



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Service and ID: Bardan Cottage (11199)
Date of Inspection: 21 October 2014
Inspector's Name: Suzanne Cunningham
Inspection No: IN017643

The Regulation And Quality Improvement Authority
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Name of centre:	Bardan Cottage
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Registered organisation/ Registered provider:	Mr Liam Lavery GL Care LLP
Registered manager:	Mrs Louise Harte
Person in Charge of the centre at the time of inspection:	Mrs Louise Harte
Categories of care:	DCS-I, DCS-DE
Number of registered places each day	20
Number of service users accommodated on day of inspection:	15
Date and type of previous inspection:	11 April 2013 Primary unannounced inspection.
Date and time of inspection:	21 October 2014 09:30 – 17:30
Name of inspector:	Suzanne Cunningham

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	6
Staff	3
Relatives	4
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	5	4

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Situated close to the main street, in Newcastle, Bardan Cottage Day Centre provides easy access to the town's amenities and shops. The centre operates in a single storey, redesigned bungalow, which has a well-equipped kitchen and comfortably furnished dining room and activity rooms. The centre has been extensively redesigned since its previous purpose as a residential care home.

Bardan Cottage provides care, mainly to older people, many of whom have a disability, including those arising from conditions such as a stroke, multiple sclerosis, or dementia. People with significantly differing needs have been accommodated successfully and there were good examples of mutual support and respect within the service user group.

Summary of Inspection

A primary inspection was undertaken in Bardan Cottage Day Centre Setting on 21 October 2014 from 09:30 to 17:30, this was a total inspection time of eight hours. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and their representatives
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies and procedures
- Tour of the premises.

The inspector spoke the three staff present during the inspection regarding the standards inspected and their views about working in the centre, this generated feedback regarding the management of records and reporting arrangements including arrangements for recording; ensuring records service users know records are accessible and the management arrangements in this day care setting. Staff described the arrangements for confidentiality is clear, for example records are stored securely and an individual record is maintained for each service user. Staff currently record daily however, this is under review due to the repetitive nature of some service users recording. Staff described they work in a person centred way by communicating with the service user at their level and try to get everyone involved in activities at the level they feel comfortable.

Staff gave an appropriate explanation of the meaning of exceptional circumstances however they explained they use diversion, their knowledge of service users mood and needs, communication, routines, identify triggers and talk to calm and diffuse any escalating behaviours. Examples given were going for a walk, giving one to one time, doing a specific activity. The inspector confirmed restraint or restrictive practice is not currently part of any service users care plan in this setting and had not been used. However there are security measures in place such as using a lap strap on the wheelchair for safety and locking the front door which is also alarmed. It was explained these measures are made clear to service users

and their families in terms of why this is in place when they commence the placement however, the setting could improve communication to ensure this is clearly communicated to service users and their families and ensure they gain consent because this could be regarded as a restriction that is unnecessary and disproportionate for some of the service users who use this setting.

Finally staff discussed the management arrangements in the setting; they said they were satisfied with the current arrangements which are the registered manager is on site and a senior care assistant acts up in her absence. Discussion with staff and inspection of records did reveal the staff are still not receiving supervision at least once every three months. This is a restated issue. Staff did speak positively about working in this day care setting and told the inspector "I am happy here – I have time to spend with clients here". Another staff member said "I try to give as much enjoyment as possible, anything they want to do; we try to make life better".

Four questionnaires were returned by staff members and reported satisfactory arrangements were in place with regard to NISCC codes of practice; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. The staff did identify they were not receiving supervision at least once every three months and this is a restated issue in the quality improvement plan. Discussion with staff did reveal they felt well supported, they described the manager has an open door for them to seek support, help and management guidance, however records confirmed the delivery of supervision still remains outside of the minimum standard.

The staff praised the quality of care provided within the returned questionnaires and the following comments were made: "Exceptional"; "We provide a high quality of care ensuring the safety of all service users being aware of the diversity of all service users attending the centre"; "Excellent! Warm, caring and a professional environment with the safety and welfare of clients being a priority"; "Excellent. We promote a home from home setting. All plans and activities are person centred. The meals are wholesome, fresh and nutritious. Staff ensure service users are cared for in a comfortable warm setting".

The inspector talked informally with six service users and four service users' representatives regarding the standards inspected and their views about the day care setting. The representatives told the inspector they were aware of their records being kept by staff. Service users and representatives discussed the high quality care and support given by staff to service users and how this has improved the service users' lives. The service users and representatives identified Louise is the manager. Representatives discussed their feeling about restrictions that may be in place in this setting, they identified the staff are proactive to ensure any potential restrictions do not restrict the service user for example a service user in a wheelchair is supported by staff to go where they want to and room is always made for the chair. Representatives and service users did not identify the locked front door as a restriction. Overall service users and representatives made positive comments regarding the care provided in the setting, they said: "My wife loves coming here and I am content leaving her here", "they are never left just sitting", "I got good practical advice from staff", "Staff are great, always happy, upbeat, always welcoming".

Overall service users described their experience of attending the setting in a positive way and look forward to the social contact with others as well as undertaking a range of creative activities and representatives not only look forward to the respite from their caring role but also identified coming to the centre can stimulate their relatives interest and socialisation which can have positive outcomes when they come home.

The previous announced follow up inspection carried out on 11 April 2013 had resulted in one requirement and no recommendations. The requirement was a reiterated issue regarding the provision of supervision for staff which was not compliant with the minimum standard. The inspector was concerned this had still not been complied with and was clear this cannot continue to be disregarded. The inspector discussed with the manager the importance of staff support and supervision. The discussion with staff and management concluded staff do receive ongoing support and guidance however this has not been formalised into an individual supervision meeting no less than once every three months. The inspector gave the manager clear guidance at the conclusion of the inspection regarding what arrangements must be in place and this must be reported on the returned quality improvement plan to ensure the inspector is clear what evidence will be in place by the next inspection. This requirement is restated a third time and the manager was advised future non-compliance may lead to consideration of enforcement.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.

The six criterion criteria within this standard were reviewed during this inspection. Three of the criteria were assessed as compliant, one as substantially compliant and two as moving towards compliance. No requirements and four recommendations were made regarding: having a central index for policies and procedures; having written consent from service users regarding their images being used in promotion and media; providing service users and representatives with information regarding records that are kept about service users and how they can access them; and improving individual care records and review records.

Discussions with service users, representatives, staff and review of four service users' individual files provided evidence that the centre do need to improve some arrangements for management of records. The setting and staff do work in a person centred way for example staff record specific information about each service user, however the care plan does not clearly reflect the individual or what they need when in day care.

The discussions with service users and representatives confirmed service users are aware a record is kept about them but were not sure how they knew that or what to do if they wanted to see the record other than ask staff.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. No requirements and four recommendations have been made regarding this standard.

Theme 1 - The use of restrictive practice within the context of protecting service user's human rights

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as moving towards compliance and one criterion was assessed as not applicable because the setting has not used restraint to manage behaviour in this setting. No requirements and two recommendations are made to improve the settings information provided to service users regarding the security at the front door, developing staff knowledge further following on line training and develop staff knowledge regarding human rights and deprivation of liberty.

Discussions with the manager, staff and examination of records provided evidence that the centre was using processes which promote the needs of the service users who attend the centre without using restraint; however it was apparent the staff were not well informed regarding rights of the service users and information about the deprivation of liberty safeguards. This is addressed in the quality improvement plan for this inspection.

Based on the evidence reviewed the inspector assessed the centre as moving towards compliance in this theme, no requirements and two recommendations are made regarding this theme.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. The entire criterion was assessed as moving towards compliance. One requirement is made regarding the statement of purpose and one regarding the frequency of supervision for staff; this has been restated three times. One recommendation is made regarding the frequency of team meetings.

Discussion with the manager and staff provided evidence that the organisation had in place management cover that was satisfactory and supports the delivery of care which is consistent with the services statement of purpose however support systems for staff do need to be improved in line with the regulations and standards for day care settings.

Based on the evidence reviewed the inspector has assessed the centre as moving towards compliance in this theme; one requirement and one recommendation is made.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints record and examined four service users individual files, validated the registered manager's pre inspection questionnaire and reviewed monthly monitoring reports. This revealed the service users individual records can be improved, policies and procedures can be improved, frequency of staff meetings and the content of the monthly monitoring reports can be improved. Recommendations have been made in the previous sections regarding improvements in these areas.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector was impressed with staff knowledge regarding meeting each service users' needs and activities available.

As a result of the inspection a total of two requirements are made. One is restated for the third time regarding the frequency of supervision for staff and the second is regarding improving the content of the settings statement of purpose. Six recommendations are made to improve the policies and procedures for staff access; service user consent; informing service users and /or their representatives regarding records that are kept regarding the individual service user and how they can access records; service user review arrangements; staff training; and the frequency of staff meetings.

This was reported to the manager at the conclusion of the inspection and assurances were made these would be addressed as a priority.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 20(2)	The registered person should ensure that staff members have formal, individual supervision no less than every three months and that records of these sessions are kept.	The inspector reviewed inspection questionnaires returned by staff, reviewed staff records, and discussed this with staff and the manager. This revealed the frequency of staff supervision had not improved and therefore this requirement is restated for a third time.	Not compliant

Inspection Findings

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
All staff working in Bardan Cottage are aware of their legal and ethical responsibility for service user records created or used within the centre. Staff are required to be aware of policies and procedures on records management and confidentiality as well as an awareness of the Data Protection Act 1998, Code of Practice on protecting the confidentiality of service users information (DHSSPSNI2012), Minimum Day Care Standards, (DHSSPSNI, 2012) and NISCC code of practice. Staff received training on induction regarding their responsibilities/requirements to maintain confidentiality and Data protection in line with legislation an policy. Staff must ensure that service user information is only shared on a need to know basis. Staff store information safely and securely within Bardan Cottage.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The inspector reviewed a sample of four records in respect of individual service users which presented as described in schedule 4; and viewed other records to be kept in a day care setting, as described in schedule 5. Service user's records were kept in a locked cupboard and accessed by staff as required to inform the detail of care to be provided. The inspector accessed the policy file however it was difficult to ascertain the content of the file as there was no index to assist in the location of policies and procedures. A recommendation is made in this regard. The operational policy has clear guidance regarding confidentiality which references DHSSPSNI guidance regarding the same. Whilst practice broadly reflects the policy there are management meeting notes which describe the use of Facebook and photos of the setting being uploaded. The inspector did not see any evidence of consent from service users to use their images for the purpose of promoting the day care setting. Therefore before any service users images are used there must be clear evidence of consent from service users. A recommendation is made in this regard.	Moving towards compliance

<p>Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, and management of service users' personal information commensurate with their role and responsibility. Service users' representatives stated they had been informed regarding information being kept about their relative in the setting and felt assured this was kept confidentially.</p>	
<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p>	
<p>Service users and/or their representatives are involved and contribute to their Day care Assessment, Care plan and this is evidenced by their and/or their representative's signature.</p> <p>All requests for service user records would be actioned in accordance with Bardan Cottage's Policy</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The setting has policies and procedures pertaining to: the access to records; consent; management of records and service user agreement. The statement of purpose details records are kept and service users or their relative can ask if they wish to see their record however discussion with relatives did not assure the inspector this information was made clear to the relatives, some relatives assumed records were kept but were not clear how they knew this or what is kept. The inspector suggests this is clearly described in the service user agreement and discussed at the review to reinforce accessibility.</p> <p>Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities. Review of service users' information revealed staff could improve their person centred approach to their recording in care plans in compliance with standard 5.2 and a recommendation is made in this regard. The staff working in the centre was able to demonstrate knowledge of when and how service users see their records commensurate with their role and responsibilities and were clear how they should respond to requests from service users and or their representative to access service user records.</p>	Substantially compliant

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>Individual personal files are maintained for and with each service user including detailed information as outlined in the list above (7.4)</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The examination of a sample of four service user individual records evidenced the above records and notes are generally available however the inspector noted the care plan is not entirely consistent with standard 5 and improvement should focus on the individual i.e. person centred. Furthermore the review preparation and meeting minutes did not evidence compliance with standard 15. A recommendation is made in this regard.</p>	<p>COMPLIANCE LEVEL</p> <p>Moving towards compliance</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Day Care Support Workers complete daily records which are kept in their personal file.	Compliant
Inspection Findings:	
The inspector examined a sample of service user care records to evidence if individual care records have a written entry at least once every five attendances and this was verified.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
There is guidance for staff on matters that need reported or referrals made in policies and procedures folder regarding safeguarding of vulnerable adults, community referrals, communication with carers and representatives.	Compliant
Inspection Findings:	
The discussion with staff and service user representatives confirmed recording and reporting care practices and service user agreement were in place and consistent with this criterion.	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: Service User records are legible, accurate, up to date, signed and dated by the person making the entry in line with Minimum Day Care Standard 7. Service User records are audited and periodically reviewed and stored by the registered manager</p>	Substantially compliant
<p>Inspection Findings: The inspector examined a sample of four service user individual records which met this criterion.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Substantially compliant</p>

Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Staff team are aware of Guidance issued in 2005 by the DHSSPS on the use of Restraint and Seclusion. be recorded as an incident and a multi-disciplinary review would be arranged as soon as possible.</p> <p>A policy is in place to inform staff on measures needed and or circumstances where restraint may be appropriate and/or necessary. Record keeping is an integral part of that policy. Staff are encouraged to take restless service users for walks or provide other activities. Lap-belts are always when transporting service users between rooms or on outings. External doors are locked for the safety of people who may put themselves in danger. This information is made available to service usersand their families.</p>	Compliant
Inspection Findings:	
<p>The inspector examined a selection of records including a sample of records of service users as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. This revealed this setting has no records of restraint, restriction or seclusion for individuals. The setting does have a locked front door for the safety of a few service users who would be disorientated and confused if they left the setting and may be danger to themselves; this measure also avoids strangers walking into the setting. The locked front door is not described in the service user agreement to gain consent and a recommendation is made in this regard.</p> <p>The setting does have a wheelchair for use of service users who cannot walk far to ensure they can access the town if they want to or go on a walk. They choose to use the wheelchair and this has a lap strap applied for safety reasons when used. This was written into the care plans of those who use the chair with indication of</p>	COMPLIANCE LEVEL Moving towards compliance

<p>consent.</p> <p>Staff undertake training on line and staff reported they felt invigorated by this experience of learning, they felt they absorbed the content and were able to apply theory to service users who attend the setting. The inspector was pleased to hear the positive approach to the on line training however, it is important for staff to discuss training and application of theory into practice as a group. A recommendation is made that sessions are set up to do this. These improvements will also aide the manager in monitoring staff competence, knowledge and skill.</p> <p>Discussion with staff verified they understood the rights of service users, exceptional circumstances but did not have knowledge of DOLs, a recommendation is made that the guidance is given to staff and discussed in terms of the impact on practice in this setting. Discussion with service users representatives identified they felt staff was focussed on their relatives needs and care provided was not restrictive.</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>In Bardan Cottage there are currently no service users requiring restraint interventions.If and when a service user is referred for such an intervention then appropriate training would be delivered to staff and update included in service user's care plans.</p>	Moving towards compliance
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>No service users had been subject to restraint and this setting and staff did not anticipate any need for the use of restraint in this service with the current group of service users. Staff are using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available</p>	Not applicable

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The registered manager ensures that at all times there is a suitably qualified, competent and experienced person working in Bardan Cottage.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The manager in this setting has been registered with RQIA since 2011 and has experience in this field of care. Louise is supported by one senior care assistant who acts in the manager’s absence and care assistants to deliver the assessed programmes of care for each service user. Lines of accountability and responsibilities are clear for staff in policy and procedure and daily planning. The inspector did not find any gaps in the management structure or arrangements in this setting that cause concern regarding compliance with this criterion however, the inspector did note the staff do not have team meetings that occur in compliance with standard 23 criterion 8, which is at least quarterly. A recommendation is made in this regard. Furthermore the frequency of staff supervision should be compliant with standard 22 criterion 2, which is at least staff must have individual supervision quarterly, this is a restated matter from the last inspection. Lastly the statement of</p>	<p>Moving towards compliance</p>

purpose should be reviewed for compliance with regulation 4 and schedule 1, particularly the relevant qualifications of staff; a requirement is made in this regard.	
Regulation 20 (2) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	
Provider's Self-Assessment:	
Staff working in Bardan Cottage are supervised in line with Mimimum Standards and Criteria for Social Care Workers and Minimum Day Care Standards [DHSSPSNI Jan 2012].	Compliant
Inspection Findings:	COMPLIANCE LEVEL
As described in the previous criterion improvement is recommended in this regard.	Moving towards compliance
Regulation 21 (3) (b) which states:	COMPLIANCE LEVEL
<ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	
Provider's Self-Assessment:	
Staff have qualifications, training, skills and experience necessary for their work in Bardan Cottage. This is evidenced in Bardan Cottage Statement of Purpose and the staff training files. Training needs are identified through supervision and appraisal and staff complete evo training courses.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The criterion was confirmed when examining records however improvement in the statement of purpose is required in this regard.	Moving towards compliance

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA and did not reveal any concerns regarding the content of the record. One complaint had been made in 2014 regarding a minor issue of dissatisfaction. The record evidenced this had been responded to in a timely manner, in compliance with the settings complaint procedure and resolved to the complainants satisfaction.

Service User Records

Four service user files were inspected as part of this inspection and this identified areas for improvement in the content and quality of information recorded. This is further discussed in the examination of standard seven.

Registered Manager Questionnaire

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, the manager's registration with NISCC, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this identified the policies and procedures need an index sheet to ensure staff can access them with ease; a recommendation is made in this regard. Furthermore the inspector noted staff meetings had only happened in February 2014 and in October 2014, the standard 23.8 states these should be held at least quarterly and a recommendation is made in this regard.

Monthly Monitoring Reports

The provider supplied two regulation 28 reports for this inspection and the inspector reviewed four reports written since the last inspection. This did not reveal any concerns regarding the frequency however the content was repetitive and did not focus on the conduct of the setting; advice was given to focus on a theme for each visit.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Louise Harte, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Suzanne Cunningham
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Announced Care Inspection

Bardan Cottage

21 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Louise Harte, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	Regulation 20(2)	<p>The registered person should ensure that staff members have formal, individual supervision no less than every three months and the records of these sessions are kept.</p> <p>Specific arrangements to explain steps that will be taken to ensure compliance with this requirement must be reported on the returned QIP</p>	Third	A schedule is now in place for staff supervision every three months and records will be kept of these sessions.	16 December 2014
2.	Regulation 4 & schedule 1	<p>The registered manager must review the settings statement of purpose to ensure compliance with regulation 4 and schedule 1, particular attention should be given to improving the section on relevant qualifications of staff.</p> <p>The registered manager must forward send a copy of the revised statement of purpose in to RQIA with the completed QIP</p>	First	Staff qualifications have been updated in the statement of purpose.	16 December 2014

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1.	18	<p>The registered person must ensure the day care setting has a full set of Day Care setting policies and procedures that are compliant with appendix 2 of the standards and in accordance with statutory requirements. The policy file must be accessible for all staff and have a central index.</p> <p>A plan and timescales for achieving this must be reported on the returned QIP</p>	First	A full review of the policy manual has been undertaken and a central index has been added as requested.	16 December 2014
2.	3.1	<p>The registered person must ensure service users and or their representative's give consent in the service user agreement for:</p> <ul style="list-style-type: none"> • Written consent to photos of the setting which include images of service users being uploaded to the website, other media sites for example Facebook or are used in the public domain. • The front door to be locked and alarmed for security purposes and inform service users how staff will ensure the service users can leave the building if it is assessed as safe and they wish to 	First	Written consent has been gained from service users and their representatives for photos and the coded and alarmed front door. These details have been added to the service user agreement.	16 December 2014

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
3.	7.2	The registered manager should ensure service users and their representatives are clearly informed regarding the records that are kept individually for each service user and how they can access these records if they wish to see them. For example this could be clearly described in the service user agreement and discussed at the review to reinforce accessibility.	First	Access to records was in the service user guide and agreement, but all service users and their representatives have been reminded of what records are kept in Bardan Cottage and that they can access at a convenient time. This will be discussed again at clients yearly reviews.	16 December 2014
4.	7.4	The registered manager should make appropriate arrangements for the review of the service users care plans and improve compliance with standard 5.2. The registered manager should ensure future review preparation meetings and review meeting minutes evidence compliance with standard 15.	First	The manager has commenced a programme and planned dates for carrying out reviews and minutes are completed for each review, as requested.	16 December 2014
5.	21.4	The registered manager should have arrangements in place for staff to discuss the online training and application of theory into practice as a group to improve staff competence, knowledge and skill. Particular attention should be paid to developing staff knowledge regarding protecting service user's human rights in the day care setting and deprivation of liberty safeguards guidance.	First	The scheduled staff meetings will incorporate the on line training and deprivation of liberty safeguards guidance, to monitor staff competence, knowledge and skill improvement.	16 December 2014
6.	23.8	The registered manager should make	First	A yearly schedule has been put	16 December

		appropriate arrangements for staff to have team meetings that occur in compliance with this standard, which is at least quarterly.		in place for quarterly staff meetings.	2014
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Mrs Louise Harte
Name of Responsible Person / Identified Responsible Person Approving Qip	Mr Liam Lavery

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	17/12/14
Further information requested from provider			