

**Unannounced Care Inspection
of
Bardan Cottage**

8 February 2016

1. Summary of Inspection

An unannounced care inspection took place on 8 February 2016 from 10.00 to 14.30 hours. Overall on the day of the inspection the day care setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	1

The details of the QIP within this report were discussed with the manager Kathy Bates, manager (registration pending), as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: GL Care LLP/Liam John Lavery	Registered Manager: Mary Louise Harte
Person in Charge of the Day Care Setting at the Time of Inspection: Kathy Bates (registration pending)	Date Manager Registered: 14 February 2011
Number of Service Users Accommodated on Day of Inspection: 16	Number of Registered Places: 20

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.

4. Methods/Process

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with 11 service users
- discussion with a staff member
- discussion with observation during an inspection of the premises
- evaluation and feedback

At the commencement of the inspection a poster was displayed informing service users and representatives that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- the statement of purpose
- monthly monitoring reports
- staff duty rotas
- staff training records
- staff supervision history
- selected policies and procedures
- two care records
- accident and incident records
- record of complaints and compliments

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced estates inspection dated 19 January 2016. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 25 November 2014

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 20(2)	<p>The registered person should ensure that staff members have formal, individual supervision no less than every three months and the records of these sessions are kept.</p> <p>Specific arrangements to explain steps that will be taken to ensure compliance with this requirement must be reported on the returned QIP.</p>	Met
	Action taken as confirmed during the inspection: Following discussions and review of the new management template and the schedule of supervision for 2016, the inspector can confirm this requirement has been addressed.	
Requirement 2 Ref: Regulation 4 & Schedule 1	<p>The registered manager must review the setting's statement of purpose to ensure compliance with Regulation 4 and Schedule 1; particular attention should be given to improving the section on relevant qualifications of staff.</p> <p>The registered manager must forward a copy of the revised statement of purpose in to RQIA with the completed QIP.</p>	Partially Met
	Action taken as confirmed during the inspection: A review of the statement of purpose found that staff qualifications were detailed. However, further improvement is required to ensure the document is fully compliant with Regulation 4, Schedule 1.	
	<p>This requirement is stated for the second time in this report.</p>	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 18	<p>The registered person must ensure the day care setting has a full set of day care setting policies and procedures that are compliant with appendix 2 of the standards and in accordance with statutory requirements. The policy file must be accessible for all staff and have a central index.</p> <p>A plan and timescales for achieving this must be reported on the returned QIP.</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector can confirm that the range of policies and procedures were in place, centrally indexed and up to date at the time of inspection.</p>	
Recommendation 2 Ref: Standard 3.1	<p>The registered person must ensure service users and or their representatives give consent in the service user agreement for:</p> <ul style="list-style-type: none"> Written consent to photos of the setting which include images of service users being uploaded to the website, other media sites for example Facebook, or are used in the public domain. <p>The front door to be locked and alarmed for security purposes and inform service users how staff will ensure the service users can leave the building if it is assessed as safe and they wish to.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of two files demonstrated that this recommendation had been addressed.</p>	
Recommendation 3 Ref: Standard 7.2	<p>The registered manager should ensure service users and their representatives are clearly informed regarding the records that are kept individually for each service user and how they can access these records if they wish to see them. For example this could be clearly described in the service user agreement and discussed at the review to reinforce accessibility.</p>	Met
	<p>Action taken as confirmed during the inspection: Inspection of two files demonstrated that this recommendation had been addressed.</p>	

Recommendation 4 Ref: Standard 7.4	<p>The registered manager should make appropriate arrangements for the review of the service users' care plans and improve compliance with standard 5.2.</p> <p>The registered manager should ensure future review preparation meetings and review meeting minutes evidence compliance with Standard 15.</p> <p>Action taken as confirmed during the inspection: There was evidence that the manager participates in review meetings and service users were appropriately signing their review reports.</p>	Met
Recommendation 5 Ref: Standard 21.4	<p>The registered manager should have arrangements in place for staff to discuss the online training and application of theory into practice as a group to improve staff competence, knowledge and skill. Particular attention should be paid to developing staff knowledge regarding protecting service users' human rights in the day care setting and deprivation of liberty safeguards guidance.</p> <p>Action taken as confirmed during the inspection: In discussion with the manager it was reported that on line training is discussed within the team meetings. The manager and staff were knowledgeable about the rights of service users and how these were promoted in the day centre.</p>	Met
Recommendation 6 Ref: Standard 23.8	<p>The registered manager should make appropriate arrangements for staff to have team meetings that occur in compliance with this standard, which is at least quarterly.</p> <p>Action taken as confirmed during the inspection: There was evidence that team meetings were taking place monthly and in the last months it was noted these were taking place every two weeks.</p>	Met

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The manager confirmed there was a continence promotion policy and procedure in place, in addition the staff had access to best practice guidance on the internet.

Observation, review of staffing levels and service users' positive feedback confirmed there were sufficient numbers of staff employed in the day care setting to meet the identified needs of service users who attend.

There was evidence that staff were in receipt of annual appraisals and there was a noted improvement in the provision of formal supervision for staff.

There was evidence that staff had received training in continence promotion however a new staff member was awaiting this training and the manager confirmed this would be addressed.. The range of mandatory training was up to date.

Service users reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

No areas for improvement were noted in this domain.

Number of Requirements:	0	Number of Recommendations:	0
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Is Care Effective?

Staff confirmed that service users bring in their own continence protection and these are retained by the service user or stored in a discreet manner in the store rooms. Information was provided that emergency supplies are retained by the centre.

The review of two service users' care records found that assessments and risk assessments had been completed by staff.

The care plans examined were limited in detail and should be further developed to include the specific assistance or support each service user requires regarding their assessed needs and the arrangements for the supply of any continence products.

During the tour of the environment staff reported there was a sufficient number of bathrooms to meet the assessed needs of the service users. It was noted there were suitable storage for emergency continence products.

One area for improvement was noted in this domain and related to the further development of care plans.

Number of Requirements:	0	Number of Recommendations:	1
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Is Care Compassionate?

The observation of staff interactions with service users throughout the inspection period presented evidence of a high level of compassionate care being delivered.

Service users spoken with were most complimentary about the care and support they receive when attending the service. Everyone stated they were very satisfied with the service provision and there were no issues raised during the inspection. Samples of the comments made on the day of inspection are detailed below:

- “The staff are excellent, very caring.”
- “Excellent in every way.”
- “The food is great, much better than at home, they set it down nicely.”

A staff member spoke of the importance of meeting service users’ needs in a respectful, dignified manner. During periods of observation it was noted that assistance was provided in a discreet, private way.

Two representatives consulted during the inspection confirmed they were satisfied with all aspects of care delivered and the following comments were made:

- ‘This place is absolutely tops.’
- “If there is the slightest we thing they are on the phone.”
- “Staff attitude and communication is ‘excellent’.”

Areas for Improvement

No areas for improvement were noted in this domain.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Standard 8: Service Users’ Involvement - Service users’ views and comments shape the quality of services and facilities provided by the day care setting.

Is Care Safe?

A complaint procedure was available and appropriate records maintained of any complaint or compliments. A review of the record of complaints found there was one complaint recorded for the year April 2014 – September 2015. No issues were identified.

Service users were aware that if they had any concerns or issues they could approach staff or the manager, and they confirmed they would feel comfortable speaking to them about any issues or concerns they may have. The manager and staff consulted were familiar with the action to take in the event of a service user expressing dissatisfaction with any element of service provision.

Relevant policies regarding the protection of vulnerable adults from abuse and whistleblowing were in place, and records indicated that staff training on the subject was up to date.

Care plans examined provided evidence that service users are actively encouraged to be involved in the planning of their care. There was good evidence that service users and/or their representatives participate in their annual care reviews.

Service users consulted confirmed their views were listened to and they were encouraged and supported to provide their views on the day to day running of the service.

The discussions with service users assured us that service users' views and comments shape the quality of service provided in this day care setting.

No areas for improvement were identified in the assessment of this domain.

Number of Requirements:	0	Number of Recommendations:	0
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Is Care Effective?

Service users spoken with on the day of inspection stated they were consulted daily regarding their preferred activities and routines. Service users reported they had planned activities and seasonal outings. On the day of inspection a musician was in attendance and sang and played the guitar. Service users were observed enjoying the activity.

The discussions held with service users confirmed they are fully informed and enabled to participate and direct the decision making affecting their care in this centre. Service users' meetings are held quarterly and a record of the matters discussed by service users maintained.

Staff spoken to during inspection were able to discuss service user assessed needs and their individual likes and dislikes.

A review of the monthly monitoring visits established that the visits were not consistently undertaken, with the centre visited on four occasions during the year 2015. A requirement is made in this report. It was also noted that the annual quality review report had not been completed and is an area for improvement.

Two areas of improvement were identified during the assessment of this domain and concern monthly monitoring visits and annual quality review reports.

Number of Requirements:	2	Number of Recommendations:	0
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Is Care Compassionate?

On arrival at the centre staff were observed to greet service users in a friendly manner and everyone was provided with a choice of tea, coffee, water, juice and a snack.

During the day interaction between staff and service users remained professional and caring and it was evident that a good rapport had been established. Staff were observed attending to service users in a discreet, professional way and assisting them as and when required.

During periods of observation of practice, staff were observed to listen to and respond to service users appropriately. It was noted there was a very relaxed and friendly atmosphere. Excellent interaction and relationships were observed between service users and between

service users and staff. It was noted there was lots of friendly chat and banter, and positive non-verbal communication was observed.

Staff consulted on the day demonstrated a knowledge of the values underpinning day care, and were committed to ensuring the views of each service user was listened to and valued.

Service users spoke of the benefits of the centre and the following comments were made in regard to staff:

- “Staff are very thoughtful, kind and considerate.”
- “They (staff) are very jolly and get on very well.”

The findings of the inspection indicate that staff deliver safe and effective care which is informed by their knowledge of each individual service user and their needs.

Areas for Improvement

No areas for improvement were identified in the assessment of this domain.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Kathy Bates, manager (registration pending), as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
Requirement 1 Ref: Regulation 4 and Schedule 1 Stated: Second time To be Completed by: 30 July 2016	<p>The registered manager must review the settings statement of purpose to ensure compliance with Regulation 4 and Schedule 1. Particular attention should be given to improving the section on relevant qualifications of staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A complete review and update of the Statement of Purpose has now been completed to meet compliance with Regulation 4 and Schedule 1.</p>
Requirement 2 Ref: Regulation 28 Stated: First time To be Completed by: 30 July 2016	<p>The registered provider must ensure that the centre is visited monthly in accordance with Regulation 28. A report of the visits must be maintained and be made available to service users and other relevant stakeholders.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered provider will continue to visit the centre officially once a month in accordance with the regulation 28. The reports will be available and kept on the premises.</p>
Requirement 3 Ref: Regulation 17 (1) (a) (b) Stated: First time To be Completed by: 30 July 2016	<p>The registered person must ensure there is an annual review of the quality of care provided in the day care setting. The review should ensure service users and their representatives are involved in the process. A quality review report should be produced and made available to all relevant stakeholders.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered person and provider will ensure a quality review report is produced and made available to relevant stockholders.</p>
Recommendations	
Recommendation 1 Ref: Standard 5.2 Stated: First time To be Completed by: 30 July 2016	<p>The registered person should further develop care plans to include the support needed for each service user and the arrangements for the supply of any continence products.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The registered person will continue to develop clients care plans to include the support needed and arrangements for any continence products.</p>

Registered Manager Completing QIP	Cathy Bates	Date Completed	8/8/16
Registered Person Approving QIP	Liam Lavery	Date Approved	8/8/16
RQIA Inspector Assessing Response	Maire Marley	Date Approved	22/08/2016

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address
