

Announced Care Inspection Report 25 February 2021



Gleshane Care Association

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

www.rqia.org.uk

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

1.0 What we look for



2.0 Profile of service

This is a day care setting 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.

3.0 Service details

Organisation/Registered Provider: Glenshane Care Association Ltd	Registered Manager: Mrs. Stephanie Hilditch
Responsible Individual: Margaret Grieve	
Person in charge at the time of inspection: Stephanie Hilditch	Date manager registered: 5 December 2019

4.0 Inspection summary

An announced inspection took place on 25 February 2021 from 09.00 to 11.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

In response to this information RQIA decided to undertake an inspection of the service. Whilst RQIA was not aware that there was any specific risk to the service a decision was made to undertake an on-site inspection adhering to social distancing guidance.

This inspection was underpinned by: The Health and Personal Social Services (Quality Improvement and Regulation (Northern Ireland) Order 2003 the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017: The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE, Covid-19 education and management including infection prevention and control measures. Individual quality measures in place completed by staff daily.

It was positive to note that staff had supported both service users and relatives through the Covid-19 time as the centre provided regular contact with service users.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Stephanie Hilditch, 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.

4.2 Action/enforcement taken following the most recent care inspection dated 29 April 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 April 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day Care.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for staff detailing how they could complete an electronic questionnaire. Questionnaire responses were positive and comments are included below:

- “Our inspector is helpful in answering any queries we may have so that we can work to improve our service provision.”
- “During these very difficult times I feel 100% safe in my work. Our employer has ensured we have the appropriate amount of PPE and cleaning equipment, to ensure safety for staff and service users.”
- “We are providing a much needed service in these difficult times.”
- “We are ensuring that service users are safe and secure in these difficult times when attending the centre.”

Questionnaires were also provided for distribution to the service users and their representatives; one response was returned and the responder was very satisfied with the questions asked.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection the inspector communicated with one staff member and the manager. Due to limited members attending no service users were available for feedback. However a number of questionnaires were issued for completion.

Staff comments during inspection:

- “Good staff communication.”
- “The manager has an open door policy.”
- “I feel safe and secure here with all the covid guidance in place.”
- “Training was excellent and up to date.”
- “Supervision and appraisal is one to one and is helpful to discuss all areas of work.”

- “We have promoted new technology to members during this time.”
- “During closure we provided packs to peoples own homes and Zoom group activities.”

We would like to thank the registered manager and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23.3 Stated: Second time To be completed from the inspection date: 29 April 2019.	The registered provider should ensure competency and capability assessments are completed with each staff member responsible for Glenshane Care Association with particular reference to the absence of the manager.	Met
	Action taken as confirmed during the inspection: Competency and Capability assessment has been completed by staff member's responsible re: absence of manager policy and associated tasks. Signed copy sent to RQIA Inspector by email on 15/05/19. We noted the relevant documentation in place within staff records.	

6.1 Inspection findings

The services staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 21, Schedule 2 and Standard 20 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of four staff records confirmed that all staff are currently registered with NISCC. We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

The inspector noted comments from service users made during regular monthly quality monitoring. One area for improvement was highlighted and discussed with the manager that relates to Regulation 28 quality monitoring reports. The number of stakeholders interviewed is not currently proportionate to the number of service users that the centre provides care and support to. Nor is it proportionate to the number of staff employed by the day centre and other stakeholders.

The registered person must expand the number of stakeholders communicated with in order to form a more even spread of opinion and view on the quality of the service provided by the centre.

Service users' comments:

- "I enjoy coming to Glenshane."
- "I'm happy with all the centre provides."
- "I'm very happy with everything."
- "I'm happy and the staff are really good."
- "I have no complaints about anything here."

Care planning and review:

We reviewed four care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews.

The centre must be commended for their work with Trusts to ensure all annual reviews were completed

Covid-19:

We spoke with the manager and staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily in line with guidance

- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE, in line with the current guidance.

We reviewed records relating to infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the centre.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the day centre for service users, staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring service users for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC, adherence to covid guidance and completion of annual reviews.

Areas for improvement:

One area for improvement was issued relating to Regulation 28 the quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Hilditch, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

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

<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>Response by registered person detailing the actions taken:</p> <p>March 2021 report returned as requested by email to Inspector on 8 Mar '21. Update of Provider Questionnaire template to be complete by 1 April '21 and forwarded to Inspector for feedback prior to use from April '21 on. Manager will continue to forward all monthly reports via email to RQIA until further notice.</p>

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



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)