

Unannounced Care Inspection Report

6 January 2020



Bardan Cottage

Type of Service: Day Care Service

Address: 12 Bryansford Avenue, Newcastle, BT33 0AX

Tel No: 028 4372 3853

Inspector: Fionnuala Breslin

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

This is a Day Care Setting providing up to 20 places Monday to Friday. The day centre provides care and day time activities for people aged over 55 who may be living with dementia.

3.0 Service details

Organisation/Registered Provider: GL Care LLP	Registered Manager: Mrs Cathy Bates
Responsible Individual(s): Mr Liam Lavery	
Person in charge at the time of inspection: Mrs Cathy Bates	Date manager registered: 1 September 2016
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 6 January 2020 from 11.00 to 16.15.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA 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 centre was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the storage of service user's information; staff promoting service users' communication; communication between staff; planning daily care; the culture and ethos of the centre; listening to and valuing service users; taking account of the views of service users and maintaining good working relationships.

One area requiring improvement was identified in relation to staff recruitment.

Service users and family members provided positive comments regarding the care they had received.

Service users and families have said:

- "There have been no incidents that I'm aware of but I feel my father is very safe when he comes here. His needs have changed so much since his diagnosis in July 2019. Staff have adjusted to his needs very well"
- "Staff are very caring"

The findings of this report will provide the establishment 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	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Ms Cathy Bates, 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 13 August 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 13 August 2018.

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 from the registered manager and organisation GL Care LLP
- Incident notifications; one incident had been notified to RQIA since the last care inspection on 13 August 2018.

During the inspection the inspector met with four service users, three staff, and four service users' visitors/representatives responded to questionnaires. Feedback from Questionnaires indicated that three service users/carers were very satisfied with all aspects of care provided. One relative was satisfied with all aspects of care. Comments made on the questionnaires returned to RQIA were:

- "I have no complaints about any staff at Bardan Cottage. They do an amazing job, and care for my father brilliantly"
- "Food is excellent chef is very happy to prepare meals especially as I am lactose intolerant"
- "Staff are very caring and helpful with clients with dementia"
- "Small issues become important as patient can't explain how day went. Introducing a few notes in a diary written by staff and relative has clarified a lot. It goes back and forth. One meeting with manager and community case co-ordinator and relative helped a lot. Otherwise relative /carer/ wife has little idea about provision despite patient attending 6 months. Open night was a very valuable meeting."

The inspector spoke to two care managers on the telephone on 28 January 2020 they made the following comments:

- “Excellent we couldn’t do without this service. The manager always feeds back and keeps me informed which means I can follow up straight away. This is because of her attention to detail and the fact that she goes beyond her line of duty to meet the needs of the service users.”
- “The staff don’t just drop people off at their homes they go in and make sure that they are well settled before they leave them”
- “Staff are on the ball; if a service user needs the assistance of two then that’s what they get”
- “The staff are very kind”
- “The manager is a very approachable, energetic and caring person”

The care managers both rated the service five out of five in all areas in relation to whether they thought the care was safe, effective, compassionate and well led.

The following records were examined during the inspection:

- Three service users care files including the recording of their attendance in the day care setting.
- Three staff files including induction records
- Incidents and accidents recorded since the last inspection
- The staff rota arrangement from October to December 2019.
- Minutes of service user meetings
- Staff supervision dates for three members of staff.
- Staff training information in relation to adult safeguarding and swallowing difficulties.
- Monthly monitoring reports for 2019.
- Annual report for 2019.
- Statement of purpose.
- Fire risk assessment and fire manual.

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 13 August 2018

The most recent inspection of the establishment 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 13 August 2018

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 21 (1) (b) & Schedule 2 (5) Stated: First time	The registered person shall ensure that all care staff working in the day care setting are registered with the appropriate regulatory body for example NISCC	Met
	Action taken as confirmed during the inspection: All current staff working in the day centre are registered with NISCC. This is monitored closely by the manager in Dunmurry who keeps the manager in Newcastle updated when issues arise. This is audited monthly.	
Area for improvement 2 Ref: Regulation 14 (1) (b) (c) Stated: First time	The registered person shall review the arrangements in place to supervise this service user's lunch and other eating times in this day care setting to ensure the swallowing assessment is followed safely.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that on the day of inspection the arrangements were in place to ensure that service users receive the required supervision at mealtimes as outlined in their care plan. Staff ensure that all condiments, cutlery and equipment is already on the table before the client begins lunch. This ensures that arrangements are in place to supervise meal times and to ensure that clients with swallowing difficulties are supervised when eating.	
Area for improvement 3 Ref: Regulation 4 Stated: First time	The registered person shall ensure the settings fire risk assessment is reviewed by a sufficiently competent person without delay. The competent person should conclude if a new assessment is required and if it is not required because no changes have occurred anywhere in the setting, including staffing arrangements or service uses needs, this	Met

	should be described by the competent person reviewing the assessment. The fire risk assessment must be adequate to ensure fire safety in this setting is right for the service and premises.	
	Action taken as confirmed during the inspection: An area for improvement had been made in regard of the registered person's qualification to conduct fire safety risk assessments which is now included in his background information in the Statement of Purpose	
Area for improvement 4 Ref: Regulation 7 Stated: First time	The registered person shall review the settings statement of purpose and placement that is not currently compliant with the "range of needs/categories of care" and "admission criteria". Following the review if this placement is to continue, the registered person must revise the statement of purpose and submit this to RQIA	Met
	Action taken as confirmed during the inspection: The statement of purpose has been reviewed. The inspector confirmed the revised Statement of Purpose is compliant with the range of needs and categories of care and admission criteria.	
Area for improvement 5 Ref: Regulation 28.4 Stated: First time	The registered person shall improve the monitoring and reporting of this day care setting to ensure the service users, representatives and staff are interviewed to form a view regarding the standard of care, and there is a clear report on the conduct of the setting.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the registered person conducts monthly monitoring visits during which he collects feedback from a wide range of service users and other stakeholders, including staff. This helps to form a view of the standard of care and there was a clear report on the conduct of the setting.	

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: Third time	The registered person shall make arrangements for the service users individual care plans to be improved. They should detail the service users own personal objectives and how those will be met in day care.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the registered person has ensured that the service user's individual care plans have been improved. They outline personal objectives and how those will be met in day care.	
Area for improvement 2 Ref: Standard 23.7 Stated: First time	The registered person shall improve the records kept of staff working each day, specifically the capacity in which they worked and who is in charge of the centre must be clearly stated on the staff rota.	Met
	Action taken as confirmed during the inspection: As recommended as a result of the last inspection, the staff rota has now been improved and clearly states the specific capacity of each staff member on duty and who is in charge of the centre.	
Area for improvement 3 Ref: Standard 21.1 Stated: First time	The registered person shall improve the induction for new staff to include evidence of staff competency, for example the NISCC induction standards.	Met
	Action taken as confirmed during the inspection: There are improvements in the Bardon Cottage induction for new staff members which now includes the NISCC induction standards as evidence of staff competency.	
Area for improvement 4 Ref: Standard 7.6 Stated: First time	The registered person shall review lines of communication with the referrer and ensure the communication and incident and accident policies and procedures describe communication with the referrer as well as the family is in place when additional services or assessments may be needed.	Met

	<p>Action taken as confirmed during the inspection:</p> <p>On inspection there was evidence that lines of communication with the referrer and family members were reviewed. Policies and procedures reflect this information with regards to additional services or assessments which may be required.</p>	
<p>Area for improvement 5</p> <p>Ref: Standard 13</p> <p>Stated: First time</p>	<p>The registered person shall confirm who the safeguarding champion is in the organisation; inform the staff team how the safeguarding champion can support staff regarding safeguarding and update the settings policy and procedure accordingly.</p> <p>Action taken as confirmed during the inspection:</p> <p>The inspector confirmed that the registered manager of Bardan Cottage Dunmurry is the safeguarding champion and the registered manager Cathy Bates is the nominated person for Bardan Cottage in Newcastle. Both attended a course and are now qualified to hold these roles. Policies and procedures will be updated. Staff interviewed by the inspector could confirm who the ASG champion was and were knowledgeable regarding policy and procedure.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered person shall review and update all service users individual records to ensure each service users individual file has the following available for staff reference and inspection: a current written agreement; assessments; care plan; and have been reviewed in accordance with the minimum standards and settings statement of purpose.</p> <p>Action taken as confirmed during the inspection:</p> <p>It was confirmed during inspection that the registered manager ensures that all service user individual records include the specified documents.</p>	Met
<p>Area for improvement 7</p> <p>Ref: Standard 22</p> <p>Stated: First time</p>	<p>The registered person shall improve the supervision and appraisal arrangements for the manager of this day care setting. The frequency and arrangements should be the same for other staff working in this setting and should aim to identify and address</p>	Met

	omissions, improvements and potential non-compliance to ensure this setting is working in compliance with the day care setting standards.	
	Action taken as confirmed during the inspection: The inspector confirmed that the registered provider has now completed individual supervision/ appraisal of the registered manager of Bardan Cottage. There was evidence that this was completed every three months.	

6.3 Inspection findings

6.4 Is care safe?

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

The inspection reviewed the systems in place in the day centre to avoid and prevent harm to service users; it included a review of staffing arrangements.

The arrangements for appropriately assessing and meeting the assessed needs of people who use the service were examined during the inspection. The full nature and range of service provision is detailed in the agency's Statement of Purpose (2019) and Service User Guide (2019).

The recruitment files of two of the most recently employed staff members were examined. It was confirmed by the inspector that all new staff are now completing an induction in line with the Northern Ireland Social Care Council (NISCC) standards. This is signed by the manager and the new staff member.

Discussion with manager, staff and inspection of staff files evidenced a four week induction programme; this was an improvement since the last inspection. Two records were inspected and these showed the staff had received an induction in line with NISCC standards and specific to their job role.

The staff recruitment files contained evidence that most recruitment procedures had been complied with however, it was noted that there was no written explanation recorded for the reason the applicant left previous employment. There was also no satisfactory written explanation for gaps in the applicant's employment history. An area for improvement in relation to staff recruitment was identified.

The inspector reviewed the staff rota from October to December 2019. The rota detailed the minimum staffing of four day care assistants and the manager was in place to provide care in this setting. The manager was identified on the rota and clearly states the specific capacity of each staff member on duty and who is in charge in the absence of the manager.

The inspector could evidence that all current staff are registered with NISCC. The registered manager liaises with the manager in Bardan Cottage in Dunmurry on a monthly basis and reviews all registrants to ensure that registration is current.

Staff receive mandatory training and other appropriate training relevant to their roles and responsibilities. During the inspection evidence was provided of recent training attended by staff for adult safeguarding. During conversations with staff they were able to discuss their roles and responsibilities in relation to adult safeguarding.

RQIA records show that one notifiable incident had been reported since the last inspection. The review of the incident confirmed this had been responded to in a timely and appropriate manner. There was evidence of audit and review during monthly monitoring by the registered person. Service user families and trust professionals were informed when appropriate and in a timely manner. The inspector was satisfied that all action was taken to ensure the safety of all people using the day centre and risk assessments and safety plans were in place to minimise risk to individuals.

The inspector discussed restrictive practices with the manager. The manager understood the importance of a person-centred approach and an awareness of guidelines regarding deprivation of liberty. The manager explained that all service user are free to leave the facility when they wish unless they have been assessed as needing a secure environment, this is clearly documented in the care file and is referred to in the Statement of Purpose.

The inspector observed the mealtime experience and found sufficient supervision by day care staff. It is noted that there was nobody with swallowing difficulties attending on the day of inspection. The inspector spoke to a number of staff including the chef. All staff confirmed that they had attended training in the management of swallowing difficulties and a file was compiled to outline the needs of all service users who experienced swallowing difficulties. The chef informed me that as a safety measure any meals he prepares are checked by a care staff to ensure that it is correct before it is given to the service user. If the service user wants to eat their meal away from other service users, the staff ensure the table is prepared before the meal begins to ensure they do not leave the service user unattended whilst they are eating.

The inspector noted good practice in relation to the mealtime experience. Feedback from service users described this as one of the highlights of the day. The chef and the day care workers all contributed to this experience in their own way ensuring that this part of the day was a special occasion for the service users. The team had prepared visual aids to help the service users with communication difficulties to make independent choices. This skilful teamwork ensured that service users could enjoy their meals in a safe environment whilst maintaining their independence.

The walk around the environment found the setting presented as safe, clean and tidy. Items of furniture were fit for purpose. The manager informed the inspector of the registered person's intention to redecorate the rooms in the coming year as they had recently purchased the property. The service users could move about the building freely and it was noted by the inspector that a new beauty therapy room had been updated and a service user was happily getting her nails manicured. There was no signs of overcrowding in any of the rooms visited.

The last fire risk assessment had been completed in February 2018 and is therefore due for review in 2020. Fire drills were completed six monthly and all staff were trained in fire safety awareness. The fire manual was checked by the inspector and there was evidence of daily, weekly and monthly checks being carried out by staff.

There was evidence of external contractors visiting the facility following a water leak. The manager confirmed that the system was healthy at the time of the inspection.

During conversations with staff in relation to safety, they confirmed that they felt that the care they were providing was safe and the environment was safe too. Staff receive communication daily regarding any changes in care needs of the service users.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

There was one area for improvement regarding staff recruitment. The registered manager must keep records to evidence that reasons for leaving previous employments are given, that all gaps in employment are explored and a satisfactory explanation is documented.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Three service user's care files were reviewed. All had a written agreement in place and records included a detailed assessment of needs, risk assessments and comprehensive care plans.

There was evidence of review and that the service user's personal goals had been included.

It was evident on inspection that records were stored safely and securely in line with data protection and staff reported they could access their records if they needed to.

During discussion with a group of service users the inspector was told that the care provided was effective and that staff and the manager were approachable and open to their suggestions.

Service users and representatives commented on the following:

- "a very detailed assessment was carried out for my father and received a copy of the care plan, I was very satisfied"
- "I would talk to the manager if I had a concern"
- "I would speak to Cathy"
- "I feel the staff know me so well now... I would speak to any of them if I had a concern"

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The service users' needs were varied including memory loss, communication difficulties, frailty, mobility needs and behaviour needs. Following discussions with service users and staff, and observation of interactions, the inspector saw and heard evidence that service users were being treated with dignity and respect. Overall during observations of care practices, activities and mealtime activity it was noted that the service users were being encouraged to make independent choices.

Staff on duty were observed approaching service users in a caring and respectful manner. A service user who had returned to the day centre following a period away was welcomed back and staff showed a great sensitivity toward his needs which had changed considerably. This helped the service user to relax and enjoy an activity he might otherwise have found stressful. Staff were observed to have responded sensitively to his needs.

Discussion with a group of service users showed that they felt their opinions were important to the staff and changes were made in relation to what the service users' personal objectives.

An annual service user's quality assurance survey had last been completed in 2018/19 and the summary report was available for inspection. Comments and feedback from service users are included in monthly monitoring reports and are used to inform the choice of activities, food and outings. Service user and families are invited to meetings that take place every 3 months and staff collect service users who need transport and drop them home at the end of the evening.

During conversations with the inspector, service users made comments as follows:

- "Staff are very caring and responsive"
- "Staff always greet me with a smile"
- "we come to a meeting in the evening and it is great fun"
- "the staff collect us for the meeting and drop us off at the end, they are never in a hurry to end the meeting"

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately.

There are a range of policies and procedures in place to guide and inform staff. These reflected governing Northern Ireland legislation, Day Care Regulations, Minimum Standards and current good practice guidance.

- There is a whistleblowing policy and procedure in place and staff are knowledgeable regarding this as evidenced in feedback during discussions with staff
- Policies are centrally indexed and retained in a manner which is easily accessible by staff and are reviewed every three years or more frequently if changes occur.

Staff have recorded individual, formal supervision at least every three months and have a recorded annual appraisal

During discussions with the inspector staff described the manager as very approachable. One day care staff who has trained as a dementia champion said that the manager had been encouraging and willing to allow her to take leadership. This was in relation to areas of improvement to assist people with dementia to maintain their independence and to improve the quality of their experience.

Staff meetings take place monthly and management meet on monthly basis too. Staff feel their opinions are important and effect change in a positive way. Feedback from service users would be discussed and would influence plans for improvements

Complaints are recorded, responded to, investigated and outcome recorded re satisfaction of complainant. There was evidence that this was carried out in a timely and appropriate manner and issues were resolved quickly.

There are auditing arrangements for:

- complaints
- audit of accidents

- training
- formal supervision and annual appraisal
- care records (three service user files including assessments, care plans, progress care notes; service users annual review of their placement et)
- environment

During the inspection the inspector reviewed a sample of monthly quality monitoring visits (MMV) including outcomes/action. These visits are unannounced. There was evidence that they qualitatively reflect service users & staff views & opinions.

The last annual report included:

- compliance with service users care plans
- daily menus
- all accidents and injuries sustained in the setting
- complaints and outcomes
- any allegations or suspicions of abuse regarding service users and outcomes of investigations
- recruitment records and conduct of required checks for new workers in the setting
- visitors to the day care setting
- the use of restraint re service users in the setting
- risk assessments for health and safety purposes and action taken
- medicines, medical treatment and first aid administered to any service user
- duty rosters (planned and worked)
- settings record of complaints and events
- fire drills and tests including of equipment
- records of appraisals and training/development plan
- Minutes of management meetings.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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 Cathy Bates, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including

possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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	
Area for improvement 1 Ref: Regulation 13 and Schedule 3 Stated: First time	The registered person shall ensure that the recruitment process is reviewed. Reasons for leaving previous employments must be recorded and all gaps in employment must be explored and a satisfactory explanation documented. Ref. 6.4
To be completed by: immediate from the date of inspection	Response by registered person detailing the actions taken: Bardan Cottage has reviewed their job application form and forwarded a copy to inspector for her information. It now includes instructions for potential applicants to complete the final page to record any gaps in employment to prove that satisfactory explanations are documented as evidence of reasons for leaving previous employment and that all gaps in employment can be explored..

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



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