

# Unannounced Care Inspection Report 13 August 2018



## Bardan Cottage

**Type of Service: Day Care Setting**  
**Address: 12 Bryansford Avenue, Newcastle, BT33 0AX**  
**Tel No: 02843 723853**  
**Inspector: Suzanne Cunningham**

[www.rgia.org.uk](http://www.rgia.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. They provide care and day time activities for people aged over 55 who may be living with dementia.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 13 August 2018 from 10.00 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 inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

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

Areas requiring improvement were identified in relation to: staffing; NISCC registration for all care staff; staff competency during the induction period; communication policy and incident and accidents policy; staff support for service users who have a swallowing assessment and plan; fire risk assessment; the safeguarding champion; care records; recording service users personal outcomes where possible in their care plan; the Statement of Purpose; individual supervision meetings for the manager; and the monthly monitoring reporting.

Service users provided positive comments regarding the care they had received and their feelings about the day care setting, for example they said: "all together a great place", "I can choose" (in reference to activities), "I look forward to a bit of craic". Two questionnaires returned by service users or relatives included the following comments: "Bardan cottage ladies who work there are very jolly and friendly, my mother always comes away very content"; and "all care is thoughtful and very satisfactory".

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
<b>Total number of areas for improvement</b>	5	7

Details of the Quality Improvement Plan (QIP) were discussed with Cathy Bates, registered manager, 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. However, the improvements in relation to the swallowing assessment, Statement of Purpose, care plans and service user's records were discussed in detail after the inspection because they potentially have a significant impact on quality of care. These improvements have been shared with the Southern Health and Social Care Trust and South Eastern Health and Social Care Trust to ensure the trusts have the correct information to assure the service users are receiving the right service, in the right place, that meets their needs.

## 4.2 Action/enforcement taken following the most recent care inspection dated 01 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 June 2017.

## 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 which revealed one incident had been notified to RQIA since the last care inspection in June 2017.
- Unannounced care inspection report 1 June 2017.

During the inspection the inspector met with seven service users and one member of staff. There were no visiting professionals or service users visitors/representatives present during the inspection.

The following records were examined during the inspection:

- Three service users care files including the recording of their attendance in the day care setting.
- Four staff files including induction records.
- The complaints/issues of dissatisfaction record.
- Incidents and accidents recorded since the last inspection.
- The staff rota arrangements from April to August.

- The service user satisfaction surveys undertaken in 2018 and outcome report.
- Minutes of service user meetings held in December 2017, March and June 2018.
- Minutes of staff meetings held in September and December 2017 and February and May 2018.
- Staff supervision dates delivered since the last inspection.
- Monthly monitoring reports for January; February; March; April; May; June; and July 2018.
- Staff training information for 2017 and 2018.
- Annual report dated 2017.
- The safeguarding policy and procedure.
- Statement of Purpose.
- Fire risk assessment.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; two questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centre to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users, relatives and staff for their involvement with the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance for four areas of improvement was recorded as met and one area of improvement as not 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 01 June 2017**

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 01 June 2017

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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time	<p>The registered person shall ensure the annual report is written for the last year of this day care settings provision of care.</p> <p>The content must be consistent with this regulation and Schedule 3.</p> <p>The completed annual report must be submitted to RQIA with the completed QIP.</p> <p><b>Ref: 6.7</b></p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspector confirmed the report had been written and had been forwarded to RQIA. The report for 2018 was forwarded to RQIA within two weeks of this inspection.</p>	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 5.2 <b>Stated:</b> Second time	<p>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</p> <p><b>Ref: 6.2 and 6.5</b></p>	<b>Not met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Three service users' individual records were inspected and no improvement was observed to be in place. Discussion with the registered manager revealed she had adapted the review form to ensure this was discussed with service users. Inspection of one review form revealed the discussion did not cover what the service user wanted to achieve but focussed on were they happy. The manager has been asked to review the practice in this regard and find</p>	

	ways to assist service users' communication in regard to what outcomes they want to achieve in day care.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 8.2 & 8.3 <b>Stated:</b> Second time	<p>The registered person shall improve service users involvement in the day care setting, for example:</p> <ul style="list-style-type: none"> <li>the frequency of the service users meetings</li> <li>the accessibility of the minutes of service user meetings and annual report</li> </ul> <p>Ref: 6.2 and 6.6</p> <p><b>Action taken as confirmed during the inspection:</b> The inspection of the service users meeting minutes showed this had been improved.</p>	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Standard 8.2 <b>Stated:</b> First time	<p>The registered person shall move the service user information board so it is accessible for service users' reference when they are in day care.</p> <p><b>Ref: 6.6</b></p> <p><b>Action taken as confirmed during the inspection:</b> The notice board had been moved to a room inside the day care setting. It was placed at a level that could be read by all service users including those in a wheelchair.</p>	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 23.8 <b>Stated:</b> First	<p>The registered person shall improve the frequency of the staff meetings. They should be held at least quarterly and should support staff to deliver safe, effective and compassionate care.</p> <p><b>Ref: 6.7</b></p> <p><b>Action taken as confirmed during the inspection:</b> The staff meeting minutes were available and up to date at the time of inspection. In the minutes improvements raised and actions had not been followed up therefore it was not clear if these had been achieved. Discussion with the manager revealed the action points had been addressed therefore advice was given to</p>	<b>Partially met</b>

	ensure this is noted on the next meeting record	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The inspection of the staff rota that showed staffing arrangements from April to August detailed the minimum staffing of four care assistants and the manager was in place to provide care in this setting. The manager was identified on the staff rota, however in her absence the person who assumed management responsibility was not on the rota nor was they described in the settings statement of purpose. The person in charge should be clearly identifiable at all times therefore the manager was advised the statement of purpose and staff rota should be improved in this regard.

The registered manager had maintained individual staff files and two were inspected. They contained evidence that recruitment procedures had been complied with. However the record for one bank staff member that was on duty was inspected. They had provided cover during holidays and their individual record revealed they were not registered with NISCC. The manager thought this was not necessary because she was temporary. The manager was advised all care staff must be registered with NISCC; these arrangements are in place to ensure the staff team practice safely and competently to meet the assessed needs of the service users. An improvement is made in this regard.

The inspection of the staff rota, discussion with staff and observation of the care did show the staffing numbers were consistently maintained to meet the needs and number service users. The numbers also presented as adequate for the service user group on the day of the inspection taking into account the size and layout of the premises, the number of service users and the statement of purpose.

One competency and capability assessment had been completed for a staff member who the manager and staff identified as in charge of the setting in the absence of the manager, the document was not dated and had not been reviewed since it was written. Advice was given to the manager to periodically revisit this document with the staff member to ensure any concerns or training needs that may arise when they act up are addressed without delay.

Discussion with the manager found an induction programme was in place for the care staff working in the centre. Two staffs' individual induction booklets were inspected and these showed the staff had received an induction to their specific job role and the building. The booklet had been signed by the manager and the staff member when complete. The manager also used a document that informed staff regarding their responsibility to adhere to NISCC standards; this was signed by the staff member and manager. The manager could not evidence the staff were practicing competently regarding the standards or able to show staff understood how the standards would be put into practice in Bardan. The manager had been advised during previous inspections that new staff should be encouraged to explore competency and the



NISCC induction standards were suggested as a point of reference. In conclusion at the time of this inspection the manager had not enabled staff to explore competency but had given them a leaflet to sign detailing how to be competent. An improvement is made in this regard.

The training records were inspected and they showed mandatory training and other appropriate training relevant to the staff's roles and responsibilities had been provided since the last inspection. Training was mainly provided by an online package and additional training regarding first aid, swallowing recommendations and dementia champion training was provided in class room type courses. Staff training records were not easy to find in the records and the manager was reminded to keep all training records current so follow up or renewal of training required could be easily identified and addressed with ease. The records showed staff were receiving mandatory training and training relevant to meeting service users' needs, however the manager was advised the quality of training and how staff will put training into practice should be reviewed with staff to ensure the training promotes safe and effective practice.

RQIA records revealed one incident had been reported to RQIA since the last inspection. The review of the settings incidents and accidents confirmed this incident had been responded to on the day to ensure the service user was safe and well. The record did not show what would or could be implemented to prevent reoccurrence. This was discussed with the manager who verbally reported what had been discussed and put in place. The plan presented as a safe response however advice was given that this should be recorded on the incident recording to ensure evidence is in place which shows measures are in place to show care is safe and minimise potential for reoccurrence.

The inspection of the accident/ incident record revealed another incident which detailed communication with the family but not the referrer regarding an assessment. The manager said they had not spoken to the referrer because they did not want to go above the families head. Advice was given that as well as communicating with the service user and family; the staff, with the service user and families permission, should also communicate with the referrer. Referrers can access assessments and provide professional advice or assistance to ensure the service user's needs are met. An improvement is made for the manager to review the communication policy and incident and accidents policy and procedure to review communication with the referrer or other professionals and ensure lines of communication is improved in this regard.

The incident record also contained two further incidents that were recorded on loose paper, which were incidents regarding the day centre vehicle. The manager explained they were not sure where to record them because they were about the vehicle not service users. Advice was given if the records fell within the definition of an accident or incident as described in the settings policy and procedure, this should be recorded properly. If the incident does not, the record should not be held in the file.

Overall the inspection of the records did find safety issues and risks had been identified and responded to and all relevant incidents/notifiable events were reported to RQIA. However all actions should be recorded and communication with the referrer should be improved.

The inspector spoke with staff regarding a number of care issues relating to safe care. Discussion with staff regarding restrictive practices revealed this was being appropriately minimised. For example the service users who used a wheelchair while in the day care setting were transferred into supportive chairs and encouraged to move around with the level of staff

support that was assessed as required. When a service user was assessed as needing to remain in their wheelchair staff ensured lap belts were used as detailed in their assessment and service users were positioned so they were comfortable.

The front door to the day centre was locked to ensure service users with dementia/memory loss could not walk out onto the road; this was clearly documented in service user information. Service users and or family sign to confirm they understand this is in place and to confirm their agreement to the locked door before they commence in the setting.

The walk around the environment found the setting presented as safe, clean & tidy. Furniture used by service users presented as fit for purpose for service users to relax in and undertake a range of activities. The service users could move around the setting as they wanted to and no rooms presented as overcrowded during the inspection.

Observations of care and activities were undertaken during the day and the observation of the lunch time routine revealed a concern regarding arrangements for one service user in relation to their swallowing assessment and recommendations. The inspection found these were not followed all of the time. This was addressed with the manager and she was advised the provision of supervision of this service user's lunch should be reviewed without delay. An improvement is made in this regard. The manager was also asked to ensure the staff support for any other service users who have a swallowing assessment is also reviewed before they next come to the day centre to ensure staff support is consistent with the assessment.

The last fire risk assessment was carried out in December 2015; the suggested date for review was December 2016. A review of the record was signed by the responsible person in 2017 and 2018 which stated no changes were needed to the risk assessment. The record did not qualify the responsible persons competency to make this assessment, did not describe evidence why this was an adequate outcome of the review and why a full review of the fire risk assessment was not required. Any person carrying out a review of the fire risk assessment should be sufficiently competent to do so and fire risk assessments must be revised when necessary, for example when the fire risk has changed. Therefore an improvement is made for the fire risk assessment to be reviewed by a competent person without delay. If the competent person concludes a new assessment is not required because no changes have occurred anywhere in the setting, including staffing arrangements or service uses needs; this should be described by the competent person reviewing the assessment when signing the assessment to confirm fire safety in this setting is sufficient.

Discussion with staff regarding safe care revealed they were confident the building was safe and well maintained; they also described individual service users' needs are assessed by the manager who communicates to the staff changes or updates to the assessments and or care plan. They described training is done on line and they said they knew what had to be done. The staff described they found the online training less stimulating in comparison to training in a group with a trainer, however they said they were learning what they needed to know. The staff said there was enough staff on duty to meet the needs of the service users and they had updated their safeguarding training. Staff were asked who the safeguarding champion was in the organisation because there was no reference to this in the settings policy and procedure. One staff member named a manager in another establishment and the manager of this setting did not know who it was. The manager was asked to find out who it is, how they can support staff regarding safeguarding, enquire had they completed their safeguarding report and ensure the settings policy and procedure is updated accordingly. An improvement is made in this regard.

On the day of the inspection service users were asked if they felt safe in the day care setting, they said it was a safe place because: “good standard of care”; “I can tell staff what I need”, “if I ask, they (staff) help us”. Two service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided to service users was safe.

**Areas of good practice**

There were examples of good practice found during this inspection in relation to staff recruitment and the home’s environment.

**Areas for improvement**

Seven areas for improvement were identified in relation to staffing records; NISCC registration for all care staff; staff competency during the induction period; communication policy and incident and accidents policy; staff support for service users who have a swallowing assessment and plan; fire risk assessment; and safeguarding champion.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	4

**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 inspected, this found: two of the three files did not have a written agreement in place; one did not have a general risk assessment in place; two files had incomplete care plans; one individuals file did not have a care plan; none of the assessments or plans had been reviewed as stated in the minimum standards or settings statement of purpose. Individual assessments, care plans and review documentation must be in place for each individual service user to ensure their physical, social, emotional, psychological and spiritual needs are met effectively. The manager was asked to ensure these service users’ records were updated and an improvement is made in this regard.

The two care plans available for inspection were examined for evidence that service users’ personal outcomes or preferences were recorded when appropriate. This was not evidenced as in place. An additional individual service users review record was produced to show this had been included in the review however, the commentary described the service user was happy in the day care setting but did not detail their personal preferences or outcomes they wanted to achieve in day care. The manager was advised the care plan should, where possible, include any personal outcomes the service user would like to achieve as had been stated in the QIP following the previous inspections on 4 August 2016 and 1 June 2017. This is stated for a third time in the QIP for this inspection.

The inspection did confirm records were stored safely and securely in line with data protection and staff reported they could access the records if they need to.

Discussion with a group of service users revealed they felt staff were well trained and able to provide the care they needed and if they wanted to make suggestions or discuss their care they felt confident they could talk to the staff on duty or the manager.

Discussion with the staff found they were confident regarding meeting the needs of service users in the setting. One staff member detailed how they had developed communication aids for a service user to improve their communication with staff. The inspector viewed the resource and commended the innovative practice and motivation of staff that had enabled and promoted the service users communication. Staff discussed if they had any concerns, ideas or wanted to discuss a service user their manager had an open door policy and would encourage staff to bring their ideas. They also described they met each morning to plan the day and discuss any changes in service users' needs.

Two service users and/or relatives returned questionnaires to RQIA. The responses indicated that they were very satisfied that the care provided was effective.

**Areas of good practice**

There were examples of good practice found during the inspection in relation to the storage of service user's information; staff promoting a service users communication, communication between staff and planning daily care.

**Areas for improvement**

Two areas for improvement were identified in relation to service users individual care records and recording service users personal outcomes where possible in their care plan.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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 inspection of this setting included observation of service users taking part in activities in the large group, small groups and the lunch time routine. Overall the observations revealed service users were treated with dignity and respect while promoting and maintaining their independence. Service users' needs were varied including memory loss, communication difficulties, frailty, mobility needs and behaviour needs. Staff on duty were observed approaching service users individually or in the group in a caring and respectful way. Service users were given time and privacy by staff who also protected service users dignity when meeting needs.

The observations noted staff enabled and supported service users to engage and participate in activities and interests. Overall the observations found service users were being promoted to take part and engage with opportunities available.

Discussion with a group of service users confirmed that they felt their views and opinions had been taken into account in matters affecting them. One service user spoken to described they had started day care on the day of the inspection, they said they had been welcomed and felt comfortable with the activities, routine and with the staff.

Since the last inspection the settings staff had improved the systems in place to promote effective communication between service users and staff. Service user meetings were held every three months and records of the minutes was available for inspection. This revealed service users were given opportunities to give their views and suggestions as well as being informed by staff of any changes or plans in day care.

An annual service users' quality assurance survey had been undertaken for 2018 and the evaluation evaluation/summary report was inspected. This revealed the positive qualitative comments were reported on however a number of suggestions or issues raised by individuals were not addressed. Discussion with the manager revealed staff had started to respond to the suggestions however there was no recording to evidence this was done. The manager submitted the settings annual report after the inspection which detailed what had been done to improve the service users experience in day care following the receipt of the service user feedback forms. This practice should be continued to show service users suggestions regarding improvements are responded to.

The service users were asked if care was compassionate and they agreed it was, they said they enjoyed: "nice lunch"; "overall food is very good"; "we have choices"; "the singer was great (todays activity); "I'm very happy"; "I enjoy getting out, I can do something different"; "we can make suggestions". Two service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was compassionate.

**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 of improvement were identified in relation to compassionate care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates 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.

The Statement of Purpose for the day care service was reviewed during this inspection. The document clearly described the nature and range of services provided and addressed all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. However the evidence gathered during this inspection indicated that the service was not currently operating in compliance with its Statement of Purpose. One service user's age and needs were not consistent with the statement of purpose; they had recently commenced in the setting and

were attending full time. The settings statement of purpose must state under the heading of “range of needs/categories of care” and “admission criteria” what needs they will meet. This gives RQIA and referrers the right information to consider if the premises, staffing and arrangements in place are appropriate to meet service users’ needs.

The placement that was not compliant with the settings statement of purpose was discussed with the manager, this revealed the manager had not considered compliance with the statement of purpose, prior to this service user starting in the day centre because they felt they could meet the service user’s needs. The trust who placed the service user in Bardan were contacted after the inspection to alert them to this finding enquire if they were they satisfied this service users’ needs could be met in Bardan. The discussion revealed they were not aware the placement was not compliant with the settings statement of purpose. The trust subsequently reviewed this placement and reported they do not have any concerns. RQIA discussed with the manager the need for the organisation to maintain compliance with their statement of purpose and asked for the statement of purpose to be reviewed to ensure this placement does not sit outside of it. This is detailed in the QIP for this inspection.

A sample of the staff supervision records was inspected and this showed three staff had met with their supervisor on average once every three months for an individual supervision meeting. They had also met annually for an appraisal meeting. These discussions were recorded and available for inspection. The manager said she had not received supervision or an appraisal in the last twelve months. The lack of oversight and support for the manager was significant given the number of areas for improvement identified during this inspection. Effective and timely supervision for this manager may have identified these improvements prior to this inspection. An improvement is made in this regard.

The staff meetings record was inspected and this showed they were held at least quarterly with minutes and attendance recorded. The records did show improvements were planned as was staff training however this was not followed up in the minutes of the next meeting to show had the actions been effective. Discussion with the manager and staff confirmed the actions had been followed up verbally nevertheless, advice was given to the manager to ensure actions were recorded.

No complaints had been recorded however, discussion with the staff confirmed they were aware of how they should respond to a complaint or area of dissatisfaction. Discussion with service users confirmed they would speak to the staff or the manager if they were dissatisfied or were concerned about their day care experience.

One arrangement was in place to monitor, audit and review the effectiveness and quality of care delivered to service users which was the provider monthly monitoring visits. The reports showed the visits had been undertaken monthly by the responsible individual, the reports included minutes of service users meetings, the menu on the day of inspection, monitoring of service users files and records, and an action plan. However, the records did not qualitatively report service users and staff views or opinions, comment on the quality of recording or form a view regarding the conduct of the day care setting. It is possible if the provider monitoring had been more effective in this regard the omissions and improvements identified during this inspection may have been identified and addressed prior to this inspection. The responsible person is asked to improve the monitoring of this setting and reporting of the same. An improvement is made in this regard.

The service users were asked their opinion about the management of the setting and staff, they said: “staff are good”; (staff) “they are obliging”; “staff are trained”; “Cathy is a lovely person and we can talk to her”. Two service users and/or relatives returned questionnaires to RQIA. All responses indicated that they were very satisfied that the care provided was well led.

### Areas of good practice

There were examples of good practice found in relation to communication between staff and maintaining good working relationships

### Areas for improvement

Three areas for improvement were identified in relation to the Statement of Purpose; individual supervision meetings for the manager and the monthly monitoring reporting.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	1

## 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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 21 (1) (b) &amp; Schedule 2 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>The registered person shall ensure all care staff working in the day care setting are registered with the appropriate regulatory body for example NISCC.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The student on work experience at Bardan Cottage over the summer is now in the process of being registered with NISCC. This will ensure that all Bardan Cottage staff are registered with the appropriate regulatory bodies as per Regulation 21 (1) (b) &amp; schedule 2 (5).</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 14 (1) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> As suggested by the inspector, staff now ensure that all condiments, cutlery and equipment is already on the table before the client begins lunch thus ensuring that arrangements are in place to supervise the client's eating times and to ensure that swallowing assessments are being followed safely. By following those guidelines from the inspector, we have improved our supervision of clients during eating times as per Regulation 14 (1) (b) (c) Bardan Cottage has also introduced silicone food molds which will assist in improving the appearance of pureed meals. The food molds will greatly improve meal presentation while helping our service users to maintain a sense of dignity in their dining experience.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>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 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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Please refer to updated information on the Bardan Cottage "Statement of Purpose" which was forwarded to the inspector as requested post</p>



	<p>inspection date. Mr Liam Lavery's qualifications have been updated to include "BAFE qualified since 2004.</p> <p>Bardan Cottage is very aware that a fire risk assessment is a vital and important part of fire safety law and this qualification enables Mr Lavery to prove that he is a sufficiently competent person in this area of fire protection. Mr Lavery will ensure that all necessary information as described above will be included in all future fire risk assessments as per Regulation 4.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>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</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The revised Bardan Cottage "Statement of Purpose" has been forwarded to the inspector as requested post inspection date. The purpose and placement is now currently compliant with the "range of needs/categories of care" and "admission criteria" as per Regulation 7.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 28.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>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.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Manager, Mr Liam Lavery has now put into place a means to improve the monitoring and reporting of the day care centre. This will include a "Client and Family Representative Meeting" which has been arranged for Wednesday the 10<sup>th</sup> October at 6.30 PM. This meeting along with staff interviews will form a view regarding the standards of care here at Bardan Cottage. The results of these meetings will be reflected in the monthly Registered Providers Inspection as per Regulation 28.4</p>
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 5.2</p> <p><b>Stated:</b> Third time</p> <p><b>To be completed by:</b> 31 March 2019</p>	<p>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.</p> <p>Ref: 6.2 &amp; 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager will ensure that an individual comprehensive care plan is drawn up for each service user. During care reviews, the</p>

	<p>service user and their family members will be asked for their views, their expected personal outcomes, their objectives and their care plan will reflect how Bardan Cottage plans to meet the specific needs, care, support, opportunities and personal preferences of each individual.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> As recommended by the inspector, 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 as per Standard 23.7 This recommended improvement is now in place.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>The registered person shall improve the induction for new staff to include evidence of staff competency, for example the NISCC induction standards.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> Bardan Cottage induction for new staff members will be improved and will include The NISCC induction standards as evidence of staff competency as per Standard 21.1. This will be in place by 8<sup>th</sup> Oct 2018 for all new staff members.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 7.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b>  Lines of communication with the referrer and family members will be reviewed and our policies and procedures will reflect this information with regards to additional services or assessments which may be required as per Standard 7.6.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 13</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p>The registered person shall confirm who the safeguarding champion is in the organisation; inform the staff how the safeguarding champion can support staff regarding safeguarding and update the settings policy and procedure accordingly. An improvement is made in this regard.</p> <p>Ref: 6.4</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> The Registered Manager, Cathy Bates is the safeguarding champion in Bardan Cottage Newcastle. I am attending a course on 5<sup>th</sup> November entitled "Keeping Adults Safe : Adult Safeguarding Champion and Appointed Person" which is provided by VolunteerNow. After completing this course, I will be qualified to be the safeguarding champion and also qualified to support staff regarding any safeguarding issues which may arise. Policies and procedures will be updated accordingly as per Standard 13.</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>Ref: 6.5</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 22</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> As per Standard 7, the registered manager will ensure that all service user individual records will include an updated written agreement, assessment, care plan and reviews in accordance with minimum standards and our Statement of Purpose.</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 omissions, improvements and potential non-compliance to ensure this setting is working in compliance with the day care setting standards.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The Registered Provider has now completed individual supervision of the managers of Bardan Cottage. This will be carried out no less than every three months. A recorded annual appraisal will also be carried out to review their performance against their job description and agree a personal development plan. The Registered Provider will aim to identify and address any omissions, improvements required and identify any potential non-compliance thereby ensuring that Bardan</p>

	Cottage is working in compliance with the day care settings Standard 22.
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The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9051 7500

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)