

# Unannounced Care Inspection Report 22 February 2018



## Bardan Cottage Dunmurry

**Type of Service: Day Care Setting**  
**Address: Bardan Cottage Dunmurry, 265-267 Kingsway,  
Dunmurry, Belfast, BT17 9NP**  
**Tel No: 02890 618869**  
**Inspector: Dermott Knox**

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

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a Day Care Setting with 20 places that provides care and day time activities for people who are elderly and infirm, or who have a physical disability and for people living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> GL Care LLP	<b>Registered Manager:</b> Mrs Louise Harte
<b>Responsible Individual(s):</b> Mr Liam John Lavery	
<b>Person in charge at the time of inspection:</b> Mrs Louise Harte	<b>Date manager registered:</b> 13 October 2016
<b>Number of registered places:</b> 20 - DCS-I, DCS-DE, DCS-PH	

### 4.0 Inspection summary

An unannounced inspection took place on 22 February 2018 from 10.00 to 17.00.

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 day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to presentation of the premises, leadership and management, safe and effective care for service users, care planning and review, provision of activities, transport and menus and food presentation.

Areas requiring improvement were identified with regard to ensuring that staff receive mandatory training and other training appropriate to their work, and that an incident requiring medical attention for the service user must be notified to RQIA.

#### Service users said:

- “This is a terrific place to spend the day; I couldn’t be better looked after than I am here.”
- “The staff are very good to all of us. We have lots of fun, and great food. What could be better than that?”
- “We three ‘trouble-makers’ are great friends. We chat and we have a laugh and we look out for xxxx, who can’t hear very well, so you need to speak right at her.”

The findings of this report will provide the day care service 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>	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Louise Harte, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 19 January 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 January 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:

- Record of notifications of significant events.
- Record of complaints.
- Quality Improvement Plan from the previous inspection on 19 January 2017.
- The RQIA log of contacts with, or regarding Bardan Cottage Day Centre.

During the inspection the inspector met with:

- eight service users in a group setting
- two care staff in individual discussions
- the cook
- three relatives of service users
- the registered manager throughout the inspection

Questionnaires were left with the manager to be distributed to service users and a number of relatives or carers of service users. None of these questionnaires were returned to RQIA by 08 March 2018. One staff member responded in the online survey, by 08 March 2018.

The following records were examined during the inspection:

- Filed records for three service users, including assessments and review reports.
- Progress records for three service users.
- Monitoring reports for the months November and December 2017 and January 2018.
- Records of three staff meetings held in May, August and November 2017.
- Selected training records for staff.
- Records of staff supervision dates.
- The Statement of Purpose.
- The service user's guide.
- Fire safety records.

- Quality survey report for 2016/17.
- Staff induction records.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or 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 19 January 2017

The most recent inspection of the day care service 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 19 January 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 21 (1) (a) (b) (c)  <b>Stated:</b> First time	The registered person shall not employ a person to work in the day care setting unless — (a) the person is fit to work in the day care setting; (b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2; (c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.  Refers to missing reference and health assessments in staff files.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed that the reference and the health assessments had been sourced and added to the file. This was examined and the statement verified.	

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.2 & 23.3  <b>Stated:</b> First time	<p>The registered provider should improve arrangements for staff induction and staff competency assessments in Bardan Cottage Dunmurry.</p> <p>The process should be improved so it also focusses on role and responsibility; and competency when working in a social care setting, as well as administrative tasks. The NISCC induction standards, social care standards and code of practice could be referred to in this regard.</p> <p>Evidence of the improved induction process and competency assessment(s) must be available for future inspections.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Staff induction arrangements have been improved and now incorporate NISCC Induction Standards and guidance. The centre's induction pack is substantial and well-detailed.</p>	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22.5  <b>Stated:</b> First time	<p>The registered provider should improve arrangements for staff appraisal and ensure staff receive an appraisal no less than annually.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence in the two staff files examined, to confirm that appraisals were completed annually for staff members.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time	<p>The registered provider should make arrangements for the settings policy and procedure on restraint and seclusion to be improved to meet the needs of persons with dementia.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was a record of the revised policy having been forwarded to RQIA on 13 March 2017.</p> <p>The manager confirmed that the policy had been revised to meet identified needs.</p>	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.7</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should keep a record of staff working each day and the capacity in which they worked.</p> <p>Refers to including the full names of staff on duty rotas and transport logs.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager sends a daily report to the registered person, which records the information required in this area for improvement.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 21.3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure mandatory training requirements are met.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Bardan Cottage now contracts EVO Training to provide online training and assessment services to the staff team. The manager stated that there are 38 online courses. Training in several topics, including First Aid, Manual Handling and Challenging Behaviour, is still provided in face to face sessions. For some of these, the registered person is the qualified trainer.</p>		

## 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.**

Bardan Cottage Day Care premises were found to be well maintained and in excellent decorative order, with no obvious hazards for service users or staff. The premises were designed and built in 2015 to function as a day care facility incorporating a number of design features that facilitate their use by people who have dementia related conditions. The Statement of Purpose informs us that the registered person has completed courses on 'Design for Dementia' and 'Developing a Person-Centred Approach to People with Dementia', at the University of Stirling.

Staffing arrangements in Bardan Cottage were found to be satisfactory for the number of service users attending the centre. The Statement of Purpose for the service states that a ratio of one staff per five service users will be maintained. Daily records were kept of the staff on duty and these were communicated regularly to the registered person as part of the manager's reporting procedure. This provided information on staff on duty, specific hours worked, number of service users in attendance, meals provided and the daily fire safety checks. The records also showed that when the manager was absent, a competent care worker was in charge of the centre. Employment conditions with regard to training for staff are discussed in Section 6.7 of this report. Discussions with the manager and the staff who were consulted confirmed that the staffing numbers were appropriate to meet the assessed needs of the service users.

Staff employment records showed that newly appointed staff followed an induction programme that incorporated elements from both NISCC Induction guidance and from day care minimum standards. Records indicated that the induction requirements were met at appropriate intervals and were signed off by both the staff member and the manager. Discussion with the most recently appointed care staff member confirmed that she had received relevant training following the completion of induction. There is a system in place to monitor the NISCC registration and renewal dates of care staff along with the currency of training updates.

The manager reported that there were no suspected, alleged or actual incidents of abuse identified since the last inspection. One health related incident had been managed appropriately in relation to ensuring the safety and wellbeing of the service user. However, the incident should have been reported to RQIA, in accordance with Regulation 29(1)(d). This is identified as an area for improvement.

The manager confirmed that 'Adult Safeguarding, Prevention to Protection in Partnership Policy and Operational Procedures', issued in July 2015, have been incorporated in the centre's policy and procedures manual and that updating policies is an ongoing process. The manager and staff demonstrated an understanding of their respective roles in safeguarding vulnerable adults, with staff confirming their commitment to report concerns.

Staff confirmed that they felt care was safe in the centre and that they had confidence in the practice of their colleagues in this small team. One of the three permanent care workers, who takes charge in the absence of the manager, said that all staff understand the appropriate measures to ensure the safety and wellbeing of service users. Each of the staff demonstrated

an understanding of the need to continually assess risks regarding individual service user's mobility, involvement in activities and safety awareness when on outings, including while travelling in the day centre's vehicles. One staff member responded to the online survey, indicating that they were 'Satisfied' that care is safe and well-led, and 'Very Satisfied' that care is effective and compassionate. The manager commented on the good working relationships with personnel in community support services and how they can be approached to initiate additional supports for a service user and his or her carers.

A small number of service users in the setting require their food to be prepared in specific ways in response to their assessed needs. Food preparation recommendations, made by a Speech and Language Therapist, were identified in care plans and the cook verified that they are followed in exact detail. The cook confirmed that she is provided with written instructions for the preparation of any special diets.

Observations of the environment and inspection of records provided evidence that the centre was safe, clean and tidy. Infection prevention and control measures were in place and a good standard of hygiene was evident throughout. This included the provision of liquid soap dispensers, the availability of hand sanitisers and the prominent display of hand hygiene notices at wash hand basins. Staff confirmed that training has been undertaken with respect to Infection Prevention and Control.

Records showed a weekly fire alarm test was carried out along with monthly checks of other fire safety equipment. A fire evacuation was undertaken on 01 December 2017, when there were twelve service users, three staff and three students in the premises. The manager reported that this had been completed smoothly and without undue stress for service users. A fire risk assessment was undertaken in May 2016 and actions identified were addressed.

Three relatives spoke highly of the service and confirmed that they were confident of the safety of service users while that attended Barden Cottage Day Centre.

### **Areas of good practice**

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

### **Areas for improvement**

The registered person shall notify RQIA of any event in the day care setting which adversely affects the wellbeing or safety of any service user.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

## 6.5 Is care effective?

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

Bardan Cottage Day Centre's Statement of Purpose was reviewed, revised and dated 01 December 2017. It provides all of the information required by the regulations and the minimum standards. The Service User's Guide provides a wide range of information for service users and their families.

Three service users' files were examined at this inspection and each was found to contain detailed referral and assessment information on the individual and on his or her functioning, along with a written agreement on the terms of the individual's attendance and participation. Care plans were clear and referred to the assessed needs of service users and the actions required of staff to meet the needs. The content of each care plan was written in plain language to aid the service user's understanding and involvement. Good quality photographs of service users, in their records, helped to promote a positive self-image.

Each of the files examined contained clear risk assessments appropriate to the individual service user, making the risks clear for staff involved in specific aspects of the work with that person. These included, Mobility risk assessments, Falls risk, Hygiene, Transport and Mental Ill health risks. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual. An informative personal profile was present in each file and there was evidence that profiles were updated regularly. One staff member commented on the value of updating these, as it focusses staff's attention on recording changes in service user's circumstances and also builds on the understanding staff have of each individual who attends the centre. Dates and signatures were present in all of the files examined. Systems are in place to review the service user's placement within the centre and ensure that it is appropriate to meet their health and social care needs. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Annual reviews were up to date for two of the three service users, while the third person's review had been scheduled for a date in the month following this inspection. Written review records, informed by regular progress notes and including the service user's views, where possible, were available in all files examined. All records, containing personal and confidential information, were stored safely.

Staff members described how they implement the agreed actions in service users' care plans and how they ensure consent is obtained and confidentiality is upheld. The centre provides services to people with a wide range of strengths, needs and abilities and good examples were observed, in minute by minute practice, of staff communicating effectively with a person who has severely impaired hearing, another who tended to dominate conversations and one who presented as quiet and withdrawn from the main groups. Six service users confirmed in discussions that attendance at Barden Cottage is enjoyable and helpful to them. These views were reinforced by three relatives who met with the inspector.

The premises are suitable for the service currently provided, with a range of activities designed appropriately to meet the needs of all those who attend. With eleven service users attending, three staff in direct contact work throughout the day appeared adequate to meet all of the identified needs. In addition to the main sitting and activity room, there is an art room, a cinema room and a dining room. The centre is spacious and allows for ease of movement for service users from one area to another. Even with activities split between the three main areas, it was noted that the layout would enable support to be summoned quickly, should that be necessary.

The evidence indicates that the care provided in Bardan Cottage Day Centre is effective in terms of promoting each service user’s involvement, enjoyment and wellbeing.

No areas for improvement were identified during the inspection.

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

**6.6 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. There was evidence to show that staff successfully motivated service users to participate in a range of activities and to discuss their contributions, for example to the word game. In all of the events observed, interactions between staff and service users were respectful and encouraging. Service users confirmed that staff involve them in deciding what they want to do each day and two people said that they sometimes decide to just do nothing. Staff demonstrated a good knowledge of each service user’s assessed needs and worked to engage each person in enjoyable activities of their choice. These included music sessions, armchair exercises, arts and crafts, reminiscence activities and bus outings. Staff members interacted in a warm and caring manner with service users and were attentive to any requests that were made. It was notable that all staff spoke very warmly about the nature of their work and there was evidence of a high level of commitment from them.

There were measures in place to ensure that the views and opinions of service users and their carers were sought and taken into account in matters affecting them. These included an annual survey and a report of the findings, completed early in 2017. Another survey had begun, in the month prior to this inspection. Information arising from the survey is shared with staff, service users, their representatives and relevant community based professionals, to ensure that all parties are aware of information on how the service is perceived and evaluated.

Service users confirmed that meals were always of a good standard and this was evident from observation of the meal that was served during the inspection. Several choices were available in each of the three courses of the lunch. Staff were aware of each person’s progress in eating the meal. Several people happily accepted the offer of a second helping of food, or of more to drink. The cook was well informed of each service user’s dietary needs and these were catered for.

During each monthly monitoring visit, the views of a sample of service users were sought by the monitoring officer and their views were reflected in all three of the monitoring reports that were reviewed at this inspection. The monitoring officer identified which service users had been interviewed at each visit, so that a wide range of views would be sought over the year.

Three relatives praised the attentiveness and caring attitudes of staff and all three confirmed that the care provided is effective in motivating their family member’s involvement and in providing an enjoyable day care experience for each of them. Relatives’ comments included:

- “I can’t recommend Bardan Cottage enough for all their kindness to my wife and also to me. If it wasn’t for this place I’m not sure what I would do.”

- “I find the staff very caring and able to deal with all sorts of difficulties. My husband is happy to come here and he seems to remember what happens here, more so than anywhere else.”
- “The staff here go way beyond what they have to do. We come in in the morning and have tea and a scone and when I come back later they always tell me how the day has been for xxx. She is so well looked after, it’s absolutely top notch.”

The evidence indicates that Bardan Cottage Day Centre provides compassionate care to its service users.

### 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, providing enjoyable activities for service users, exploring and taking account of the views and feelings of each service user, providing good quality meals and communicating supportively with relatives.

### Areas for improvement

No areas for improvement were identified during the inspection.

	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.**

Discussions with the manager, seven service users, three relatives and two staff members, and an examination of a range of records, including minutes of staff meetings, staff training schedules, monitoring reports and review reports, provided evidence that, in most areas, effective leadership and management arrangements are in place in Bardan Cottage Day Centre. There was evidence in the most recent completed annual quality survey to show that service users and their relatives rated the service very positively. A survey for 2018 is currently underway using a revised questionnaire format to make completion easier. The manager confirmed that the requirements of Regulation 17 of The Day Care Setting Regulations (NI) 2007 have been noted and will be met in this year’s Annual Quality Review report.

A review of staff training records showed that the manager has a system for monitoring each person’s completion of mandatory training and other training relevant to their roles and responsibilities. Staff confirmed they had undertaken mandatory training and training specific to the needs of service users in this setting, with most of the training being online through the provider’s contract with a training agency. Staff stated that they were required to complete the online training in their own time. This is not in keeping with Regulation 20(1)(c) which requires that, “The registered person shall ensure that the persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform.” It is the responsibility of the registered person to provide mandatory and other appropriate training as part of each person’s employment. This is identified as an area for improvement.

Staff commented that the manager's leadership style was supportive and motivated the team to maintain and improve the efficiency and effectiveness of the centre. Staff meetings were held quarterly in the centre and the manager attended monthly management meetings at which she was able to raise issues that might require attention or change. Records of formal supervision were available for inspection and provided evidence of compliance with relevant standards.

Staff who met with the inspector were well informed on all aspects of the centre's operations and proved very able in contributing to the requirements for this inspection. There was evidence from discussions with staff to confirm that ideas for improvement are encouraged by the manager. Staff felt they were supported following any incidents that they found challenging in their work and that their work with service users and with the team was very rewarding. Relatives who met with the inspector provided very positive comments on the support and communication that their families received from the manager and the staff.

Three monthly monitoring reports, for November and December 2017 and January 2018 were examined and were found to address all of the matters required by regulation. Reports were comprehensive and contained good feedback from discussions with one or two service users and with at least one staff member. A sample of service user records was checked during each visit and a check completed of an aspect of the centre's compliance with a selected standard or area of performance. The manager confirmed that any faults that were found or needs identified through the monitoring process were resolved quickly.

An annual survey of service users and their carers is carried out and the format for this has been revised for this current year, on the basis of last year's experience of its complexity. The manager confirmed that the findings of the survey will be included in the Annual Quality Review report, which will address the matters identified in Regulation 17 and Schedule 3, and will be copied to RQIA on completion each year.

Overall, the evidence available at this inspection confirmed that Bardan Cottage Day Care Service is well led.

### **Areas of good practice**

Examples of good practice found throughout the inspection included, planning, information sharing, governance arrangements including monthly monitoring, staff supervision, liaising with families and carers and promoting service users' involvement.

### **Areas for improvement**

Improvement is required in supporting the provision of training for staff.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Louise Harte, 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(1)(c)  <b>Stated:</b> First time  <b>To be completed by:</b> 02 April 2018	The registered person shall ensure that, “The persons employed to work in the day care setting receive mandatory training and other training appropriate to the work they are to perform.”  Ref: 6.7  <b>Response by registered person detailing the actions taken:</b> The Register Provider will ensure that Staff will be given opportunities during their working day to complete their mandatory training and other training appropriate to the work they perform
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29(1)(d)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall notify RQIA of any event in the day care setting which adversely affects the wellbeing or safety of any service user.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> The Registered manager will ensure that all situation's that could adversely affect the well being of a service user will be forwarded to the RQIA

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



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)

**Twitter** @RQIANews