

Inspection Report

11 November 2021



Glenside Adult Training Centre

Type of service: Day Care Setting
Address: 45A Derry Road, Strabane, BT82 8DY
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Western Health and Social Care Trust	Registered Manager: Mrs Victoria Young
Responsible Individual(s): Dr Anne Kilgallen	Date registered: 18 December 2019
Person in charge at the time of inspection: Mrs Victoria Young	
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 55 service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCT).	

2.0 Inspection summary

An unannounced care inspection took place on 11 November 2021 from 9.55 a.m. to 4.45 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) as appropriate, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

This inspection also sought to assess progress with any issues raised in the previous quality improvement plan (QIP).

Service users said that they were very satisfied with the standard of care and support provided.

An area for improvement in regards to the environment was stated for a third and final time.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC and the NMC, as appropriate. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and the QIP and any written and verbal communication received since the previous care inspection.

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

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how staffs' registrations with NISCC and the NMC, were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Three areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as met for two and not met for one.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Ten responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. No staff responses were received within the timescale requested.

The findings of the inspection were provided to the manager and the senior day care worker at the conclusion of the inspection.

4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. We spoke with four service users and six staff including the manager.

Staff told us that they felt supported in their role and that the manager was very approachable. Staff also said that there was great teamwork.

Comments received during the inspection process included:**Service users' comments:**

- “Lovely place to come.”
- “Everyone is nice here.”
- “Staff wear their PPE.”
- “I like coming to the centre.”
- “Staff are my friends, they are good to me.”
- “Staff clean everything and they keeping telling us to clean our hands.”

Staff comments:

- “Staffing levels are fine and they meet service users’ needs.”
- “Very good communication in the centre; if there is any changes we are informed straight away.”
- “Plenty of PPE available also hand sanitiser and antibacterial wipes available.”
- “I have done all my mandatory training including DoLS training. .”
- “I am well supported in my role and I am happy working in the day centre.”
- “Service users are free to leave at any time but some need staff support to keep them safe.”
- “I am very aware of service users’ dysphagia needs and the importance that each service user gets the right meal as assessed by the speech and language therapist.”

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 inspection to Glenside Adult Training Centre was undertaken on 20 and 27 June 2019 by a care inspector; three areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 20 and 27 June 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 26 (2) (d) Stated: Second time To be completed by:	The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issue must be addressed: <ul style="list-style-type: none"> • Replace the identified corridor carpet. 	Not met

30 September 2019	<p>Action taken as confirmed during the inspection: The identified corridor carpet had not been replaced and this area for improvement will be stated for a third and final time. Discussion with the manager confirmed that an expenditure request had been submitted requesting replacement floor covering. The manager provided evidence of communication with senior trust personnel requesting this outstanding matter be addressed.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 27.1 Stated: First time To be completed by: Immediate from the time of the inspection</p>	<p>The registered person should review and develop an established system to assure compliance with best practice in infection prevention and control within the day care setting.</p> <p>Matters as detailed below should be addressed with immediate effect:</p> <ul style="list-style-type: none"> • continence pads should be stored in their original packaging until required for use • gloves and service user single use wipes should not be stored uncovered in bathrooms. <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. On the day of inspection continence pads, gloves and single use wipes were appropriately stored.</p>	<p style="text-align: center;">Met</p>
<p>Area for improvement 2 Ref: Standard 7.7 Stated: First time To be completed by: Immediate from the time of the inspection</p>	<p>The registered person should ensure 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 manager.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. We reviewed two service users'</p>	<p style="text-align: center;">Met</p>

	care records and these records were found to be satisfactory.	
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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 outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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.

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

Discussion with the manager established that there had not been any suspected, alleged or actual incidents of abuse since the previous care inspection. The manager and staff further confirmed that there was a clear pathway for staff to follow in regard to referring any safeguarding concerns to appropriate professionals and established that they were aware of their roles and responsibilities in relation to reporting adult safeguarding concerns and maintaining safeguarding records.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. 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.

Service users and staff advised that there was enough staff to ensure the safety of the people who used the service.

The day care setting's governance arrangements in place for identifying, managing and where possible, eliminating unnecessary risk to service users' health, welfare and safety was reviewed during the inspection. This indicated that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. A review of these records and discussion with the manager evidenced that incidents/accidents were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Appropriate checks had been made to ensure that nursing staff and care workers maintained their registration with the NMC and NISCC, as appropriate.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including fire safety, adult safeguarding and moving and handling. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff confirmed they had completed specialised training to ensure they were aware of the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) and restrictive practices. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice.

On entering the day care setting the inspector's temperature and contact tracing details were obtained by the day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed and there was evidence of Infection Prevention and Control measures (IPC) in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

The manager told us that systems and processes were in place to ensure the management of risks associated with Covid-19 infection. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted.

The stained and faded corridor carpet had not been replaced as outlined in the previous care inspection report. This area for improvement has been stated for a third and final time.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC 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)?

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that a number of service users had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs and how to modify food and fluids. It was positive to note all staff had undertaken dysphagia awareness training.

5.2.3 Are there 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, checks are completed before staff members commence direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of records confirmed all staff working in the day care setting were registered with NISCC and/or the NMC, as appropriate. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards. The manager confirmed that all staff were aware that they were not permitted to work if their professional registration was to lapse.

Discussion with staff confirmed that they were registered with NISCC and/or the NMC, as appropriate. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the centre does not use volunteers or voluntary workers.

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. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

Quality monitoring reports also included review of service user care records; accident/incidents; safeguarding matters; complaints; compliments; staff recruitment and training, and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

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

6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led.

An area for improvement in regards to the environment was stated for a third and final time.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

7.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

An area for improvement and details of the Quality Improvement Plan were discussed with Mrs Victoria Young, Manager, and a senior day care worker, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (2) (d)</p> <p>Stated: Third and final time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall, having regard to the number and needs of the service users, ensure that all parts of the day care setting are kept clean and reasonably decorated. The following maintenance issue must be addressed:</p> <ul style="list-style-type: none"> • Replace the identified corridor carpet. <p>Ref: 5.2.1</p> <hr/> <p>Response by registered person detailing the actions taken: A business case for replacement of the carpet throughout the Centre has been completed by the directorate. This scheme is on the Capital Schemes List has been identified as a priority.</p>

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