

Inspection Report

27 October 2022



George Sloane Centre

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Northern Health and Social Care Trust (NHSCT)</p> <p>Responsible Individual: Ms Jennifer Welsh</p>	<p>Registered Manager: Mrs Dorothy Robinson</p> <p>Date registered: 25 August 2010</p>
<p>Person in charge at the time of inspection: Mrs Dorothy Robinson</p>	
<p>Brief description of the accommodation/how the service operates:</p> <p>The George Sloane Centre is an Adult Day Care Setting situated in the Pennybridge Industrial Estate, approximately 2 miles from Ballymena town centre. It is a ground floor facility with an annexe and a mobile unit based onsite; the service can provide day care facilities for up to 75 service users.</p> <p>The service provides care, a range of day time activities and work opportunities for adults living with a learning disability. These adults also have a range of needs including mental health, physical disability, dementia and sensory impairment.</p> <p>These adults may also present with behaviours which staff may find challenging and which may require specialist assessment and / or follow up treatment programmes. Some adults who attend the centre may experience mobility difficulties and require the use of wheelchairs or other mobility aids.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 27 October 2022 between 9.45 a.m. and 5.00 p.m. The inspection was conducted by a care inspector.

RQIA received an anonymous letter on 21 October 2022 which raised concerns about: the quality of care records; staffing arrangements; the management of service users' nutritional needs; and the management of challenging behaviours.

The inspection focused on the concerns shared with RQIA and also included: governance and management arrangements; the reporting and recording of accidents and incidents; complaints management; whistleblowing arrangements; Deprivation of Liberty Safeguards (DoLS); the use of restrictive practices; and Covid-19 arrangements.

Deficits were noted in regard to managerial oversight and governance arrangements, for instance, shortfalls were noted in relation to: staffing arrangements; monthly monitoring reports; reporting of notifiable incidents to RQIA; complaints records; medication audit records; and service users' care records. Eight new areas for improvement were made.

Due to these deficits, a meeting was held with the Manager and senior management team on 9 November 2022 to discuss the inspection findings and consider any actions taken / to be taken by the Responsible Individual to address these shortfalls and drive necessary improvements.

During this meeting assurances were provided to RQIA in regard to how the Responsible Individual will achieve compliance with the relevant regulations and standards and a time bound action plan was submitted by NHSCT to RQIA. The progress of this action plan will be reviewed by RQIA at a future inspection.

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 registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust; RQIA also reviewed the anonymous information referenced in Section 2.0.

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. RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users are 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 survey for staff.

4.0 What did people tell us about the service?

RQIA met and spoke with 21 service users during the inspection. Five service users with complex needs were non-verbal but observations of their facial expressions, body language and interactions with care staff were completed. Observations concluded these service users were comfortable, at ease in their respective group rooms and effective working relationships with staff were evident. Staff were observed to be respectful, patient, caring and attentive with the service users.

Service users' comments:

- "I love coming here, I see my friends."
- "It's good here, I like it a lot."
- "I enjoy it at the centre, there's lots to do."
- "I'm happy with everything here."
- "I like the staff, they are good to me."
- "Everything is great, I like being with my friends."
- "I love the foot spa and getting my nails done."

Service users' relatives'/representatives' comments:

- "George Sloane is an excellent service, the manager is very approachable, has been so helpful, my relative loves it here. He has no speech but if he wasn't happy I would know. I feel the centre is safe and it's well run, I have no concerns."

Staff comments:

- "I have no concerns, I work one to one with a service user and enjoy it. My training is up to date."
- "I enjoy my work here and feel the care is compassionate, however, I am concerned about the safety of service users when the centre is short staffed. I've received training and have approached the Manager or senior day care worker when I've had concerns."
- "I feel the care is safe and I've no concerns. All the service users are very well looked after and in my opinion the care is compassionate. I believe the service is well led."

Four staff expressed concern that there are currently more service users within the service who need enhanced support from one or more care staff; the staff stated that the centre is short staffed and that this adversely impacts their ability to carry out their work duties. Four staff raised a concern regarding management and staff morale. The manager informed RQIA that they are aware of staff concerns.

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

- "My relative enjoys attending the day centre."
- "Our relative is happy to attend the centre every day. They appear to enjoy the activities provided."
- "As carers, we are very happy with the George Sloane Centre. All staff are very engaging with our relative. They appear to have a variety of activities which provide stimulation."

They have introduced activities which they know our relative likes. As well as weekly routine activities they also organise special events, for example, bus trips, pet farm visits, circus skills. Carers are promptly notified of any issues of concern. The Manager and staff are easily accessible if carers need to speak to them. The George Sloane Centre clearly enriches the life of our relative through both its activities and engaging staff. An A-star performance.”

- “First class service all round, plenty for my relative to do. They really enjoy coming to the centre.”
- “All of the staff seem to be very compassionate and caring although the only contact with staff is during client handover at the door.”

Some concerns were raised in the returned questionnaires relating to staffing levels, carers meetings, Makaton training and communication with carers. This feedback was discussed with the manager and action was taken by the manager and senior management in the Trust to address these concerns. This will be monitored by senior management through the monthly quality monitoring visits.

Two staff responded to the electronic survey and stated they were either satisfied or very satisfied in regard to the care being safe, effective, compassionate and that the service is well led.

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 28 June 2021 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 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 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 induction and every two years thereafter. This training was last provided to staff in March 2021. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They 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 day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Some service users who were spoken with stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Concerns were raised regarding staffing levels within the day care setting. This was discussed with the manager and the senior management team during the meeting on 9 November 2022 and assurances were provided that the staffing levels would be reviewed and a sufficient number of staff would be on shift to ensure the correct level of support and supervision is provided in keeping with assessed need.

Review of accident and incident records confirmed that while these had been responded to appropriately at the time; however, RQIA had not been notified of incidents in keeping with Regulation since 8 December 2018. The Manager gave assurances at the meeting on 9 November 2022 that any incidents that are to be reported to RQIA will be completed in a timely way. An area for improvement was identified.

Review of training records confirmed that staff were provided with training appropriate to the requirements of their role. However, it was noted that refresher RESPECT training for identified staff was outstanding (RESPECT is a programme used in social care settings to prevent, de-escalate and manage behaviours of concern or behaviours that challenge others); RQIA was advised during the meeting on 9 November 2022 that this training will be provided to staff by March 2023.

Review of service users' care records highlighted a number of deficits. It was noted that one service user's care plan could not be located by staff. In addition, a number of care plans had not been reviewed on an annual basis and had not been signed or dated by the manager. Discussion with the Manager also highlighted that the use of specialised equipment was not included in identified service users' care plans and/or daily logs. An area for improvement was identified.

There was a procedure in place for staff to follow in the event of a service user's mobility deteriorating. Where service users required the use of specialised mobility equipment, appropriate moving and handling training was in place for staff.

All staff responsible for administering medication to service users had been provided with training in relation to medicines management. The Manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken and recorded before staff undertook this task.

A review of medication records identified that RQIA had not been notified of two medication errors; it was also noted that there was a lack of robust auditing processes in place with regard to some aspects of medicines management. An area for improvement has been identified.

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.

It was noted in identified monthly monitoring reports that some staff required their DoLS training to be updated, however, this was not reflected in the training records held by the manager. This required to be updated. An area for improvement has been identified.

There were arrangements in place to ensure that service users who required a restrictive practice to be in place had their capacity considered and, where appropriate, assessed. The care records contained necessary details of the DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

5.2.2 What are the arrangements for promoting service user involvement?

Discussion with service users and review of their care records confirmed that they had an input into the content of their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes. It was noted however that care plans had not been reviewed on an annual basis, or when changes occur and they must contain signatures of everyone involved as per Minimum Standard 5.6. This area for improvement has been subsumed into 5.2.1.

It was 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 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 day care setting 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)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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.

Discussions with staff and review of service users' 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 staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. 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. Staff were familiar with how food and fluids should be modified.

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

A review of staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), 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 with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the Manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their 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 Trust Corporate orientation and induction. Despite staff confirming they had completed an induction process, there were no written records to evidence this. There was also no evidence that NISCC's Induction Standards were incorporated into the induction programme to ensure staff were competent to carry out the duties of their job in line with the day care settings' policies and procedures. An area for improvement was identified.

A record was maintained for each member of staff, including agency staff, of all training undertaken; however, the information was not accurate and required to be updated. This has been subsumed into the area for improvement identified in Section 5.2.1.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with these requirements.

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

There were monthly monitoring arrangements in place. A review of the monthly monitoring reports established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives during these visits. The monthly monitoring reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff

recruitment and training, staffing arrangements and identified areas for action by the manager. However, it was noted that identified areas for action within these reports were not being effectively reviewed during subsequent monthly monitoring visits. An area for improvement has been identified.

RQIA had not been notified of the absence of the registered manager. This was discussed with the manager who advised she had informed her senior line manager of the Trust's need to inform RQIA of this. This must be retrospectively completed and forwarded to RQIA.

Review of staff supervision records evidenced that formal supervision of care staff had lapsed and a significant number were overdue. An area for improvement has been identified.

Review of complaints records evidenced that they did not contain details of all communications with complainants, the actions taken by the day care setting, the outcome of the investigation or the complainants satisfaction. An area for improvement has been identified.

The day care setting's registration certificate was up to date and displayed appropriately.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	4	4

Areas for improvement and details of the QIP were discussed with the manager and senior management team during and following the inspection. The timescales for completion commence from the date of the 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 29(1)(d)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all notifiable incidents and accidents are reported to RQIA in keeping with Regulation.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Notifiable events will be centralised and retained within the incident file in line with regulation.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16(2)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that service users' care plans are up to date at all times; signed and dated by the Manager; and include sufficient detail in regard to the use of any specialised equipment.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: All service users have a day care plan - updated template of this was shared with all staff to action immediately which will cross reference to any relevant assessments - to support this staff have been provided with a sample file to assist them in compiling files in line with standards.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 28(4)(a)(b)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of the services which the day care setting arranges to be provided. This should include a full analysis of the quality of the care being delivered, identifying any patterns or trends in the information reviewed and identify an action plan which is to be reviewed each month to drive improvement.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Surveys have been distributed and responses collated to inform development of opportunities by the end of July. Carer engagement evening was held on the 8th March 2023 - all carers were signposted to the NHSCT carers lead for any additional supports required. Carers lead now facilitates quarterly carers meetings. Carers and service users were made aware of "Care Opinion" as another resource for them to provide feedback to the service. Service user meetings will be held monthly with the introduction of an easy read newsletter to improve communications with service users and carers .</p>

	<p>Feedback suggestion box was created in the front reception area to receive any requests from the staff team or any visitors to the unit .</p> <p>Divisional monthly governance accountability meeting reviews and identifies patterns and trends to inform action plans to drive improvement and manage risk effectively.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 24(1)(3)(4)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all complaints are managed in a robust manner and in keeping with best practice.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: Complaints are now managed in a robust manner - template now details nature of complaint , action taken , timescales and if the complainant is fully ,partially , satisfied or not. A formal complaints procedure is in place and will be distributed at each service user annual review. In addition to above on the 28th February 2023 senior manager put in place checklists for person in charge which includes complaints procedures</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 29.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that medication records, specifically in relation to the administration of controlled medications are audited in a robust manner and in keeping with best practice.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Medication audits implemented daily for all controlled medication and robust monthly audits - these will identify any actions and be shared with all staff to action. Medication management training arranged for 5th June 2023 with specific emphasis on best practice approaches to medication management. A Delegated champion for medication was identified with all medication duties overseen by the registered manager</p>

<p>Area for improvement 2</p> <p>Ref: Standard 21.4 and 21.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that every staff member completes mandatory training and accurate records are maintained.</p> <p>This is to include, but is not limited to, DoLS training.</p> <p>Ref: 5.2.1 and 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: All staff have accessed training in line with mandatory requirements and a record is maintained in the unit and held on a shared drive which is monitored by senior management to ensure full compliance across day services. Staff accessed face to face Safeguarding level 2 training on the 19th January 2023, Safer patient handling 26th January 2023, RESPECT 21st February 2023 and first aid at work scheduled for the 19th June 2023. All training needs are discussed in supervision From 1st July 2023 MCA training is included within the Trust's statutory framework and MCA will also hold records of staff training</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21.8</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that robust staff induction arrangements are in place and that induction records are maintained in keeping with best practice at all times.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: A comprehensive induction programme has been implemented across all day care settings which comprises of NISCC workbook, departmental and corporate induction - all new staff to post including any interim use of agency will complete this. A detailed copy of the induction documentation will be retained in individual personal files. Completion of this will be actioned within a two week timeframe on commencement of post</p>

<p>Area for improvement 4</p>	<p>The registered person shall ensure that robust arrangements are in place so as to ensure that all staff receive formal supervision in accordance with best practice standards.</p> <p>Ref: 5.2.6</p>
<p>Ref: Standard 22.2</p>	<p>Response by registered person detailing the actions taken: A programme of supervision is implemented in line with senior management request at a frequency of 4-6 weekly in keeping with NHSCT policy standards. Senior managers have oversight of this in monthly divisional governance reporting systems and on monthly monitoring visits. Bi annual audits are completed and sampled by senior management through the governance reporting.</p>
<p>Stated: First time</p>	
<p>To be completed by: With immediate effect</p>	

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