

# Inspection Report

25 October 2022



## 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	<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> Mr Darren Campbell	
<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 Southern Health and Social Care Trust (SHSCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 25 October 2022 between 9.30 a.m. and 4.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), Service user involvement, Restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

An area for improvement was identified, this related to a maintenance issue

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

## 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 the 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 questionnaires and an electronic survey.

#### **4.0 What did people tell us about the service?**

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

Two service users who are unable to communicate verbally, were observed demonstrating positive happy body language.

- "I like coming here."
- "I am well cared for, I like colouring in and puzzles."
- "I love coming here, it is a lifeline."
- "Coming here is the only thing I look forward to."
- "Staff are brilliant, they can't do enough for you."
- "There is plenty to do and we get choices in the activities."
- "Being here, takes my mind of my physical problems."

Staff comments:

- "I love working here."
- "The training is very good."
- "My line manager has encouraged me to go for further training, they believe in me."
- "The service users get a good standard of care."

HSC Trust representatives' comments:

- “Staff communicate very well and will raise concerns in a timely manner.”
- “The team are good to work with.”
- “Staffing has been difficult, but they always have enough to support the service users.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. The responses to the questionnaires were discussed with the manager.

## 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 of Linenbridge was undertaken on 18 November 2021 by a care inspector; two areas for improvement were identified.

Areas for improvement from the last inspection on 18 November 2021		
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 28 (1) (2) (3) (4) (5)  <b>Stated:</b> First time	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.  Ref: 5.2.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed quality monitoring visits had taken place monthly since the previous inspection, the reports were available and up to date at the time of inspection.	

<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>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> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector has seen windows that require maintenance. Efforts have been made by the staff and service users to make these window coverings aesthetically pleasing. Evidence of escalation of the maintenance of the windows to the estates department was viewed. This area for improvement has been carried forward to the next inspection.</p> <p>This area for improvement has been referred to the aligned RQIA estates inspector.</p>	<p><b>Carried forward to the next inspection</b></p>
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**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 established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting’s policy and procedure with regard to whistleblowing.

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.

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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were up to date. The manager confirmed that no service user required the use of more than one piece of specialised equipment. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to bear weight.

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, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. A competency assessment was undertaken before staff undertook this task.

The Mental Capacity Act (MCA) (2016) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that none of the service users were currently subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on the 25 May 2022. Fire risk assessments for the centre were available for the inspection and although the actions were documented as completed, these were not initialled or dated. The manager had corrected this before the inspection ended. The fire training was up to date. During the inspection fire exits were observed to be clear of clutter and obstructions.

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

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

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

New standards for modifying food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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.

### **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). 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.

There were no volunteers working 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, three day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person’s capability and competency in relation to their job 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; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

RQIA is aware of an Early Alert that is being investigated by the SHSCT. Whilst RQIA is satisfied that measures have been put in place to reduce the risk of recurrence, RQIA awaits the reports which will be available when the investigations are concluded. These will be reviewed at future inspection to ensure that any recommendations are embedded into practice.

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 setting’s policy and procedure.

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

An area for improvement has 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>	1	0

The area for improvement and details of the QIP were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



## Quality Improvement Plan

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

#### Area for improvement 1

**Ref:** Regulation 26 (2) (b)

**Stated:** Second time

**To be completed by:**  
Immediate from the date of inspection

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:

- Replace the identified window units.

Ref: 5.1

#### **Response by registered person detailing the actions taken:**

Linenbridge Manager has followed up this issue again with SHSCT Estates Department on 15/11/22 and has been advised that replacement of the broken windows is being dealt with by the original project managers (Architect) for the Banbridge Health and Care Centre building which includes Linenbridge Day Centre. The broken windows have been reported by the SHSCT Estates Department as a latent defect under the original contract as 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. Further meeting with CDP (Central Procurement Directorate) and the Principal Contractor to discuss the way forward being organised by SHSCT Estates Head of Service.



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