

Unannounced Day Care Setting Inspection Report 02 & 03 June 2016



Linenbridge

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Linenbridge took place on 02 June 2016 from 10:15 to 16:15 and 03 June 2016 from 10:15 to 16:15.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the Day Care Setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

We looked at six service users individual care files; the staff records such as rotas, supervision and training. We looked around the building and we spoke to service users, staff and visiting professionals. We found the registered persons and the staff had put in place a sound training plan for staff that responded to mandatory training needs; as well as service specific training needs. We saw safe staffing arrangements; and staff implementing risk management and safe plans that had been recorded. We saw staff responding to needs and potential risks in a calm and measured way that was consistent with settings statement of purpose and ethos. In conclusion we did evidence the care provided in this setting was avoiding and preventing harm to the service users in the setting and in the community. Furthermore the care, treatment and support was helping individuals to improve their future options and potential future outcomes.

We did make three recommendations and one requirement to further improve safe care in Linenbridge. They focus on improving supervision, access to policies and procedures, the time service users spend on the bus and service users' access to areas of the day care setting.

Overall the inspection of "is care safe" concluded the setting should improve the areas identified to ensure compliance with the minimum standards inspected.

Is care effective?

We inspected service users individual care records, accident and incident recording, complaints recording. We discussed effective care with the service users, staff and visiting professionals. We found service users had mixed views regarding "getting the right care, at the right time, in the right place, and with the best outcome". We found individual care needs had been assessed and plans were in place to meet needs. However we did find some improvement was needed in managements auditing and monitoring of effectiveness. We also found communication arrangements between service users and staff across the setting should be improved to ensure the systems in place are robust and responsive to need.

We identified one requirement and three recommendations to improve the effectiveness of care in Linenbridge regarding service users' reviews, audit arrangements, availability of records as described in Schedule 5; and communication arrangements.

Overall the inspection of "is care effective" concluded the setting should improve the areas identified to ensure compliance with the minimum standards inspected.

Is care compassionate?

We inspected records, observed practice and saw service users being treated with dignity and respect. They were encouraged by staff to be involved in decisions affecting their treatment, care and support. Staff were clear the culture and ethos of the setting ensures service users are listened to, valued and communicated with in an appropriate manner. Our discussion with service users did reveal not all service users felt they had been commnicated with. We identified that consultation with service users’ needs to be improved. This has already been detailed in the effective domain and if the improvement is effective, this should have also have a positive impact on compassionate care in this setting.

We made one recommendation regarding improving the service of food.

Overall the inspection of “is care compassionate” concluded the minimum standards inspected were met.

Is the service well led?

We discussed with the staff, service users and visitors the management arrangements in place. Staff were clear regarding their roles and responsibilities and they confirmed who they are managed by. We looked at the monitoring arrangements in place and were satisfied these met the requirements of regulation 28.

We did identify the management arrangements need to be improved. Management arrangements should be responsive to the needs and experiences of service users, as well as ensure they are receiving safe, effective and compassionate care.

One improvement is made regarding the well led domain regarding improving the management team’s communication with service users in this setting.

Overall the inspection of “Is the service well led?” concluded the inspection of the minimum standards were met.

This inspection was underpinned by The Day Care Settings Regulations (Northern Ireland) 2007, the Day Care Setting Minimum Standards 2012 and previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	3	9

Details of the QIP within this report were discussed with Mairead Murphy, 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.

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Linenbridge was inspected on 18 January 2016, this was an announced pre-registration inspection undertaken by an RQIA care inspector and estates inspector.

Linenbridge Day Centre is an amalgamation of three day centres that were individually registered. They are Banbridge SEC, this centre was last inspected on 09 June 2015; Manor centre last inspected on 09 September 2015; and Copperfields last inspected on 29 October 2016. The service users from Copperfields and Banbridge SEC received their day care service in Linenbridge from 25 January 2016. Service users from Manor Centre transferred to Linenbridge on 08 February 2016.

Other than those actions detailed in the previous QIP for the three day centres and the pre-registration inspection there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation / registered person: Southern HSC Trust/Mr Francis Rice	Registered manager: Mrs Mairead Murphy
Person in charge of the day care setting at the time of inspection: Mrs Mairead Murphy	Date manager registered: 25 January 2016
Number of service users accommodated on day of Inspection: 02 June 2016 03 June 2016	Number of registered places: 60

3.0 Methods/processes

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager
- Incidents notifications which revealed three incidents had been notified to RQIA since Linenbridge had opened
- Unannounced care inspection reports for Banbridge SEC 9 June 2015, Manor centre 9 September 2015 and Copperfield's on 29 October 2015. Announced pre-registration report for Linenbridge 18 January 2016.
- Returned Quality Improvement Plans for Banbridge SEC, Copperfield's and Linenbridge
- Statement of Purpose
- Service Users Guide.

During the inspection the inspector met with:

- The registered manager
- One deputy manager
- Five care staff
- 12 service users,
- Two visiting professionals.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff in Linenbridge. Ten were returned by service users, two by staff and three by relatives.

The following records were examined during the inspection:

- Six individual service users case files
- The complaints and compliments record
- A sample of the incidents and accidents records from April 2016 to May 2016
- A sample of service user meeting minutes from March to May 2016
- A sample of the team meeting minutes from April to June 2016
- One staff supervision record
- Monthly monitoring reports for February, March and April 2016
- Staff training information for 2015 & 2016
- Policy for management of complaints
- Policy and procedures and guidance to ensure the safeguarding of vulnerable adults.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 09 June 2015, 29 October 2015 & 18 January 2016

The most recent inspection of the establishment was the three unannounced annual care inspections of Banbridge SEC 09 June 2015, Manor Centre 09 September 2015 (no requirements or recommendations were made), Copperfield's 29 October 2015 and the announced pre-registration care and estates inspection of Linenbridge 18 January 2016. The completed QIP's were returned and approved by the specialist inspectors.

4.2 Review of requirements and recommendations from the last specialist inspections dated 09 June 2015, 29 October 2016 & 18 January 2016

Last specialist inspection statutory requirements from 09/06/15		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 5.7</p> <p>Stated: Second time</p>	<p>The manager must ensure that her actual hours worked within Banbridge SEC are recorded within the duty roster.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector inspected the roster for May and June 2016 in Linenbridge which confirmed the hours worked by the manager and senior day care workers had been inserted into the roster in advance and then confirmed at the end of each week worked.</p>	
<p>Requirement 2</p> <p>Ref: Regulation 28 (2) (a)-(c) (3)</p> <p>Stated: First time</p>	<p>The registered person must ensure that monitoring visits are consistently completed on at least a monthly basis, and a written report on the conduct of the day care setting is prepared.</p>	<p>Met</p>
	<p>A copy of any reports made in accordance with this regulation must be retained in the day care setting and available for inspection.</p> <p>A copy of the monthly monitoring report for June 2015 should be submitted to RQIA.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>Inspector confirmed monthly monitoring reports had been completed for Linenbridge in February, March and April 2016 and they reported on the conduct of the day care setting. They were available for inspection.</p> <p>A copy of the June 2015 monitoring visit had been submitted to RQIA.</p>	

Last specialist inspection statutory requirements from 29/10/15		Validation of compliance
Requirement 1 Ref: Regulation 15 Stated: First time	The registered persons must ensure following this inspection no further service users commence in Copperfield's Day Care Setting until the appropriate documentation including the assessment is provided to Copperfield's so the care plan can be written.	Met
	Action taken as confirmed during the inspection: Inspector confirmed improved arrangements were in place for new service users commencing in Linenbridge. Service users will only commence in Linenbridge if the assessment, initial care plan and pre-admission meeting has taken place.	
Last specialist inspection statutory requirements from 18/01/16		Validation of compliance
Requirement 1 Ref: Regulation 26(2) Stated: First time	The registered person should ensure that all freestanding cupboards, lockers, etc. are securely fixed in place.	Met
	Action taken as confirmed during the inspection: Inspector was told by the manager this had been improved. A tour of the environment did not identify any further concerns regarding this requirement.	
Requirement 2 Ref: Regulation 26(2) Stated: First time	The registered person should ensure there are suitably positioned hand rails which meet the general needs of the service user group and promote independence in all areas accessed or used by the service users.	Not Met
	Action taken as confirmed during the inspection: The returned QIP stated the works were scheduled for completion by 31 March 2016. This work had not been completed at the time of this inspection. This requirement is restated.	

<p>Requirement 3</p> <p>Ref: Regulation 4(1) (a) (b) (c) (2)</p> <p>Stated: First time</p>	<p>The registered person must review and improve the statement of purpose to include: the weekly hours all staff work in the centre, where they are based in the centre on a full time basis, all types of restraint and/or restrictive practices which are/may be present in the day centre and the size of the rooms.</p> <p>Action taken as confirmed during the inspection: The statement of purpose was forwarded post inspection. The staff details included hours worked. Restraint and restrictive practices was included.</p>	<p>Partially Met</p>
<p>Last specialist inspection recommendations from 09/06/15</p>		
<p>Recommendation 1</p> <p>Ref: Standard 28:3</p> <p>Stated: First time</p>	<p>The registered person should provide written confirmation and assurance to RQIA that the recommendations recorded within the centre's Fire Risk Assessment dated January 2014 have been effectively actioned.</p> <p>Action taken as confirmed during the inspection: The returned QIP confirmed this was addressed in July 2015. Banbridge SEC has moved to Linenbridge and there were no concerns regarding the fire risk assessment at the time of the pre-registration visit in January 2016.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person should ensure that a policy on continence management which reflects evidenced based practice in continence management is devised.</p> <p>Action taken as confirmed during the inspection: The returned QIP stated a policy would be written. At this inspection the policy was in place (dated August 2015) and was accessible for staff.</p>	<p>Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The care plans for continence management should be further developed to ensure they are individualised and specific, and reflect service user and carers as partners in care.</p> <p>Action taken as confirmed during the inspection: Care plans were reviewed and improved following this inspection.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 7</p> <p>Stated: First time</p>	<p>The registered person should ensure that an entry is recorded and retained in each service users' daily care record at least every five attendances.</p> <hr/> <p>Action taken as confirmed during the inspection: A sample of six individual service user records was examined as part of this inspection. The sample of records showed one entry for at least every five attendances.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 21</p> <p>Stated: First time</p>	<p>The registered person should ensure that staff induction records are reviewed and revised to include continence promotion and management of incontinence as a core staff competency.</p> <p>In addition all staff working in Banbridge SEC should receive evidence based training in continence promotion and the management of incontinence appropriate to their roles and responsibilities within the centre. Systems to ensure continence training is embedded into staff practice should also be implemented.</p> <hr/> <p>Action taken as confirmed during the inspection: Staff had received continence training in January 2016. New staff will receive this training as part of their induction to Linenbridge.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 17:11</p> <p>Stated: First time</p>	<p>The registered person should ensure that a copy of the annual report for 2014-15 is submitted to RQIA upon completion.</p> <hr/> <p>Action taken as confirmed during the inspection: This report was forwarded to RQIA post inspection. Future reports will be written regarding Linenbridge.</p>	<p>Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered person should confirm that service users, representatives and staff have received notification and relevant information on the proposed transfer to the new purpose built facility and on any proposed changes for individual service users.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The service user's day care service was moved to Linenbridge on 25 January 2016. This was preceded by a number of communications and meetings with service users and their representatives regarding the move.</p>		
<p>Last specialist inspection recommendations from 29/10/15</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 22.2</p> <p>Stated: Second time</p>	<p>The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual 3 monthly supervision meetings with staff in compliance with this standard.</p> <p>Improvements in place to achieve this recommendation should be recorded on the returned QIP.</p>	<p style="text-align: center;">Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>One supervision record was provided for inspection which evidenced supervision had taken place in compliance with this standard.</p> <p>Discussion with staff in the day centre did not confirm they had received supervision in compliance with this standard or that arrangements for staff supervision had been improved in this regard. Post inspection the registered manager forwarded a record of supervision which evidenced this recommendation had not been met. The record did include future planned supervision meetings which will meet this recommendation. This recommendation is stated again respect of Linenbridge.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person and manager should have appropriate arrangements in place for the initial review of service user's placement to be held within four to twelve weeks of commencing the placement. Prior to the review meeting the pre review consultation with the service user should clearly gather and record the service user's preferences; including how they want to be supported regarding their continence care. The returned QIP should detail the arrangements in place to improve the review in this regard.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Improved arrangements were in place regarding service users commencing their day care in Linenbridge.</p>	<p style="text-align: center;">Met</p>	
<p>Recommendation 3</p> <p>Ref: Standard 21.4</p> <p>Stated: First time</p>		<p>The registered person should ensure staff receive training in continence promotion. The returned QIP should detail arrangements made to provide this training for staff.</p>
<p>Action taken as confirmed during the inspection:</p> <p>The returned QIP and training records showed staff received this training in January 2016.</p>	<p style="text-align: center;">Partially Met</p>	
<p>Last specialist inspection recommendations from 18/01/16</p>		
<p>Recommendation 1</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person should ensure that an assessment of the environment including the concrete pillars within the corridors is undertaken to ensure they do not pose an unacceptable risk to any service user with a sensory impairment.</p>	<p style="text-align: center;">Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager reported an assessment of the environment was completed by the Senior Rehabilitation Worker on 01 February 2016. No serious risks were identified however the estates department have been communicating with the architects regarding the recommendations. This has not resulted in any changes or improvements to date or been progressed.</p> <p>To track improvements in this regard; this issue is amalgamated into one new recommendation. This brings together and tracks the environmental improvements that the provider has said will be completed in the Pre-registration inspection QIP for Linenbridge.</p>		

<p>Recommendation 2</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>The registered person should ensure that an assessment of the current location of the disabled parking spaces in relation to the main entrance is undertaken. It was discussed during the inspection that a location closer to the main entrance of the premises would be preferable.</p> <p>Action taken as confirmed during the inspection:</p> <p>The returned QIP reported the disabled spaces were to be moved closer to the main entrance and the work would be completed by 21 March 2016. Works had not been progressed at the time of this inspection.</p> <p>To track improvements in this regard; this issue is amalgamated into one new recommendation. This brings together and tracks the environmental improvements that the provider has said will be completed in the Pre-registration inspection QIP for Linenbridge.</p>	<p>Partially Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 25</p> <p>Stated: First time</p>	<p>Careful consideration should be given to the use of the CCTV system installed within the premises to ensure it is lawful, proportionate, reflects current best practice and does not adversely affect the privacy or dignity of any service user. A needs assessment for the premises should be undertaken and appropriate action implemented to ensure the installed system complies.</p> <p>Action taken as confirmed during the inspection:</p> <p>The review was undertaken and the outcome was the CCTV system is only used outside of day care hours. This is for security purposes when the building is closed.</p>	<p>Met</p>

Recommendation 4 Ref: Standard 25 Stated: First time	The responsible person should review the main entrance access arrangements to Linenbridge to ensure security, privacy and dignity for service users.	Partially Met
	Action taken as confirmed during the inspection: The main access entrance was reviewed and an automatic sensor was to be fitted by 31 March 2016. This had not been improved at the time of the inspection. To track improvements in this regard; this issue is amalgamated into one new recommendation. This brings together and tracks the environmental improvements that the provider has said will be completed in the Pre-registration inspection QIP for Linenbridge.	

4.3 Is care safe?

We reviewed the staffing arrangements in this setting. We inspected the duty roster which recorded hours actually worked by staff in May 2016; reviewed one staff members supervision record; we discussed staffing with the staff on duty; observed staff providing care; inspected the monitoring reporting for March, April and May 2016 and reviewed the staff training record for 2015/ 2016. These sources of evidence assured us staffing levels were safe on the day of the inspection. We identified some staff were absent due to sickness. Nevertheless the rota showed us staff were allocated to every area of the setting. Staff told us the staffing levels were at a minimum but still allowed for service users' needs to be met. Our observations did not reveal any concerns or improvements.

The staff's competency to deliver their role and responsibility had been further developed by the staff undertaking a range of training in 2015 & 2016. For example: risk assessment; MAPA (behaviour management approach); Deprivation of Liberty (DOLs); fire training; continence awareness; manual handling; first aid; infection prevention and control; ARC (Attachment, regulation and competency therapeutic approach); smoking cessation training and training to use specialist equipment such as hoists and sensory equipment.

The monitoring report for 15 April 2016 confirmed all staff were registered with NISCC and one staff file was inspected, this confirmed the staff members registration with NISCC.

We inspected one staff member's supervision record which provided evidence the staff member had received supervision at least once every three months. We asked staff to describe their experiences of supervision. This revealed not all staff had received supervision at this frequency. We asked for a copy of the central supervision record held by the registered manager and found this was not available for inspection. This was significant because the returned QIP for the inspection of Copperfield's in October 2015 stated this was going to be set up to ensure supervision was delivered in compliance with standard 22:2. We concluded staff were receiving supervision but it was unlikely to be compliant with the recommended timescales. We also gathered from staff comments supervision may be group meetings and not individual meetings. This had been identified as an improvement in the inspection of

Copperfield's on 09 March and 29 October 2015. Linenbridge is a new registration that has incorporated Copperfield's and we do acknowledge this is the first time this improvement has been identified in respect of this registered day centre and manager. Therefore this recommendation is stated for the first time in Linenbridge.

We sampled six service users' individual records. We found service users safety needs and associated risks were assessed, planned for and reviewed. We discussed the care plans in place with staff on duty and were satisfied they responded to service users' needs safely and effectively. Staff described examples of when the care plans were revised because they identified they were no longer delivering improved outcomes for the service user. They told us they worked with other professionals, representatives; and if appropriate the families. They had reassessed need and revised the plans in place to meet needs in a person centred way and with a focus on improved outcomes. This was particularly evident in the information recorded for the service users with a learning disability. We viewed examples of behaviour management and speech and language professionals working closely with staff. We were satisfied this service was making proper provision to meet the welfare and care needs of the service users.

We looked at the guidance available for staff regarding adult safeguarding. We identified the staff did not have access to the Adult Safeguarding Prevention and Protection in Partnership regional guidance (July 2015) or a recent policy and procedure that references the recent regional guidance. A recommendation is made for staff to have access to current adult safeguarding guidance, policies and procedures.

We read one example of a safeguarding incident that was responded to by staff in a timely way and described how actions taken by the trust had improved the service user's safety in the community. We also looked at six service users individual case records including risk assessments and discussed with staff their roles and responsibilities in the setting. We were satisfied staff had a good understanding of safeguarding principles and did know when and how to act to safeguard service users when necessary. We saw the service users records referenced risk assessment and management in areas such as behaviour management, moving and handling needs, communication needs, cognitive ability, mental health, medical needs, mobility needs and vulnerability to abuse. We were satisfied recording in this way ensures staff identify and act to remove unnecessary risks to welfare and service users in this setting.

We walked around the setting with staff and service users to review the safety of the environment and assess how the environment promotes service users free movement within the setting. The centre presented as clean and tidy and there was evidence that hand hygiene was promoted through notices, handwashing supplies and facilities. Fire exit notices were visible to service users and the service users we spoke to knew their nearest way out of the setting in case of a fire. Equipment and rooms in the setting were focussed on meeting the service user's needs. For example hoists throughout the setting, a sensory room on both sides of the building, specialist chairs, a medical room, physio room, group rooms that can be made large or divided into smaller spaces, quiet rooms and computer rooms. The staff told us they wanted to make the building more service centred. One staff member said it needed some "soul", another said it needed to display the service user's work and be "personalised". Work was ongoing at the time of the inspection to put televisions into rooms for service user's entertainment and activities. Service users said this was something they had wanted.

We discussed with service users what they thought of the setting. In the main their comments were positive regarding the space available and the facilities. Service users did identify the following areas for improvement:

- The doors into and out of the setting (particularly on the physical disability side) require fob access. This was restricting service users free access to all areas of the setting including the canteen, group rooms, the central courtyard and generally around the building.
- The bocchia court was uneven.
- The location compared to the old centre means there is a long bus journey for some service users.

We discussed these issues with the staff and the manager. They confirmed they were aware of these matters and were responding to service user's issues as they were communicated to them. We concluded there was no firm plans to improve all of the access issues and the length of the bus journey was not subject to audit or monitoring arrangements. One requirement and one recommendation is made to improve practice in these areas.

Ten service users returned questionnaires to RQIA regarding this inspection. One questionnaire identified the safety of the setting should be improved. They cited the environment was "not comfortable" and they had to "clear space to undertake their activity". Nine service users identified care was safe care in this setting. They did ask for the access to the centre to be improved. They stated "they are not comfortable"; "there is locked doors" and that they have to "ask staff to open doors". One of the service users said the environment is made safe by staff "talking about safety" and "staff help them".

Two staff returned questionnaires. They said the care was safe in Linenbridge because they had received training to care for service users safely, they would report bad practice and receive support to fulfil their roles and responsibilities.

Three relatives returned questionnaires. They stated their relative is safe and protected from harm, they could talk to staff, the environment is suitable to meet their relatives needs they would report concerns to the manager. One relative wrote "The day centre is a new building within a healthcare setting. As such it is a very clinical environment but staff are trying to create a warmer, more homely environment".

Areas for improvement

Three recommendations and one requirement was made regarding is care safe in Linenbridge.

- A recommendation is made to improve the frequency of supervision. This is the first time it has been made in regard to Linenbridge. All staff in Linenbridge should be provided with individual, formal supervision sessions according to the day care setting's procedures and no less than every three months. Records should be kept regarding the sessions and evidence of compliance should be made available for inspection.
- A recommendation that staff should have access to the Adult Safeguarding Prevention and Protection in Partnership regional guidance (July 2015) and a recent day care setting policy and procedure that references the regional guidance.
- A recommendation is made regarding the length of time service users spend on the bus travelling to and from the day care setting. There should be an audit or monitoring arrangements in place that records the length of journeys travelled. Where a service users' journey to and from the day care setting normally exceeds 45 minutes, where possible, there should be evidence that measures are put in place to reduce this.

- A requirement is made for the registered persons to ensure service users who have no assessed risk regarding their movement around the setting; can access all day centre areas freely and without having to ask staff for assistance. Particular attention should be given to doors accessed using a fob that lead into day care areas such as the canteen, group rooms, the central courtyard and generally around the building.

Number of requirements:	1	Number of recommendations:	3
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4.4 Is care effective?

We inspected six service users individual care files. They provided evidence the care records were being maintained in line with legislation and best practice, for example they contained assessment, planning and risk management information. The information recorded reflected the service users individual physical; social; emotional; communication and cognitive needs. Care records had been updated, although some were updated more regularly than others. In two of the six files inspected it was apparent the service user had not had their care plan updated, despite changes in how their needs should be met since 2014. One service user had not had a care review in day care since 2014 and general discussion with another service user revealed they had not attended a review in the last 12 months. For all service users care in this setting to be effective care records should be reviewed or updated regularly and when changes occur; to ensure staff are responsive to service user’s needs. Therefore a recommendation is made for the registered manager to make appropriate arrangements for service users individual records to be reviewed and updated in this regard, at appropriate intervals but no longer than described in standard 15.

We inspected the day care records for evidence of audit and asked staff when their recording and records are audited. This revealed other than the monthly monitoring visit and report there was no formal audit arrangements in place. In view of the amalgamation of three services into one and the need for a consistent approach to records and recording in Linenbridge, the registered manager should establish meaningful audit arrangements. The audits should evidence care is timely, well recorded, planned and promotes the effective delivery of the day care service. A recommendation is made in this regard.

We inspected the incident and accident records, complaints and compliments records for Linenbridge, Manor, Copperfield’s and Banbridge SEC. We found there were no outstanding complaints. However the records had not been brought together since the amalgamation of the services. This must be improved and a requirement is made to improve the records described in Schedule 5.

We discussed with the service users is the care they receive effective. Service users cared for with learning disabilities said they felt well looked after and would speak to staff if they had any concerns. They also told us their views and opinions are sought as well as integrated into practice. For example in service user meetings, when choosing activities and planning for future activities. In contrast the service users with physical disabilities that had moved from Manor Day Centre expressed dissatisfaction with changes. They specified dissatisfaction with their allocated days, the transport arrangements, access for service users to the different parts of the day care setting, access to the canteen, activities on offer and two service users felt the move was forced upon them. Some of these issues had been captured in the “movers and shakers” meetings and service users meetings. However, at the time of the inspection service users remained dissatisfied. We identified the service need to improve the options available for

service users to communicate their concerns, choices, preferences and ideas to the staff and management of this setting. A recommendation is made in this regard.

Two service users questionnaire’s identified the activities for the day were set before they arrive and they did not feel involved in the review of their placement. However, we did clarify they did attend their review. Five service users were no clear if their care plan had been reviewed within the last 12 months, and wanted more consultation regarding the changes in the setting regarding the provision of day care and the amalgamation of the day care settings. Service users did state staff communicate well with them. Three service user’s stated their choices are listened to, they liked the activities and they have been involved in their review.

The two staff questionnaires identified service users are involved in their care plan and they are used to provide care, monitoring of quality is in place and service users are responded to in a timely manner.

Three relatives identified their relative gets the right care, at the right time, in the right place. They also identified they are satisfied with communication with staff, staffs awareness of their relatives needs and independence, their relatives preferences and choices are incorporated into the care they receive and their involvement in their relatives annual review.

Areas for improvement

One requirement and three recommendations were made regarding is care effective in Linenbridge.

- A recommendation is made for the registered manager to make appropriate arrangements for service users individual records to be reviewed and updated, at appropriate intervals but no longer than described in standard 15.
- A recommendation is made for the registered manager to establish meaningful audit arrangements that evidence care is timely, well recorded, planned and promotes the effective delivery of the day care service.
- A requirement is made for the registered manager to ensure records are available as described in schedule 5 of the day care settings regulations. They should contain records written since Linenbridge has opened and include records for all service users who are cared for in Linenbridge.
- A recommendation is made for the registered persons to improve their communication with service users in Linenbridge. They should take action to improve the options available for service users to communicate their concerns, choices, preferences and ideas to the staff and management of this setting.

Number of requirements:	1	Number of recommendations:	3
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4.5 Is care compassionate?

Our discussion with the staff on duty and the manager confirmed they aim to promote a culture in the day centre that supports the service users to improve outcomes regarding independence where possible. They gave examples when they promoted choice, consent and service users rights for example: enabling service users to engage with day care options that are available in the community; organising service user forums to gauge views, opinions, wishes and feelings; working in a person centred way to ensure care is meeting service users individual needs; promoting service users' needs and rights with other professionals and the trust; working with service users and their families to complete assessment of need and write the care plan; providing a range of support services in the day care setting and focusing care plans on improving outcomes. They also discussed protecting service user's dignity in all parts of the day care setting for example when supporting service users with intimate care or when they are engaging in activities. Examples of this practice were found in the service user's individual records; records of service user consultation; team meeting minutes and daily recording.

Our discussion with the service users in this setting revealed some service users had experienced staff promoting their independence and choice. Three service users who moved from Manor Centre identified the day centre building does not promote their mobility and they raised with us. They described their day care had been changed without proper consultation or time for them to adjust. They said they did not have the same time to prepare for the move as service users who attended Copperfield's. They were said some service users who came from Manor had their days reduced and were now travelling much further. They stated they did not feel this was conducive to meeting their needs. We raised this with the registered manager and deputy manager who acknowledged they were aware of these issues. They had implemented service users meetings but were aware not everyone could attend the meetings held to date due to their days of attendance. In summary we can see practices are in place to engage service users and support them, however not all service users have availed of this. As described in the effective domain we did identify this can be improved and the recommendation made in the effective domain should also improve the service user's assessment of compassionate care.

We observed staff delivering care in this setting and saw staff communicating with service users, encouraging choice and participation. They communicated using the service user's preferences and took action to assist service users with pain or discomfort in a timely and sympathetic manner.

We read the minutes of service users meetings held in March; April and May 2016. We could see the minutes described the staff asking service users for their opinion and choice regarding routines in the setting and activities on offer. We saw service users had raised their concerns about their independent movement around the setting and the food. Staff had responded to these issues and put in place measures to improve service users concerns. We did note service users did not want their food to be served too early, especially desserts because they go cold. We had observed food was being served too early and asked the manager and deputy manager to address this for service user's comfort and to ensure food is served safely. Records should be kept to ensure food is served at a safe temperature. A recommendation is made in this regard.

One service user's questionnaire identified their days in the setting being reduced and having to ask staff to open doors was not compassionate care. Six service users identified staff as kind and caring, their privacy was respected; they have choices and are involved in decisions. Three service users's described staff as caring and helpful.

The two staff questionnaires identified service users are treated with dignity and respect, encouraged to be independent; their views are sought and acted upon.

The relatives' questionnaires said their relative was treated with dignity and respect and involved in decisions affecting their care. Their relative is treated well and they are consulted regarding decisions. They said "I feel happy knowing that I can have a few hours to myself", "the staff are all very warm, inviting and caring".

Areas for improvement

One recommendation is made regarding is care compassionate:

- A recommendation is made for the registered manager to make appropriate arrangements for food to be served to in a timely manner, that is responsive to service users preferences and is safe. Records should be kept to evidence food is served at a safe temperature.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

Linenbridge statement of purpose detailed the organisational structure of the day care setting and organisation. The written statement consisted of: a statement of the aims and objectives of the day care setting; a statement as to the facilities and services which are to be provided by the registered person for service users; and a statement as to the matters listed in Schedule 1 of The Day Care Settings Regulations (NI) 2007. Observation of practice on the day of the inspection showed staff were working in compliance with their statement of purpose and discussion confirmed they were aware of the content.

We inspected the settings complaints and compliments records, incident and accident recording and notifiable events recording. These records had been kept since the settings moved to Linenbridge but had not all been amalgamated. The records we inspected had been recorded consistently with the day care setting's procedures and actions to prevent reoccurrence were recorded.

We inspected the settings monitoring records for April and May 2016. The visits were undertaken on an announced and unannounced basis by an employee of the trust; designated with responsibility to undertake the visits. We were satisfied they had reported that a range of records were examined and they discussed the setting with the service users, staff, visitors and representatives to report on the conduct of the day care setting.

We asked the service user's in the setting who the manager of the centre is. Some service users viewed the Band 5 staff member in their room or key worker as in charge and some knew there was different managers who come into the setting. We found even if service users knew who the registered manager was, they said she was not visible on the floor in the setting; but they thought they could speak to her if they wanted to. We also found some service users were

not familiar with the deputy managers. The day care setting standards state a manager should have arrangements in place to ensure the day care setting delivers services effectively on a day to day basis. We concluded the manager needs to improve their contact with service users in this setting to improve their effectiveness in this setting. Service users should know who she is, how they can speak to her; and feel confident they can approach her or the deputy managers if necessary. A recommendation is made in this regard.

Our discussion with staff revealed they had a clear view about their role and responsibility to meet service user's individual needs and promote their rights, choices, independence and future outcomes. They identified staff training, policies and procedures, staff support mechanisms and the management team supported them to provide safe, effective and compassionate care in this setting.

We asked staff about their supervision arrangements. Staff said they had received supervision from their supervisor since moving to Linenbridge but were not sure if this met the minimum standard of every three months. This is the first time this improvement has been made regarding this manager, in this day care setting. The manager has communicated to us post inspection that arrangements are now in place to improve this and all staff have now had at least one supervision meeting since moving to Linenbridge.

We asked staff about the new management arrangements in Linenbridge which brought together three separate settings and their staff. Staff said they felt they were working well together and having team training days was helping them gel as a staff team. The Band 5 staff were clear they took responsibility for their rooms and areas, they were aware the deputy managers and manager may delegate responsibility to them. They told us they could approach the manager if necessary.

We talked to two visiting professionals during this inspection. They told us staff facilitate their visits to the setting and work in partnership with them to ensure service users speech and language and behaviour management needs are met. They complimented staff regarding their commitment to the service users and knowledge of their needs. They said staff communicate with them regarding keeping service user's safe, ensuring their care is effective and compassionate. Overall they described care staff at all levels as knowledgeable understanding, supportive, flexible, observant, compassionate, effective, open and focussed on improvement of the service and improving service user's outcomes. The speech and language professional cited the establishment of the Makaton choir by staff and service users as an example of a positive outcome that had resulted from effective and compassionate care.

We discussed this inspection with the registered manager and the deputy manager. They responded positively to improvements we identified and provided evidence to us within one week of the inspection that they had put measures in place to address these improvements.

Three service users questionnaire's detailed they were not satisfied the setting closes for training on the same day each time and this is the busiest day, they also identified the manager's absence in the setting. In contrast five service users identified the service was managed well but they were not all sure who the manager is. One service user raised the activities could be better, the smoking area on the main road is dangerous and they don't like asking staff to open doors for them.

The two staff questionnaires identified the service is managed well, the service is monitored, there are staff meetings and communication between the staff and management is effective.

Two relatives questionnaires rated is the service in Linenbridge well led as excellent and one rated it as good. They said the service was managed well; staff and the manager are approachable, professional and caring. They were informed about the complaints process and they have a copy of the service user's guide. One relative wrote "staff only communicate with me if there is a problem . . and discuss what options we have to solve it. Thankfully this is very very seldom".

Areas for improvement

One recommendation is made regarding is care well led:

- A recommendation is made that the registered manager puts arrangements in place to improve their contact with service users in this setting, to improve their effectiveness in this setting. Service users should know who she is, how they can speak to her and feel confident they can approach her or the deputy managers if necessary.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mairead Murphy, registered manager 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. Once fully completed, the QIP will be returned to Day.Care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 26(2)</p> <p>Stated: Second time</p> <p>To be completed by: 02 September 2016</p>	<p>The registered person must ensure there are suitably positioned hand rails which meet the general needs of the service user group and promote independence in all areas accessed or used by the service users.</p> <p>Response by registered person detailing the actions taken: Suitably positioned hand rails have been ordered and will be installed in corridors accessed by service users to promote independence by or before 30.09.2016</p>
<p>Requirement 2</p> <p>Ref: Regulation 14</p> <p>Stated: First time</p> <p>To be completed by: 02 September 2016</p>	<p>The registered persons must take action to ensure service users who have no assessed risk regarding their movement around the setting; can access all day centre areas freely and without having to ask staff for assistance. Particular attention should be given to doors accessed using a fob that lead into day care areas such as the canteen, group rooms, the central courtyard and generally around the building.</p> <p>Response by registered person detailing the actions taken: The Registered Manager and Estates Officer [AF] met on 09.06.16 to follow up on Estates Minor works request dated 21.01.16. Hold open devices have been installed on the doors at the physical disability corridor and dining room. An automatic sensor at the main entrance was installed on 10.06.2016. Service users are able to access all day centre areas.</p>
<p>Requirement 3</p> <p>Ref: Regulation 19 (2) & (3)</p> <p>Stated: First time</p> <p>To be completed by: 01 July 2016</p>	<p>The registered manager must ensure records are available as described in schedule 5 of the day care settings regulations. They should contain records written since Linenbridge has opened and include records for all service users who are cared for in Linenbridge.</p> <p>Response by registered person detailing the actions taken: The registered manager/assistant managers will ensure that records are available as described in schedule 5 of the Day Care Settings Regulations. An audit will be completed by 31.08.16</p>

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p> <p>To be completed by: 01 July 2016</p>	<p>The responsible person should put in place appropriate measures to improve the provision of supervision for the staff in this setting, that is provide individual 3 monthly supervision meetings with staff in compliance with this standard.</p> <p>Improvements in place to achieve this recommendation should be recorded on the returned QIP.</p> <p>Response by registered person detailing the actions taken: Manager/assistant managers have put in place appropriate measures to ensure that day care staff receive individual supervision every 3 months in compliance with this standard.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25</p> <p>Stated: First time</p> <p>To be completed by: 02 September 2016</p>	<p>The registered person should make appropriate arrangements to complete the improvements stated in the pre-registration inspection for Linenbridge 18 January 2016:</p> <ul style="list-style-type: none"> • Works should be undertaken regarding the assessment of the environment for service users with sensory impairment including the impact of the concrete pillars • The relocation of the disabled parking spaces • Installation of an automatic sensor for the front door. <p>Response by registered person detailing the actions taken:</p> <ol style="list-style-type: none"> 1. Painting of pillars inside/outside Linenbridge Centre and painting of kerbing completed 2. Four additional disabled parking spaces beside Linenbridge entrance completed 3. Installation of automatic door sensor for front door completed
<p>Recommendation 3</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The registered manager should make arrangements for staff to have access to current adult safeguarding guidance, policies and procedures. This should include access to the Adult Safeguarding Prevention and Protection in Partnership regional guidance (July 2015) and a recent policy and procedure that references the recent regional guidance.</p> <p>Response by registered person detailing the actions taken: Linenbridge staff received update Safeguard training on 06.07.16 to include introduction to Adult Safeguarding Prevention and Protection in Partnership, Regional Guidance [July 2015] by SHSCT training team personnel who explained the Trust's method of implementation of the Regional Guidance. Copies of the document are available on the Trust Intranet and a paper copy is also available in the General Office.</p>

<p>Recommendation 4</p> <p>Ref: Standard 12.4</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>A recommendation is made regarding the length of time service users spend on the bus travelling to and from the day care setting. There should be an audit or monitoring arrangements in place that records the length of journeys travelled. Where a service users' journey to and from the day care setting normally exceeds 45 minutes, there should be evidence that where possible measures are put in place to reduce this.</p>
<p>Recommendation 5</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>Response by registered person detailing the actions taken: This recommendation has been shared with Transport Department who have agreed to monitor and audit times of service users journey to and from the centre commencing September 2016 which will provide a more accurate audit.</p>
<p>Recommendation 6</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The registered manager should make appropriate arrangements for service users individual records to be reviewed and updated, at appropriate intervals, but no longer than described in standard 15.</p> <p>Response by registered person detailing the actions taken: Registered manager will ensure assistant managers provide ongoing monthly file audits of service user's individual records and liaise with the community key workers responsible for service users placement in the day care setting.</p>
<p>Recommendation 7</p> <p>Ref: Standard 8.1,8.2, 8.3, 8.4, 8.5</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The registered manager should establish meaningful audit arrangements that evidence care is timely, well recorded, planned and promotes the effective delivery of the day care service.</p> <p>Response by registered person detailing the actions taken: The registered manager /assistant managers have an updated audit programme to commence in September 2016 to ensure working practices promote the effective delivery of the day care service.</p>
<p>Recommendation 7</p> <p>Ref: Standard 8.1,8.2, 8.3, 8.4, 8.5</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The registered manager and responsible person should improve their communication with service users in linenbridge. They should take action to improve the options available for service users to communicate their concerns, choices, preferences and ideas to the staff and management of this setting.</p> <p>Response by registered person detailing the actions taken: Registered manager/assistant managers will improve their communication with service users by attendance on request at service user meetings. In addition, management will encourage a more informal 'open door' approach in Linenbridge with service users to communicate their concerns, choices, preferences and ideas to improve their day care experience.</p>

<p>Recommendation 8</p> <p>Ref: Standard 10.1 & 27</p> <p>Stated: First time</p> <p>To be completed by: 01 July 2016</p>	<p>A recommendation is made for the registered manager to make appropriate arrangements for food to be served to in a timely manner, that is responsive to service users preferences and is safe. Records should be kept to evidence food is served at a safe temperature.</p> <p>Response by registered person detailing the actions taken: Day care and facility support staff have reviewed and implemented a system where food is served immediately after being plated. Records are maintained to ensure food is served at a safe temperature. An increased choice of cold desserts are available. Feedback Cards are available to service users to feedback about the lunch experience to include any suggestions to improve the dining experience.</p>
<p>Recommendation 9</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be completed by: 29 July 2016</p>	<p>The registered manager should put arrangements in place to improve their contact with service users in this setting, to improve their effectiveness in this setting. Service users should know who she is, how they can speak to her and feel confident they can approach her or the deputy managers if necessary.</p> <p>Response by registered person detailing the actions taken: The registered manager/assistant managers will put arrangements in place to improve their contact with service users within the centre. Service users will be encouraged to feedback both individually and at service user meetings about the quality of contact with management to improve their effectiveness in Linenbridge.</p>

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



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