

# Inspection Report

4 December 2023



## Glenshane Care Association

Type of service: Day Care Setting  
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[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Glenshane Care Association Ltd	<b>Registered Manager:</b> Miss Zara McClintock
<b>Responsible Individual:</b> Mrs Margaret Grieve	<b>Date registered:</b> 5 October 2022
<b>Person in charge at the time of inspection:</b> Miss Zara McClintock	
<b>Brief description of the accommodation/how the service operates:</b>  Glenshane Care Association 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 4 December 2023 between 10.20 a.m. and 1.05 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, and Dysphagia management was also reviewed.

An area for improvement was identified relating to issuing service users with receipts for dinner monies paid.

Good practice was identified in relation to service user involvement. Service users told us they were very happy in the day care setting and the service users were observed to be comfortable and relaxed in their interactions with staff.

Glenshane Care Association uses the term 'members' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

### 4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting. Service users were very relaxed in their interactions with staff. Staff commented positively in relation to the day care setting, describing it as 'a joy to work here'.

It was good to note positive comments within the monthly quality monitoring reports survey, one of which reflected how the service users felt 'well cared for and supported by the staff'.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "I enjoy the centre, you get good meals and have company with the other service users."
- "I like coming to the centre and meeting with the other members. It's fun."
- "The centre is good. I like the staff and coming in and meeting up with my friends. We are like a big family. I love playing bingo."
- "I enjoy coming to the centre and meeting my friends."

- “I like the centre. It is clean, tidy and friendly.”
- “I like coming to the centre as I enjoy getting out of the house and meeting up with the other (service users) for the craic and getting a lovely dinner.”
- “I love coming to the centre to meet all my friends and it is warm and cosy.”
- “The centre is very good. I like to come to the centre to meet my friends and have fun.”

A number of staff responded to the electronic survey. The respondents indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “Glenshane care is a wonderful place to work the staff get on great and the manger is great. The members all enjoy coming to the centre and the staff really enjoy doing all different kinds of activities with them and love seeing the joy it brings to them.”
- “I have worked in Glenshane care for a (number) of years. I love my work, it is a great centre, very homely and friendly and is a great asset to the surrounding community.”

## 5.0 The inspection

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

The last care inspection of the day care setting was undertaken on 24 November 2022 by a care inspector. No areas for improvement were identified.

## 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 procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns.

The organisation had an identified Adult Safeguarding Champion (ASC). The Annual Safeguarding Position Report had been completed and was satisfactory.

There were clear processes in place for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The manager advised that there had been no concerns raised under the whistleblowing procedures.

The manager was aware of the incidents which require to be notified to RQIA in keeping with the regulations.

Review of records identified these had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role.

The manager advised that there were no service users requiring the use of specialised moving and handling equipment.

Review of care records identified that moving and handling risk assessments were up to date. Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the relevant documentation was in place.

A Fire Risk Assessment had been undertaken in 2023. The manager was awaiting the final report.

During the inspection fire exits were observed to be clear of clutter and obstructions.

There were systems in place relating to safety checks. Review of records identified that these had been managed appropriately.

## **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records, it was good to note that the care plans were person-centred and contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Menu choices
- Transport

- Policies
- Ideas for fundraising
- Activities

It was noted that service users had attended The Planetarium in Armagh and plans were in place for them to attend a Pantomime in The Millennium Forum. Other activities service users availed of included:

- Arts and crafts
- Storytelling and reminiscence
- Music and dance
- Bean bag games
- Jigsaws and board games
- Bingo

Educational activities were also provided. For example, a tutor was engaged to demonstrate to service users how food could be cooked in an Air Fryer. Plans were also in place to have foods from different cultures made.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements.

### **5.2.4 What systems are in place for staff recruitment and are they robust?**

There was a system in place to ensure that pre-employment checks, including criminal record checks (AccessNI), would be completed and verified before any staff members commenced employment and had direct engagement with service users. No new staff had been recruited since the last inspection.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

### **5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?**

There was a system in place to ensure that all newly appointed staff complete a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

### **5.2.6 What are the arrangements to ensure robust managerial oversight and governance?**

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; and staff supervision and training.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. No complaints had been received since the date of the last inspection.

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend. It was discussed with the manager the need for an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and immediately implemented a system to record these checks.

Discussion with the manager identified that service users were not issued with a receipt of payment for dinner monies paid. An area for improvement has been identified.

The Statement of Purpose required updating with RQIA's contact details and those of the Patient Client Council. The manager agreed to amend these details and to submit the updated copy to RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The area for improvement and details of the QIP were discussed with the Miss Zara McClintock, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 11.5  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate from the date of the inspection	<p>The registered person shall ensure that records of, and receipts for all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign, two members of staff sign and date the record.</p> <p>Ref: 5.2.6</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>A receipt book was immediately put in place with the service user signing, if the service user does not want to or is unable to sign, two staff members will sign, a duplicate of all receipts given to service users will also be kept for record.</p>

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





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