

# Inspection Report

28 June 2021



## George Sloane Centre

Type of service: Day Care Services  
Address: 21 Pennybridge Estate, Ballymena, BT42 3HB  
Telephone number: 028 2564 6266

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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> Northern Health & Social Care Trust	<b>Registered Manager:</b> Mrs Dorothy Robinson
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> 25/08/2010
<b>Person in charge at the time of inspection:</b> Mrs Dorothy Robinson	
<b>Brief description of the accommodation/how the service operates:</b>	
This is a Day Care Setting with 75 places. The service provides care and a range of day time activities for people with learning and physical disabilities	

## 2.0 Inspection summary

An announced inspection took place on 28 June 2021, at 09-00-1145 am 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 and Covid-19 guidance.

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 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 agency 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:

- Contacting the service users and staff to find out their views on the service
- Reviewing a range of relevant documents, policies and procedures relating to the day care settings governance and management arrangements

#### **4.0 What people told us about the service**

We spoke to staff including the manager. Due to Covid-19 restrictions and the low number of service users' involved in individual groups we were unable to meet face to face. However, we provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. We noted lots of activities and good communication between staff and service users.

The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

- "The quality of care is excellent."
- "Staff are keen, friendly and approachable."

In addition we provided an electronic survey for staff. No comments were received prior to the issue of this report.

Comments received during the inspection process:

##### **Staff comments:**

- "Good management support."
- "Good training opportunities."
- "Supervision is one to one and good opportunity to discuss any concerns."
- "Good team support and cohesion with each other."
- "We have a comprehensive induction process."
- "We provide a wide range of activities."
- "The manager is excellent and open to approach at all times."
- "We have a good rapport with all carers and relatives."

#### **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 George Sloan DC was undertaken on 5 July 2018 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 settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect 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 has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Champion Position report was not available for review; however the manager will contact the HSC Trust and update information that will inform RQIA.

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 are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

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 has a system for recording referrals made to the NHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

The day care setting has 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 since the last inspection.

All staff had completed DoLS training appropriate to their job roles. Records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have 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. The day care setting is in discussion

with the local (IPC) team who are updating the requirements regarding the daily taking of temperatures of relevant individuals

### 5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence 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 are appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are 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. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff, and HSC trust staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements. The manager discussed the current report format and plans to review the engagement process with the senior manager and update the format.

We noted some of the comments made by service users; relatives, staff and HSC Trust staff during the monthly quality monitoring:

#### Service users:

- "I'm happy to be back."
- "There is nothing I don't like here."
- "I look forward to meet my friends here."

#### Staff:

- "Care is being provided to a high standard."
- "There are good opportunities for training."
- "Good management support and information."

#### Relatives:

- "I have no problems with what's being provided."
- "The centre is brilliant and the staff and management are good."
- "I feel supported by the staff and management."

**HSC Staff:**

- “The manager is very supportive.”
- “Good opportunities to learn and staff are very helpful.”
- “Good staff involvement with programmes.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that a number of complaints had been received since the last inspection. These were reviewed and had been handled by the manager in line with policy and procedure to the satisfaction of the complainant's.

The manager confirmed that the centre had 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. Staff were aware of the procedures in place regarding (SALT)

Staff described their role in relation to reporting poor practice and their understanding of the centres 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 (SAI's)/Significant Event Analysis's (SEA's) or Early Alert's (EA's).

The annual provider report Regulation 17 was not available but was forwarded to RQIA for review.

It was positive to note that all annual care reviews had been completed. We noted some of the comments from service user's and carers during their review:

- “I am happy with everything in the centre.”
- “I am happy with the overall care.”
- “I am content at present.”
- “I have no issues with the care \*\*\*\*\* receives.”
- “I'm happy at the centre.”

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

**7.0 Quality Improvement Plan/Areas for Improvement**

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

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



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