

# Inspection Report

18 November 2021



## Linenbridge

Type of service: Linenbridge  
Address: 20 Meeting House Road, Banbridge, BT32 3ER  
Telephone number: 028 4062 6773

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

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> Southern Health and Social Care Trust (SHSCT)	<b>Registered Manager:</b> Mr Darren Campbell
<b>Responsible Individual:</b> Mr Shane Devlin	<b>Date registered:</b> 17 June 2019
<b>Person in charge at the time of inspection:</b> Mr Darren Campbell	
<b>Brief description of the accommodation/how the service operates:</b> Linenbridge is a day care setting with 60 places 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 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. The day care setting is managed by the SHSCT.	

## 2.0 Inspection summary

A short notice announced care inspection took place on 18 November 2021 from 9.45 a.m. to 6.05 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

This inspection also sought to assess progress with any issues raised in the previous quality improvement plan (QIP).

Service users indicated they were very satisfied with the standard of care and support provided.

Two areas requiring improvement were identified in relation to the completion of quality monitoring reports and the environment.

Good practice was identified in relation to staff training and the monitoring of staffs' registrations with NISCC and the NMC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

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.

### **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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and the quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC and the NMC, were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

One area for improvement identified at the last care inspection was reviewed and an assessment of compliance was recorded met.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Three responses were received and the respondents were very satisfied or satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with four service users and seven staff including the manager.

**Comments received during the inspection process included:****Service users' comments:**

- "I don't have a fault with the centre, excellent service."
- "Staff treat me very well and I very much enjoy coming to the centre."
- "I like coming to the centre and everyone is good to me."
- "We get our temperatures taken by staff."
- "If I had any problems I would talk to the staff. I don't have any problems here."

**Staff comments:**

- "I have done my mandatory training including additional training such as autism awareness."
- "Senior staff are approachable."
- "Service users are part of an advocacy group."
- "We place great importance on service users' dysphagia needs and there are lots of checks in place by staff to ensure the service users get the correct meal."
- "I undertake infection prevention and control audits including observing staff donning and doffing their PPE."
- "I have supervision every three months and annual appraisal."
- "I have done dysphagia and DoLS training and I have also done first aid training which includes what to do if someone chokes."

**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 inspection to Linenbridge was undertaken on 26 November 2020 by a care inspector; one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

<b>Areas for improvement from the last inspection on 26 November 2020</b>		
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (b) <b>Stated:</b> Second time <b>To be completed by:</b> 31 January 2021	The registered person shall obtain where applicable a copy of each service user's continence promotion assessment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed.	

	Review of two care records evidenced that this area for improvement had been satisfactorily addressed.	
--	--	--

## 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 the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

Records viewed and discussions with the manager indicated that a number of referrals had been made with regard to adult safeguarding since the last inspection. The manager and staff further confirmed that there was a clear pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals and established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service.

Observation of the delivery of care and support at the time of inspection evidenced that service users' needs were effectively met by the number of staff on duty.

The day care setting's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was reviewed during the inspection. This indicated 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, senior manager and the SHSCT governance department. A review of a sample of these records and discussion with the manager evidenced that incidents/accidents were managed appropriately.

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

Staff were provided with training appropriate to the requirements of their roles. Discussion with staff confirmed that mandatory staff training was up to date.

Staff consulted on the day of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role. This included DoLS training.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. The manager advised that discussions were ongoing with Trust key workers in regards to practices that may be potentially restrictive.

On entering the day care setting the inspectors' temperatures and contact tracing details were obtained by the manager who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of infection prevention and control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included 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. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

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. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

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.

Observations of the environment concluded that it was fresh smelling and clean throughout.

We observed two courtyard windows that had wooden board fittings in place. Discussion with the manager confirmed that he was awaiting repair of the windows however, a timeline for repair had not been provided by the estates department. An area for improvement was made in this regard.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

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

### **5.2.3 Are there robust systems in place for staff recruitment?**

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were registered with NISCC and/or the NMC, as appropriate. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC and/or the NMC, as appropriate. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the centre does not use volunteers or voluntary workers.

### **5.2.4 Are there robust governance processes in place?**

A review of quality monitoring processes evidenced that quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary. Quality monitoring reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

Review of the quality monitoring reports identified that visits had not been undertaken in February 2021, in May 2021 and in August 2021. RQIA acknowledges from May 2017, the SHSCT implemented an alternative approach to assuring quality monitoring; this meant that eleven visits were undertaken instead of the required twelve. This arrangement had not been met. An area for improvement was made in this regard.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that two complaints were received since the date of the last inspection. A review of complaints records and discussion with the manager evidenced that these were managed appropriately.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

Two areas requiring improvement were identified in relation to the completion of quality monitoring reports and the environment.

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

## 7.0 Quality Improvement Plan/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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Darren Campbell, 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>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 28 (1) (2) (3) (4) (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person must ensure that the quality monitoring visits are in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 and that these visits take place at least once a month or as agreed with the Regulation and Improvement Authority.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Monitoring officer and their line manager have been contacted regarding missed monitoring visits and assurances sought regarding compliance with Regulation 28 of The Day Care Setting Regulations. As an additional safeguard Day Care Manager records and audits dates of monthly monitoring visits in advance of receiving the monthly monitoring report.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 26 (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2022</p>	<p>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:</p> <ul style="list-style-type: none"> <li>• Replace the identified window units.</li> </ul> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Replacement of broken windows is being dealt with by the original project managers (architects) for the Banbridge Health and Care Centre building (including Linenbridge) and it has been proposed that this is dealt with as a latent defect under the original contract as SHSCT Estates Department regard this is a reoccurring issue. Investigative works are ongoing and a final report will be shared with the contractor and sub-contractor after which responsibility for replacement will be determined. Day Care Manager will continue to liaise with Estates regarding this matter in an attempt to complete these works within the identified time scale.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)