

Five care files were chosen, at random, for examination and focused on the quality of information pertaining to continence promotion and support. It was noted that incontinence where necessary had been reviewed, however there were no incontinence assessments, there was no evidence of a management plan and there were no details in regard to the personal incontinence protection. This is an area of improvement.

Two records contained a personal care record; however entries were inconsistent and on one occasion it was recorded that "a service user requested to use the bathroom but staff were unable to facilitate as staff were supervising some-one else". As detailed in section 6.4, an area of improvement was made in regard to the deployment of staff at peak times. Additionally an area of improvement is made in regard to maintaining records that are accurate, up to date and signed by the staff making the entry, the records should be reviewed periodically and signed by the manager.

Confirmation was provided that service users brought their own individual products to the centre and could retain responsibility for them or the products could be stored discreetly in a cupboard. It was noted that supplies were named and appropriately stored in cupboards.

Bathrooms were noted to be well equipped and there was a range of aids available to assist staff. Supplies of gloves and aprons were easily accessible to staff. Staff training in regard to infection control and prevention was provided in February 2019, it was noted that staff require refresher training in continence promotion.

Examination of a sample of annual care review reports demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. A written record of the review was contained in each service user's file. The report included the views of the service user and/or their representative and was informed by the written progress notes. Records examined were signed and dated by the staff member and service user and there was evidence that a regular audit of the documentation was undertaken.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the audits of records, communication between service users, staff and other key stakeholders.

Areas for improvement

Three areas for improvement was identified during the inspection of this domain and related to improving care records relating to continence promotion, maintaining records that are accurate, up to date and signed appropriately and providing staff with refresher training on continence promotion.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 1 | 2 |

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

This inspection sought to assess the day care setting's ability to treat service users with dignity, equality and respect, and how they involve service users in decisions affecting their care and support.

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care, individual attainable goals and social interactions.

Throughout the inspection staff were observed to stimulate and encourage service users to participate in a range of therapeutic activities that promoted positive outcomes for their health and well-being and encouraged meaningful social engagement. On the day of the inspection activities were facilitated by staff and the inspector noted service users approached staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Staff who engaged with the inspector spoke positively about the service and the ongoing benefits of the service to both service users and their representatives.

Staff described the informal arrangements in place that ensured service users were consulted on a daily basis and their views and opinions sought. This included daily ongoing discussions with service users and checking before the commencement of each activity that people were willing to participate. More formal arrangements to promote effective communication with service users and/or their representatives were facilitated through annual care reviews and service user meetings. A sample of the minutes of service meetings found evidence of service user involvement in the decision making process.

It was good to note that the views of service users are sought and recorded during the monthly monitoring visits, annual satisfaction surveys are also distributed to service users and their families and the outcomes of the survey are included in the Annual Quality Report.

Service users spoken to during the inspection were positive in their comments and no issues were raised with the inspector.

Areas of good practice:

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users and their representatives.

Areas of good practice

No areas for improvement were identified during the inspection of this domain.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of areas for improvement | 0 | 0 |

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Linenbridge day centre is managed by Darren Campbell who also has management responsibility for a further two day care centres. The manager is supported by two assistant managers and a team of day care workers and support workers. The manager joined the inspection at intervals throughout the day. The inspection was facilitated in the main by the day care worker who demonstrated a good understanding of The Day Care Setting Regulations, minimum standards and the systems and processes in place for the daily management of the setting.

A review of the Statement of Purpose found it had been updated by the provider in 2019. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by regulation.

Inspection of the premises confirmed that the certificate of registration was up to date and displayed within a prominent position.

Discussion with staff confirmed they were aware of their roles, responsibilities and accountability under the day care legislation. There are systems in place to monitor staff

performance and ensure staff are provided with support and guidance. This included the availability of continuous refresher training, supervision and appraisals processes, team meetings and an open door policy to the management team. Appropriate records were maintained and were noted to be current and up to date.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the management team.

A complaints and compliments record was maintained in the day centre. A review of the complaint record showed there had been a number of issues raised since the last inspection, the last recorded complaint was dated 9/8/2019 and the manager provided an update on the ongoing investigation. Management agreed to forward the outcome of the complaint to the RQIA. Discussion with service users confirmed they would speak to the person in charge or any member of staff if they had a concern or were dissatisfied with their day care experience. Several compliments had been received by the setting and were displayed for staff to view.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring reports were completed by the service and the reports of August, September and October 2019, were inspected and found to be satisfactory.

These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The monitoring arrangements identified improvements carried forward and progress was reviewed as part of each subsequent monthly monitoring visit.

During the inspection the setting's leadership, management and governance arrangements were assessed and found to be in line with the regulatory framework.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff training and support and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 0 | 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 Darren Campbell manager, two assistant managers and a day care worker, 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

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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

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|---|---|
| Area for improvement 1 Ref: Regulation 15 (b) Stated: First time To be completed by: 31 January 2020 | <p>The registered person shall obtain where applicable a copy of each service user's continence promotion assessment.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Where applicable continence promotion assessments will be held in service user file. This information is currently available on PARIS and day care staff do not currently have access. Service Users who have continence issues will have their needs identified on NISAT Assessment; Risk Assessment & Care Plan.</p> |
| Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: 31 January 2020 | <p>The registered person shall ensure that written continence management plans where necessary are in place.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Day Care staff are completing continence management plans in conjunction with Day Care Nurse, these plans will be completed by 29/02/2020</p> |
| Area for improvement 3 Ref: Regulation 20 (1) (c) Stated: First time To be completed by: 31 January 2020 | <p>The registered person shall ensure staff are provided with training on continence promotion.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Continence promotion training was completed on 02/10/2018 by the previous Day Care Nurse. By 10/01/2020 all staff in Linenbridge have also completed E-Learning Regional Continence Awareness training. Day Care Nurse will complete Continence Assessors Training on 06/02/2020 (training rescheduled from 09/01/2020). Following this training the Day Care Nurse has scheduled further training for all staff on 12/02/2020 and 13/02/2020. Continence Promotion and Personal Hygiene training sessions will also be delivered to Service Users before 30/04/2020</p> |

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

| | |
|--|---|
| Area for improvement 1 Ref: Standard 23.2 Stated: First time To be completed by: 31 | <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> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Review of staffing levels and duties during peak times has taken place</p> |
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| January 2020 | and as a result there is a more effective use of staff resources. This review is ongoing, and involves input and suggestion from both staff and management and will continue to be monitored via team meetings as Service Users assessed needs continue to change. |
| Area for improvement 2 Ref: Standard 21.8 Stated: First time To be completed by: 31 January 2020 | The registered person shall ensure that induction records and pre-employment checklists are signed and dated. Ref: 6.4 |
| | Response by registered person detailing the actions taken: Incomplete induction records and pre-employment checks have been signed and dated within the required timescale |

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



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