



The Regulation and  
Quality Improvement  
Authority

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26 JAN 2016

**Unannounced Care Inspection  
of  
Bardan Cottage Dunmurry**

**12 January 2016**

**The Regulation and Quality Improvement Authority**  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
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## 1. Summary of Inspection

An unannounced care inspection took place on 12 January 2016 from 09 50 to 13 30. 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 Settings Regulations (Northern Ireland) 2007, 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
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

The details of the QIP within this report were discussed with the Mrs Harte, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> GL Care LLP/Mr Liam John Lavery	<b>Registered Manager:</b> Mrs Louise Harte
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Louise Harte	<b>Date Manager Registered:</b> 18 June 2015
<b>Number of Service Users Accommodated on Day of Inspection:</b> 5	<b>Number of Registered Places:</b> 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 standards 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

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

Prior to inspection the following records were analysed: the report and quality improvement plan of the previous inspection. There had been no notifications of accidents/incidents received at RQIA since the previous inspection.

During the inspection the inspector met with five service users and three staff. There were no visiting professionals and no representatives/family members.

The following records were examined during the inspection: care files (5), statement of purpose, service user guide, accidents/incidents, complaints, monthly monitoring reports and staff training records.

#### 5. The Inspection

##### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced pre-registration inspection. The inspection was a joint care and estates inspection dated 02 June 2016. The quality improvement plan contained four requirements in relation to estates and three recommendations in relation to care issues. The completed QIP was returned and action in relation to the requirements was approved by estates inspector.

##### 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 17.6 and 17.8</b>	<p>The registered manager is to amend and update Bardan Cottage's statement of purpose and service users guide regarding:</p> <ul style="list-style-type: none"> <li>• Accurate numbers of staff employed</li> <li>• Staff qualifications and experience</li> <li>• Fire safety information</li> <li>• Complaints information</li> <li>• Arrangements made for respecting service user's privacy and dignity</li> <li>• RQIA information</li> <li>• Include information about the keypad system and use of same</li> <li>• Include an operational explanation about the CCTV cameras situated in the reception hall area</li> </ul>	<p><b>Met</b></p>

	<b>Action taken as confirmed during the inspection:</b> The details as listed had been added to the statement of purpose and the service users' guide	
<b>Recommendation 2</b>  <b>Ref: Standard 25.3</b>	<p>The registered persons:</p> <p>(a) must provide a table in the activity room for service users. This will be beneficial for individuals with sensory needs, poor eyesight, hearing, etc. It will also encourage conversation, discussion and be more conducive and therapeutic.</p> <p>(b) consider fitting storage cupboards below the existing work top surfaces in the activity room.</p> <p>The completed returned QIP must state the action taken regarding (a).</p> <p><b>Action taken as confirmed during the inspection:</b> The table and cupboards have been provided .</p>	<b>Met</b>
<b>Recommendation 3</b>  <b>Ref: Standard 18</b>	<p>The registered manager must review Bardan Cottage's Continence Promotion policy and procedure.</p> <p><b>Action taken as confirmed during the inspection:</b> The continence promotion policy had been reviewed.</p>	<b>Met</b>

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

#### Is Care Safe?

A continence promotion policy was in place dated May 2015. The policy defined personal and intimate care needs and gave guidance to staff in relation to assistance for any service users who require support in this area. The manager confirmed that the majority of the service users were independent in the area of continence management. An inspection of five care files showed that there was consideration of personal care where relevant although no current service users had any identified continence care needs. It was noted that several care plans had not been signed by the service user or a relative. A recommendation has been made. Staff members confirmed their confidence in following procedures for all aspects of the work and in respecting each service users' privacy and dignity.

There was an adequate supply of hand sanitisers throughout the premises and staff confirmed that there was a supply of protective gloves and aprons should they be required.

**Is Care Effective?**

There was evidence from discussions with staff and from written records to confirm that the care provided met as far as possible, the identified need for each service user. This is limited as all service users are currently attending just one day each week. This service has recently been registered in June 2015. Registration is for a maximum of 20 service users each day. The manager confirmed that there are no more than seven service users attending on any day. The plan since first registration was to introduce service users gradually to the centre. It is hoped that the centre, will in time, operate to full capacity. Staff training in continence care had been provided in October 2015.

**Is Care Compassionate?**

The inspector spent time with all five service users who commented favourably in regard to the kindness and attitude of the staff in the centre. Satisfaction questionnaires were left with the service users. None were returned in time for inclusion in this report. Observation of practice found it to be polite, friendly and good humoured.

**Areas for Improvement**

An audit of care records should be undertaken to ensure all have been signed as appropriate. However, overall there was evidence that this standard is considered safe, effective and compassionate.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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?**

Evidence from discussions with service users and in written records showed high levels of consultant between staff, service users and families. There are between four and seven service users attending each day. There are two care staff and a manager on duty. This staffing ratio ensures that individual discussions take place daily in regard to choices of activities. The inspector spent time with the service users on the day and they were very complimentary regarding the centre and confirmed that they are fully involved in the day to day running of the centre. There was a policy on service user involvement dated May 2015 in place.

**Is Care Effective**

This service was first registered in June 2015. The manager is currently collating information which will form the annual quality review report in line with regulation 17.11 of the Day Care Settings minimum standards. It was noted that there were no monitoring reports for the three months prior to this inspection. The manager confirmed that the responsible person had undertaken the visits but the subsequent reports had not been forwarded to the centre. A requirement has been made in this regard. The record of staff training was examined and found to be comprehensive. Staff received induction training at the inception of the service and in the seven months since that date mandatory training had been undertaken. Training in

others areas had been provided for example – Dementia awareness, meaningful activities and falls prevention.

### Is Care Compassionate?

Staff members and service users were welcoming to the inspector and contributed positively to the inspection. There was evidence of positive relationships between staff and service users. Staff presented as being committed to ensuring the best possible outcomes from their work. In all the interactions observed, staff engaged service users with warmth and encouragement.

### Areas for Improvement

Reports of monthly monitoring visits should be made and held in the centre. However overall, there was evidence that this standard was safe, effective and compassionate.

Number of Requirements:	1	Number of Recommendations:	0
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## 5.5 Additional Areas Examined

### i.5.1. Service users

There were five service users on the day all of whom were happy to share their views with the inspector. These were all positive. Service users attend just one day a week and the inspector was told that in some cases attendance at the Centre was the only time the service user left their home. A selection of their comments is as follows;

"I love it, the food is gorgeous"

"It's (attending the Centre) is the highlight of my week".

"It's lovely and homely, I wouldn't like one of those big places with lots of people".

### i.5.2. Staff

In addition to the manager there were two care staff and one cook on duty. In our discussions all demonstrated knowledge of the service users individually. Care staff stated the centre provides a transport service and they know what time each service user likes to be picked up. On the day of the inspection staff had facilitated a service user to visit the post office on her way to the centre. Staff confirmed that they were provided with induction and on-going mandatory training. The Cook demonstrated awareness of dietary needs and preferences of the service users. She stated that a three course meal was provided each day and that there is always a choice.

### 5.5.3 Environment

This is a purpose built day care facility. The layout and design of the building ensures that there is a homely, welcoming ethos. There is a large lounge, dining room and activities room. There is an additional smaller sitting room for service users who may wish a quiet time. There are good toilet and shower facilities. On the day of the inspection the standard of cleanliness and internal décor was exemplary.

## Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Louise Harte 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 RQIA's office (non- paperlite) 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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

## Quality Improvement Plan

### Statutory Requirements

**Requirement 1**

The registered person should prepare a written report of his monthly monitoring visits.

Ref: Regulation 28 (4)  
(c)

**Response by Registered Person(s) Detailing the Actions Taken:**

Stated: First time

Monthly reports will be  
emailed next day to unit

To be Completed by:  
31 January 2016

### Recommendations

**Recommendation 1**

Care plans should be signed by the service user.

Ref: Standard 5.3

**Response by Registered Person(s) Detailing the Actions Taken:**

Stated: First time

When all care plans have been  
finalised they are signed by  
client or their representative

To be Completed by:  
31 January 2016



IN23716

Registered Manager Completing QIP	<i>Louise Harte</i>	Date Completed	26-1-16
Registered Person Approving QIP	<i>[Signature]</i>	Date Approved	26-01-16
RQIA Inspector Assessing Response	<i>Ruth Peck</i>	Date Approved	1/2/16

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

