

Inspection Report

31 October 2023



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

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

2.0 Inspection summary

An unannounced inspection was undertaken on 31 October 2023 between 9.50 a.m. and 6.00 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting’s governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management was also reviewed.

Areas for improvement were identified in relation to safe recruitment and the weekly testing of the fire alarm system. An area for improvement identified at the previous inspection in relation to replacement of a number of identified window units is stated for a third time.

Enforcement action resulted from the findings of this inspection. We identified serious concerns in relation to the safe and effective selection and recruitment of staff.

A meeting was arranged with the Responsible Individual on 20 November 2023 with the intention of issuing one Failure to Comply (FTC) notice in respect of The Day Care Setting Regulations (Northern Ireland) 2007; this was in relation to Regulation 21 (1)(b) (2)(b) (3)(d) regarding the fitness of workers.

This meeting was attended by representatives of the Responsible Individual and the Registered Manager.

At the meeting, RQIA were provided with an action plan and assurances in relation to the concerns identified. On this basis, the decision was made not to serve the FTC Notice in respect of Regulation 21 (1)(b) (2)(b) (3)(d).

All service users spoken with indicated that they were very happy with the care and support provided by the staff. Service users who were less able to communicate their views were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from service users and staff are included in the main body of this report.

Evidence of good practice was found in relation to communication between service users and day care setting staff; the provision of compassionate care; staff training; and the management of dysphagia.

There was evidence identified throughout the inspection process that the day care setting promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, decision making, confidentiality and service user involvement.

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

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic staff survey.

4.0 What did people tell us about the service?

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

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

Comments received included:

Service users' comments:

- “The centre is a great place to come. Good staff; I haven't a bad word to say about anything here. I enjoy all that I do here and I get to choose what I want to do in the centre.”
- “This place is a life line for me. Staff are good to us all. I can talk to staff if something is worrying me.”
- “The centre is always warm, clean and comfortable. I feel safe here.”
- “This is a good place with good staff. I am well supported here. I enjoy doing art and planting things in the greenhouse.”

Staff comments:

- “I got a very detailed induction and was very well supported by the manager and staff team. Everyone is very supportive and approachable.”
- “Good sharing of information regarding dysphagia and a focus on ensuring the service user gets the correct meal.”
- “We try and involve the service users in all decisions affecting them. We offer them choice in all that the service users do here.”
- “We update care plans as soon as any changes occur. All information is shared with all staff. Care is based on individual need.”

No questionnaires were returned and no responses were received to the electronic staff survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 25 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was partially validated during this inspection.

Areas for improvement from the last inspection on 25 October 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 26 (2) (b) Stated: Second time	The registered person shall, having regard to the number and needs of the service users, ensure that the premises to be used as the day care setting are of sound construction and kept in a good state or repair externally and internally. The following maintenance issue must be addressed: <ul style="list-style-type: none"> • Replace the identified window units. 	Partially met
	Action taken as confirmed during the inspection: Discussion with the manager and review of correspondence from the Trust's estates department evidenced that the procurement of replacement windows is now under way. Until fully addressed this area for improvement is stated for a third time.	

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 and the process for reporting concerns. 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.

Records viewed and discussions with the manager indicated that no referrals had been made with regard to adult safeguarding since the last inspection. Adult safeguarding matters were reviewed as part of the quality monitoring process.

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

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

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

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.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

The Mental Capacity Act (Northern Ireland) 2016 (MCA) 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 DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS. A resource folder was available for staff to reference.

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

The day care setting was found to be warm, fresh smelling and clean throughout.

The day care setting's fire safety precaution records were reviewed. Review of the fire alarm test records identified a number of omissions in regard to the weekly fire alarm tests. An area for improvement was identified. Fire exits were observed to be clear of clutter and obstruction.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users and staff, it was positive to note that service users had an input into devising their own plan of care. We discussed the care plans in place with staff on duty and were satisfied they responded to service users' needs safely and effectively. Staff described examples of when the care plans were revised because they identified they were no longer delivering improved outcomes for the service user. They told us they worked with other professionals, representatives; and if appropriate the families. They had reassessed need and revised the plans in place to meet needs in a person centred way and with a focus on improved outcomes.

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

Discussion with the staff confirmed they aim to promote a culture in the day care setting that supports the service users to improve outcomes regarding independence where possible. They gave examples when they promoted choice, consent and service users rights for example: enabling service users to engage with day care options that are available in the community; organising service user forums to gauge views, opinions, wishes and feelings; working in a person centred way to ensure care is meeting service users individual needs; promoting service users' needs and rights with other professionals and the trust; working with service users and their families to complete assessment of need and write the care plan; providing a range of support services in the day care setting and focusing care plans on improving outcomes. They also discussed protecting service user's dignity in all parts of the day care setting for example when supporting service users with intimate care or when they are engaging in activities.

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

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure service users were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Service users told us they very much enjoyed the food provided in the day care setting. The daily menu was displayed for service users.

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 indicated that an Enhanced AccessNI pre-employment check had not been satisfactorily completed before an identified staff member had commenced employment. RQIA requested an immediate risk management strategy be implemented to ensure that the staff member had no direct service user involvement until a satisfactory AccessNI pre-employment check was received. An intention to serve a Failure to Comply Notice Meeting was held 20 November 2023. The SHSCT was able to provide assurances that steps have been taken to prevent recurrence. On that basis, a decision was made not to issue the Failure to Comply Notice; one area for improvement was therefore made.

There were no volunteers deployed in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured induction in place which included shadowing of a more experienced staff member.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care settings policy and procedure. Records reviewed and discussion with the manager indicated that complaints were managed appropriately. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

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

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

6.0 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
Total number of Areas for Improvement	3*	0

* the total number of areas for improvement includes one that has been stated for a third time.

Areas for improvement and details of the QIP were discussed with Darren Campbell, Registered 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2)(b)</p> <p>Stated: Third time</p> <p>To be completed by: Immediate and ongoing from date of inspection</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"> • Replace the identified window units. <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: SHSCT Estates team have placed an order for replacement glass units on 11th December 2023, we await their delivery and installation will follow.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 26 (4)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall make adequate arrangements regarding the weekly testing of the fire alarm system to ensure compliance with BS5839.</p> <p>Ref: 5.2.1</p>
	<p>Response by registered person detailing the actions taken: Day care managers have a process in place to ensure that weekly checks of the fire alarm 'Break Glass Call Points' are undertaken and records kept.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 21 (1)(b) (2)(b) (3)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure that AccessNI pre-employment checks are satisfactorily carried out for all staff before they commence employment.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken: All staff in Linenbridge have an Enhanced Access NI in place. There is a SOP in place for manager checking. There is an updated process being worked through in Trust and regionally, led by Directors of HROD, to ensure all staff both internal transfers within Trust and new to HSC, have Access NI checks in place. Linenbridge will follow this updated process going forth.</p>

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