

Inspection Report

24 November 2022



Glenshane Care Association

Type of service: Day Care Setting
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Assurance, Challenge and Improvement in Health and Social Care

1.0 Service information

Organisation/Registered Provider: Glenshane Care Association Ltd	Registered Manager: Zara McClintock
Responsible Individual: Mrs Margaret Grieve	Date registered: 05/10/2022
Person in charge at the time of inspection: Zara McClintock	
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 24 November 2022 between 09.00 a.m. and 11.30 a.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, Dysphagia management and Covid-19 guidance was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were knowledgeable about their role and responsibilities. The service was well organised and had a range of systems in place to support good communication.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated strong caring values and a desire to provide service users with personalised care. Staff were familiar with the choices and preferences of individual service users and expressed a commitment to providing care in keeping with service users' care and support plans.

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 "We Matter" Adult Learning Disability Model for N.I. (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. RQIA reviewed the support individuals were offered to make choices and decisions in their life that focused on enabling them to develop and to live a safe, active and valued life. RQIA also considered how service users were respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop, and live safe, active and valued lives.

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 staff survey.

4.0 What did people tell us about the service?

During the inspection we spoke with service users enjoying their activities with staff members. We also spoke with staff. The information provided by staff indicated that there were no concerns in relation to the day care setting.

Service user comments:

- "Great staff."
- "I have been here a long time and enjoy the centre."
- "I have no complaints."
- "I live local and the centre gets me out of the house."
- "I love the centre."
- "It's good to see my friends."
- "The staff are easy to talk to and they listen to you."
- "The new manager is good and very approachable."
- "The changes are good for us and the centre."

Staff comments:

- "A good comprehensive induction that prepares you for the role."
- "I have had one to one supervision that was helpful."
- "The manager has an open door policy."
- "Currently all my training is up to date."
- "Staff communicate well with each other."

- “A good approachable and helpful manager.”
- “We provide a wide range of varied activities.”
- “Person centred care is promoted here.”
- “I’m aware of my responsibilities as a NISCC care worker and know the standards and values of NISCC.”

During the inspection we provided a number of easy read questionnaires for service users to complete and share their views in regard to the following areas of service quality and their lived experiences:

😊 Yes ☹ No

- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

Returned questionnaires evidenced that service users and relatives thought care and support was either excellent or good.

Comments included the following remarks from service users and relatives:

- “I think my day centre is very well run and maintained.”
- “I am happy at day care.”
- “I’m very happy at Glenshane, I get dinner and pudding that is helpful as I live in my own, this is a great help.”
- “I think the centre is great.”
- “The staff are very kind and reliable.”
- “The staff give me good advice and I find it easy to talk to them, this means a lot to me.”
- “There is a good lot of activities and they provide a good breakfast and dinner.”
- “The staff are easy to talk to and they listen to you.”
- “I really like being at the centre, its great fun.”

No staff questionnaires were received prior to the issue of this report.

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 3 February 2022 by a care inspector. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 3 February 2022		Validation of compliance
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		
<p>Area for improvement 1</p> <p>Ref: Regulation 28</p> <p>Stated: Second Time</p> <p>To be completed by: From the inspection date.</p>	<p>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; 13 (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.</p> <p>The centre must forward the completed reports to the RQIA until further notice.</p>	Met

	<p>Action taken as confirmed during the inspection: A Number of quality monitoring reports were reviewed and were found satisfactory.</p>	
<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>Met</p>

	<p>Action taken as confirmed during the inspection: The procedures have been actioned recently and were satisfactory.</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's) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff if they needed to report any concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The current adult safeguarding champions report was available for review and was satisfactory.

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

Staff were required to complete adult safeguarding training during their induction and every two years thereafter. Staff who spoke with us had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns. Staff could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The manager retained records of any referrals made to the Health and Social Care (HSC) Trust in relation to adult safeguarding. A review of records confirmed that one concern had been identified since the last inspection and remains open pending investigations.

The manager had ensured that service users were provided with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their roles. Where service users required the use of specialised equipment to assist them with moving and handling, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting is unable to provide training in the use of specialised equipment, this had been identified by the staff before care delivery commenced and training had been requested from the HSC Trust.

It was positive to note that a number of care reviews were undertaken in keeping with the day care setting's policies and procedures. The outcomes for people using the service reflected the principles and values of promoting choice and control, independence and community inclusion. We noted some comments from recent reviews:

- "I'm happy with what I'm doing at the minute."
- "I'm happy and have no complaints."
- "I love attending the centre."
- "I'm very happy with my programme at Glenshane and it gets me out of the house."

The Mental Capacity Act (MCA) 2016 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.

It was positive to note that service users were supported to exercise choice and control in regard to decision making and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

Staff had completed Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. The manager reported that no current service users were subject to DoLS arrangements.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full fire evacuation drill was undertaken on 10 October 2022. Reviewed Fire risk assessments for the centre are to be completed on the 29 December 2022. Staff fire training has been booked for the 7 December 2022. During the inspection fire exits were observed to be clear of clutter and obstructions.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and in discussion with staff, it was good to note that service users and families had an input into devising individual activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

Care records were written in a respectful way, supporting people to express their views and be involved in making decisions about their care, respecting and promoting people's privacy, dignity and independence. The quality of service provision had also been regularly reviewed through a range of internal and external audits.

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

Some service users' comments included:

- "No concerns from all."
- "All agreed the food is good."
- "Good activities."
- "No complaints."

The purpose of the Learning Disability NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care. Learning Disability Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same

time, Learning Disability Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

From reviewing service users' care records and in discussions with staff, it was good to note that service users had an input into devising their own plan of care.

The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans were kept under regular review and service users and /or their relatives participated, where appropriate, in the review of the care provided on an annual basis, or when changes occurred.

It is important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

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

No service users were assessed by SALT. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents. Swallowing awareness training was also completed by staff during First-Aid training.

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

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (Access NI), were completed and verified before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that staff were appropriately registered relevant professional regulatory bodies such as NISCC or The Nursing and Midwifery Council (NMC).

There was a robust system in place for staff professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their professional registrations up to date.

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 evidence that all newly appointed staff had completed 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.

The induction programme also included shadowing of a more experienced staff member. Written records were retained by the manager of the person's capability and competency in relation to their job role.

A review of the governance records Identified that staff had been recruited, inducted and trained in line with the regulations.

The manager had maintained a record for each member of staff in respect of their training, including induction and professional development activities. The training records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

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

There were monthly quality 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 quality monitoring established that there was engagement with service users, relatives, staff and HSC Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

Comments noted within monthly monitoring reports included:

Service users:

- "The service is very good."
- "Very good activities."
- "I like getting out to the centre."
- "I like the range of activities."

Staff:

- "A good variety of activities that meet people's needs."
- "Communication is good between us all."
- "No concerns or complaints at this time."
- "The staff look after everyone well."

Relatives:

- "My relative loves going to the centre."
- "We would be lost without the centre."
- "Good overall management."
- "A good quality of care."

HSC Staff:

- "I have no concerns."
- "Good communication."
- "Very supportive staff."

- “I have had no concerns from service users.”

The day care setting is in the process of completing an annual review in relation to their practice which will incorporate service users’ and their representatives’ feedback in keeping with regulations. This will be forwarded to RQIA on completion.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

There was a system in place to ensure that complaints were managed in accordance with the agency’s policy and procedures. No complaints had been received since the last inspection.

The day care setting’s registration certificate was up to date and displayed appropriately. As was their relevant insurance documents.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the Registered Manager as part of the inspection process and can be found in the main body of the report.



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