

Inspection Report

3 February 2022



Glenshane Care Association

Type of Service: Day care setting
**Address: 50 Glenshane Business Park, Legavallon Road,
Dungiven, BT47 4QL**
Tel No: 028 7774 2948

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Glenshane Care Association Ltd	Registered Manager: Mrs. Stephanie Hilditch
Responsible Individual: Mrs Margaret Grieve	
Person in charge at the time of inspection: Day Care Worker	Date manager registered: 5 December 2019
Brief description of the accommodation/how the service operates: This is a day care setting that provides care and day time activities for up to 20 service users with physical health needs and learning difficulties. The day care setting opens on Monday, Wednesday and Thursdays.	

2.0 Inspection summary

An unannounced inspection was undertaken on 3 February 2022 08.50 a.m. and 11.00 a.m. by the care inspector. This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance. We also reviewed the current management arrangements.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

A number of areas for improvement were identified during this inspection:

- Monthly quality monitoring Regulation 28
- The settings current management arrangements Regulation 30

The findings of this report will provide the day care setting with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure

compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

The inspection focused on:

- Communication with the service users and staff to find out their views on the service
- Reviewing a range of relevant documents and policies and procedures relating to the day care setting’s governance and management arrangements.

4.0 What people told us about the service?

We spoke with three staff members and the responsible individual. No service users were available for comment. We provided a number of questionnaires for service user and or their relatives to complete and return.

Returned questionnaires comments:

- “The care provided in Glenshane is second to none.”
- “Good service.”

We also provided an electronic staff survey for return to RQIA. Returned questionnaires show that staff were satisfied or very satisfied with the service provision.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 28 (1) (4a) (5)</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date.</p>	<p>Regulation visits by the provider are to be reviewed in line with the requirements of regulations, to ensure that all stakeholders’ views are sought. Including: service users representatives and staff.</p> <p>The centre must forward the completed reports to the RQIA until further notice.</p> <p>Ref: 6.1</p>	<p>Partially met</p>

	<p>Action taken as confirmed during the inspection: A number of reports were available for review. It was agreed with the registered individual that a further review was required. This area for improvement was stated for the second time.</p>	
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5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The ASC annual report for 2021 was available for review it was comprehensive and was satisfactory.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the HSC Trusts adult safeguarding team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported to RQIA since the last inspection.

It was good to note that all staff had completed DoLS training appropriate to their job roles; records reviewed verified training. Discussion with staff clarified their knowledge of the subject. No current service users are subject to any DoLS arrangements.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The manager confirmed that the setting had not received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users dysphagia needs to ensure the care received in the service was safe and effective.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members' commenced employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. However the reports available did not allow for the full review of the quality of care provided and did not include a full range of stakeholders' comments. One area for improvement has been reissued relating to Regulation 28.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. It was noted that no complaints had been received since the last inspection.

Staff described their role in relation to reporting poor practice and their understanding of the setting's policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

It was positive to note that a number of care reviews had been completed in line with Covid restricted services and the day care setting must be commended for their actions. We noted some of the comments from service users and relatives during this review:

- “***** is happy at the centre.”
- “I have no issues I like it all.”
- “The centre and staff are good.”

5.2.5 Current management arrangements.

Having reviewed the current management arrangements we noted that they need to be reviewed in line with current legislation. We met with the responsible individual and shared our findings and have identified an area for improvement to be actioned immediately.

6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and the responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1

Ref: Regulation 28

Stated: Second Time

To be completed by:
From the inspection date.

Visits by registered provider 28.—(1) Where the registered provider is an individual who does not manage the day care setting himself, he shall visit the day care setting in accordance with this regulation. (2) Where the registered provider is an organisation or partnership, the day care setting shall be visited in accordance with this regulation by— (a) the responsible individual or one of the partners, as the case may be; (b) a director or other person responsible for the management of the organisation or partnership; or (c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the day care setting. (3) Visits under paragraph (1) or (2) shall take place at least once a month or as agreed with the Regulation and Improvement Authority and may be unannounced. (4) The person carrying out the visit shall— (a) interview, with their consent and in private, such of the service users and their representatives and persons employed in the day care setting as appears necessary in order to form an opinion of the standard of care provided in the day care setting; (b) inspect the premises of the day care setting, its record of events and records of any complaints; and (c) prepare a written report on the conduct of the day care setting. (5) The registered provider shall maintain a copy of the report required to be made under paragraph (4)(c) in the day care setting and make it available on request to— (a) the Regulation and Improvement Authority; (b) the registered manager; (c) a service user or his representative; (d) an officer of the HSS trust in the area of which the day care setting is situated; (e) in the case of a visit under paragraph (2)— (i) where the registered provider is an organisation, to each of the directors or other persons responsible for the management of the organisation; and (ii) where the registered provider is a partnership, to each of the partner.

The centre must forward the completed reports to the RQIA until further notice.

Response by registered person detailing the actions taken:

After RQIA meeting, Annemarie became the acting registered manager. Provider ID No: PN000556, effective from 03/02/22. When certificate arrived, it was displayed on the wall.

<p>Area for improvement 2</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: From the inspection date.</p>	<p>30.—(1) Where— (a) the registered provider, if he is an individual who manages the day care setting himself; or (b) the registered manager; proposes to be absent from the day care setting for a continuous period of 28 days or more, the registered provider shall give notice in writing to the Regulation and Improvement Authority of the proposed absence. (2) Except in the case of an emergency, the notice referred to in paragraph (1) shall be given no later than 28 days before the proposed absence commences or within such shorter period as may be agreed with the Regulation and Improvement Authority and the notice shall specify— (a) the length or expected length of the absence; (b) the reason for the absence; (c) the arrangements which have been made for the running of the day care setting during that absence; (d) the name, address and qualifications of the person who will be managing the day care setting during that absence; and (e) in the case of the absence of the registered manager, the arrangements that have been, or are proposed to be, made for appointing another person to manage the day care setting during that absence, including the proposed date by which the appointment is to be made. (3) Where the absence arises as a result of an emergency, the registered provider shall give notice of the absence within one week of its occurrence specifying the matters mentioned in paragraph (2)(a) to (e). 14 (4) Where— (a) the registered provider, if he is an individual who manages the day care setting himself; or (b) the registered manager; has been absent from the day care setting for a continuous period of 28 days or more, and the Regulation and Improvement Authority has not been given notice of the absence, the registered provider shall without delay give notice in writing to the Regulation and Improvement Authority of the absence, specifying the matters mentioned in paragraph (2)(a) to (e). (5) The registered provider shall notify the Regulation and Improvement Authority of the return to duty of the registered provider or (as the case may be) the registered manager not later than 7 days after the date of his return.</p>
	<p>Response by registered person detailing the actions taken: The Board of Directors have read and now understand Regulation 30. We shall inform the Regulation and Improvement Authority on the Managers return.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

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