

Inspection Report

21 February 2022



Bardan Cottage

Type of service: Day Care Setting

Address: 12 Bryansford Avenue, Newcastle, BT33 0AX

Telephone number: 028 4372 3853

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: LG Care LLP	Registered Manager: Miss Catherine Stewart Registration pending
Responsible Individual: Mr Liam John Lavery	Date registered: Application received.
Person in charge at the time of inspection: Manager of another service in the organisation.	
Brief description of the accommodation/how the service operates: This is a Day Care Setting providing up day care for up to 20 Service users, the service operated Monday to Friday. The service provides care and day time activities for people aged over 55 who may be living with dementia.	

2.0 Inspection summary

An announced inspection took place on 21 February 2022 between 09.50 a.m. to 2.00 p.m.

This inspection was underpinned by the by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

This inspection focused on staff recruitment, staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing. We also reviewed Deprivation of Liberty Safeguards (DoLS), dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Evidence of good practice was found in relation to staffing arrangements, communication between service users, staff and other key stakeholders; the culture and ethos of the day care setting including the choices offered and the high standard of meal provision.

Service users were asked their views about attending the day care setting and they all responded positively.

There were no areas for improvement identified.

The findings of this report will provide the responsible individual with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

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

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

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

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

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

4.0 What people told us about the service

The information provided by service users during the inspection indicated that they had no concerns in relation to the care being provided in the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with several service users a relative and four staff.

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

Comments received during the inspection process included:

Service users' comments:

- "We are spoiled here."
- "There is no fuss but staff are there if you need them."
- "We have a chef in a million."
- "The girls are lovely and the company is good."

Staff comments:

- "It is great working here."
- "There is enough staff and scope for one to one activities."

- “Very supportive team, I have never felt more comfortable in a job.”
- “Management are very supportive.”

Relatives’ comments:

- “I can thoroughly commend the staff.”
- “Staff are unbelievably jolly, keeping everyone happy.”
- “Staff are amazing, I am very happy.”
- “There is such a good choice of food.”

5.0 The inspection

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

The last inspection to Bardan Cottage was undertaken on 6 February 2020 by a care inspector one area for improvement was identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection. An inspection was not completed for the 2020-2021 inspection year due to the first surge of the Covid-19 pandemic.

Areas for improvement from the last inspection on 6 February 2020		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 and Schedule 3 Stated: First time To be completed by: immediate from the date of inspection	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.	Met
	Action taken as confirmed during the inspection: The inspector viewed the application of a recently recruited staff member which included an application form which had been amended to ensure candidates were prompted to record and explain all gaps in employment and reasons for leaving previous employments.	

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). The annual Adult Safeguarding Position report for the agency had been formulated and was reviewed and found to be satisfactory.

Discussions with the person in charge established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

Day care staff and support staff have completed adult safeguarding training and have regular updates. Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could 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 had a system for retaining a record of referrals made to the Health and Social Care Trust (HSCT) in relation to adult safeguarding. Discussions with the person in charge indicated that no adult safeguarding referrals had been made since the previous inspection.

Service users who spoke to us stated 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 agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had completed appropriate DoLS training relevant to their job roles. The person in charge discussed plans in place to address DoLS practices in conjunction with the HSCT. Representatives from the HSCT have recently visited the service users and are processing formal capacity assessments. The outcomes of these assessments may result in a review of care plans which will be reviewed at the next inspection.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The person in charge told us that the service did not manage service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. The environment was observed and there was evidence of IPC measures in place such as Personal Protective Equipment (PPE) which was available for staff.

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

International Dysphagia Diet Standardisation Initiative (IDDSI) standards regarding the modification of food and fluids were introduced in August 2018. It was established that staff had completed training in Dysphagia and new staff members were scheduled to attend in March 2022.

The discussions with staff and review of service user 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 day care 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.

Observation of the lunchtime menu evidenced that service users were given a choice in regards to the meals being served. The inspector observed that a service user with SALT recommendations was not identified on the daily menu sheet; the person in charge agreed to rectify this oversight immediately. The inspector was satisfied that in addition to the care plan information for this service user; recommendations were also displayed at the point of preparing and serving meals.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs as identified within the service users' care plans and associated SALT dietary requirements; staff were familiar with how fluids should be modified.

In response to discussions with a relative regarding dietary requirements following the inspection, the inspector contacted the service and was satisfied with the assurances from the person in charge that assessment information is appropriately shared.

5.2.3 Are there robust systems in place for staff recruitment?

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the Regulations and Minimum Standards, before staff commenced employment and had direct engagement with service users. Records reviewed evidenced that criminal record checks (AccessNI) had been completed for staff before the commencement of employment.

A review of the records confirmed that all staff provided were appropriately registered with the NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards.

The person in charge told us that the day care setting does not use volunteers or voluntary workers.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

We noted that the process, included engagement with service users, service users' relatives, staff and HSCT representatives; however, some reports did not reflect engagement with relatives and representatives on a monthly basis. These matters were discussed with the person in charge and advice was given regarding accessing recent guidance in respect of monthly monitoring within the RQIA website. Monthly monitoring reports will be reviewed at the next inspection.

There is a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that complaints received since the last inspection and had been dealt with in accordance to policy and procedure.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings from the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.



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