

# Inspection Report

7 June 2023



## George Sloane Centre

Type of service: Day Care Service  
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 and Social Trust	<b>Registered Manager:</b> Mrs Judith McPeake
<b>Responsible Individual:</b> Ms Jennifer Welsh	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Mrs Judith McPeake	
<b>Brief description of how the service operates:</b> George Sloane Centre is a day care setting that provides care and a range of day time activities and work opportunities for adults living with a learning disability. The service can provide day care facilities for up to 75 service users.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 7 June 2023 between 10.00 am and 4.45 pm. The inspection was conducted by a care inspector.

RQIA received an anonymous letter on 16 May 2023 which raised concerns about the standard of cleanliness in George Sloane Centre.

The inspection focused on the concerns shared with RQIA and also included: 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.

One identified area for improvement related to an outstanding action in respect of the fire risk assessment. Areas for improvement previously identified in relation to statutory notification of accidents/incidents and the maintenance of staff training records were partially met and have been stated for the second time.

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 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.

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.

### 4.0 What did people tell us about the service?

During the inspection we provided a number of questionnaires for those supported to comment on the following areas of service quality and their lived experiences:

- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated that the service users felt the day care setting was providing safe, effective and compassionate care and that the service was well-led. Written comments included:

- "I'm well looked after."
- "I am happy."

We met with a number of service users during the inspection. Service users indicated that they were happy with the care and support provided and were observed to be relaxed and comfortable in their interactions with staff. Comments expressed included:

“I enjoy the arts and crafts.”

“I like to go out for runs on the bus.”

Staff met with indicated that, in general, they had no concerns in relation to the day care setting. Comments expressed included:

- “This is a much better place to work in now. I love my work.”
- “I enjoy my work and have no concerns.”
- “I get good support and do enjoy the work.”
- “All my training is up to date.”
- “There are normally more domestic staff on duty. It can be challenging at times for me to get all the cleaning work completed, especially when the service users are in the centre.”

The feedback in relation to the domestic support was shared with the manager, and this was followed up with senior management after this inspection (see also section 5.2.7).

We met with one relative who stated that they had no concerns in relation to the day care setting.

Comments expressed included:

“I’m very happy with the service. I have noticed a good improvement over this past few months. My relative likes the energy of the staff, who are all very kind. I have no concerns”.

Review of the monthly quality monitoring reports included positive comments from service users’ relatives. These included:

- “Things are more than good, never any bother getting her up and out in the morning.”
- “The staff are very good.”
- “I have no concerns at all with the level of care offered by staff, and I am confident that my relative is very happy in GSC. Staff are courteous and keep me well updated on all aspects of his care.”

No responses were received to the electronic survey 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 27 October 2022 by a care inspector. A Quality Improvement Plan (QIP) was issued and was validated during this inspection.

Areas for improvement from the last inspection on 27 October 2022		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29(1)(d)  <b>Stated:</b> First time	The registered person shall ensure that all notifiable incidents and accidents are reported to RQIA in keeping with Regulation.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that the majority of notifiable incidents and accidents had been notified to RQIA in keeping with Regulation. The inspector confirmed that two accidents/incidents had not been notified in a timely manner. A retrospective notification was received for both incidents following the inspection.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16(2)(b)(c)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement had been met.	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 28(4)(a)(b)(c)</p> <p><b>Stated:</b> First time</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 style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement had been met.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 24(1)(3)(4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all complaints are managed in a robust manner and in keeping with best practice.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement had been met.</p>		
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021</b></p>		<p style="text-align: center;"><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 29.8</p> <p><b>Stated:</b> First time</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 style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that this area for improvement had been met.</p>		
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 21.4 and 21.8</p> <p><b>Stated:</b> First time</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 style="text-align: center;"><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>There was evidence that the majority of staff had completed mandatory training. From review of the training matrix, dysphagia training was outstanding for five staff. The</p>		

	manager confirmed, following the inspection, that all staff had completed mandatory training, however the training matrix had not been updated at the time of the inspection.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 21.8 <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement had been met.</p>	<b>Met</b>
<b>Area for improvement 4</b> <b>Ref:</b> Standard 22.2 <b>Stated:</b> First time	<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><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement had been met.</p>	<b>Met</b>

## 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 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. 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. 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 manager advised that there had been no concerns raised under the whistleblowing procedures.

The day care setting retains records of any referrals made to the HSC Trust in relation to adult safeguarding. Any safeguarding incidents identified since the last inspection were managed appropriately.

The manager was aware of the type of incidents which are required to be notified to RQIA. Review of accident and incident records confirmed that, while these had been responded to appropriately at the time, RQIA had not been notified of two accidents/incidents in accordance with Regulations. These were notified retrospectively following the inspection. An area for improvement previously identified in this regard has been stated for the second time.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

All relevant staff 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 before staff undertook this task.

A review of care records identified that moving and handling risk assessments and care plans were up to date.

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 Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. A resource folder was available for staff to reference.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, this was included in the care plan.

The last Fire Risk Assessment was undertaken on 16 March 2022 and reviewed on 16 March 2023. It is noted that the overall risk in the premises has been rated as 'tolerable'. However, one recommendation identified in the action plan of the Fire Risk Assessment report remained outstanding. The item is listed as a priority 'A' one relating to the integrity of fire doors in the centre. The manager advised that this had been brought to the attention of estates services in 5 April 2023 and 16 June 2023. An area for improvement has been identified.



Records examined identified that a number of safety checks had been undertaken, including fire evacuation drills. It was noted that the last full fire evacuation drill was undertaken on the 20 March 2023, all staff included. Staff fire training was up to date. 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?**

Observations on the day of the inspection noted that activities were provided for service users appropriate to their needs and preferences. The service users' care plans contained details about the level of support they may require. The service delivered had also been regularly reviewed through a range of audits.

It was good 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.

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

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 the majority of staff had completed training in dysphagia awareness, including how to respond to choking incidents. This training remained outstanding for five staff. The manager confirmed, following the inspection, that all staff had completed dysphagia awareness training, however the training matrix had not been updated at the time of the inspection. An area for improvement previously identified, in respect of training records, has been stated for the second time. The manager confirmed that basic life support training had been arranged for 19 June 2023 for all staff.

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.

We also noted documentation in relation to modified diets in place in the food preparation and dining areas.

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

We reviewed the systems in place for the recruitment of ancillary staff working in George Sloane Centre.

The day care setting's recruitment records for ancillary staff were not available for review. The manager advised that ancillary staff (transport, catering and domestic) working in George Sloane Centre were recruited and managed by other departments within the HSC Trust. Confirmation was received from the manager, following the inspection, that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified by the HSC Trust's human resources (HR) department before all staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that care staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). 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. There were no volunteers working in the day care setting.

### **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.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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

There were monthly 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 monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. It was disappointing to note that whilst the monitoring visits referred to the number of accidents/incidents, they had not identified that notifications had not been made to RQIA in accordance with the regulations. RQIA will keep this matter under review and an area for improvement has been stated for the second time.

The manager was in the process of completing an annual review in relation to the quality of the care provided by the day care setting. It was agreed that this would be submitted to RQIA when completed.

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

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

We discussed the acting management arrangements which have been ongoing since 22 May 2023; RQIA will keep this matter under review.

### 5.2.7 Environmental cleanliness

The internal environment of the main building was maintained to a good standard of cleanliness and decor.

The décor within the annex building was observed to be darker, with some attention to detail required in the cleaning of floors and toilet areas. This was discussed with the manager who informed us that management were aware of this issue and had taken steps to address the deficits. There had been a reduction in domestic support due to staff absence, however we were informed that this was being reviewed by senior management and additional cover had been sourced. A deep clean of the annex and main building was carried out following this inspection.

We were informed that a painting programme in the main building and annex commenced on 19 January 2023 and has been planned for closure days, so as not to inconvenience service users. Additional minor work had also been requisitioned to include an upgrade to the flooring and ceiling tiles in the annex.

Infection prevention and control audits were carried out and environmental cleanliness was monitored as part of the overall quality of the service.

## 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
<b>Total number of Areas for Improvement</b>	2*	1*

\* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 29(1)(d)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all notifiable incidents and accidents are reported to RQIA in keeping with Regulation.</p> <p>Ref: 5.1</p> <p><b>Response by registered person detailing the actions taken:</b> All notifiable incidents and accidents will be reported to RQIA in keeping with regulations. Four outstanding notifiable incidents have been reported through to the RQIA portal in retrospect. All incidents are closed with no further follow up required. The registered manager will be accountable for the reporting of notifiable incidents. In the absence of a registered manager the Locality Manager will assume this responsibility.</p> <p>A robust recording system has been implemented to ensure these records are held with NHSCT incident reports. Monthly monitoring reports will review all notifiable incidents to ensure they have been reported on to RQIA as per requirements, and that all follow up actions have been implemented.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 26(4)(a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 14 August 2023</p>	<p>The registered person shall ensure that the outstanding item listed on the action plan of the Fire Risk Assessment report is addressed to the satisfaction of the Fire Risk Assessor. Confirmation of this should be forwarded to RQIA.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Confirmation of the outstanding item identified on the action plan of the fire risk assesment was forwarded to the RQIA inspector by email on the 21<sup>st</sup> June 2023.</p> <p>The registered manager completes monthly audits of the Fire file in keeping with both NHSCT policy and procedures and RQIA requirements. Monthly monitoring reports also audit the fire file to ensure high levels of governance within this area.</p>

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 21.4 and 21.8</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall ensure that every staff member completes mandatory training and accurate records are maintained.</p> <p>Ref: 5.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All staff have identified their training dates for this specific mandatory area and these are now reflected on the training matrix . Training remains a standing agenda within supervisions and thus discussed every 6-8 weeks to ensure that mandatory training requirements are met.</p> <p>The divisional training matrix is available to view upon request. Training certificates are also held in staff files and available to view upon request.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA