

# Inspection Report

## 23 March 2023



## GlenOaks Day Centre

Type of service: Day Care Service  
Address: Glen Road, Londonderry, BT48 0BX  
Telephone number: 028 7126 6593

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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> Western HSC Trust	<b>Registered Manager:</b> Mr John McConnellogue
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> 20 March 2022
<b>Person in charge at the time of inspection:</b> Mr John McConnellogue	
<b>Brief description of the accommodation/how the service operates:</b>	
This is a Day Care Setting with 30 places that provides care and day time activities for people living with physical and mental difficulties. The service users' care is commissioned by the Western Health and Social Care Trust (WHSCCT) and the Northern Health and Social Care Trust (NHSCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 23 March 2023 between 9.30 a.m. and 2 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting'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 Safeguarding (DoLS), restrictive practices and Dysphagia was also reviewed.

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 ensure its operation and to support good communication.

Good practice was identified in relation to service user involvement. There were good systems in place in relation to ensuring service users were provided with the right meal textures. There was a good system in place for monitoring service user dependency levels.

Areas for improvement related to the appropriateness of a service user's care needs being met within the day care setting; and in relation to the management of the bus timetable.

All service users consulted with indicated that they felt the day care setting was providing safe, effective and compassionate care; and that the service was well-led.

GlenOaks Day Centre uses the term 'members' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

### 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included questionnaires and an electronic survey.

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

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

#### **Service users' comments:**

- "They are brilliant here, like an extended family."

Service users were noted to be relaxed and comfortable in their interactions with staff. One service user discussed staffing difficulties which arise at times, due to particular working arrangements; these matters were discussed with the manager and are referred to within the main body of the report.

**Staff comments:**

- “I love it here, they are very good.”
- “They are all treated very well here.”
- “No concerns at all.”

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

- “No, I am very happy with everything.”
- “If I fall, I know the staff will be there.”
- “Would like to say how amazing staff, bus men and cooks are at GlenOaks.”
- “The staff are so brilliant.”
- “I think I am well looked after here.”

No responses were received to the electronic survey.

## **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 5 November 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 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 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 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. Discussion with the manager and a review of records confirmed that these had been managed appropriately.

Service users said 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. Advice was given in relation to recording such training along with the other mandatory training dates.

All 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.

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. Advice was given in relation to developing a resource folder containing DoLS information which would be 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 had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, this was reflected in the care plan.

Records examined identified that a number of safety checks had been undertaken, including fire evacuation drills. 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?**

From reviewing records, it was good to note that service users had an input into devising their own activities each day. 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 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.

The manager reported that a proportion of service users have a journey time to and from the day care setting in excess of two hours. Their transport is provided by WHSCT. This has been identified as an area for improvement.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

### **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 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 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 with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC). There was a system in place for professional registrations to be monitored by the manager. The monitoring arrangements in place were satisfactory.

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.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

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

All NISCC 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.

### **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 accident/incidents; safeguarding matters; staff recruitment, training and staffing arrangements.

However, as discussed in section 4.0 above, discussion with service users identified that there were issues relating to staffing levels on particular days. This related to the provision of domiciliary care within the day care setting. Whilst the manager agreed to review this matter, an area for improvement has been identified to ensure that this is addressed. This matter will be reviewed at the next inspection.

It was also identified that improvements were required regarding the bus timetable. An area for improvement has been identified to ensure that the duration of the journey to and from the day centre is not unduly protracted.

There was a system in place to record any complaints. Review of the complaints records identified that they were managed appropriately.

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.

The Statement of Purpose required to be updated with contact details of the Patient Client Council (PCC) and the Northern Ireland Public Services Ombudsman (NIPSO). It was agreed that this will be reviewed at future inspection.

## 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>	1	1

The areas for improvement and details of the QIP were discussed with John McConnellogue, Registered 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 13(1)(a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate from the date of the inspection</p>	<p>The registered person shall make proper provision for the care, welfare and supervision of service users; this relates to the provision of domiciliary care within the day care setting.</p> <p>Ref: 5.2.6</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>In order to manage this QIP appropriately an MDT meeting was arranged for 02.05 2023, hence the reason for delay in response as follows:</p> <p>Identified service user ceased to attend Day Care in GlenOaks from Tuesday 25th April 2023. However, should they return to Day Care sometime in the future, the registered manager will ensure the level of care being provided is proportionate to the individuals assessed needs and does not impact negatively on the length of time care staff are taken off the floor.</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 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 September 2023</p>	<p>The registered person shall ensure that the journey times of service users are reviewed; where the journey to and from the day care setting normally exceeds 45 minutes, proactive measures should put in place to reduce such journey times, where possible.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>In order to manage this QIP appropriately, GlenOaks bus timetable was adjusted accordingly to ensure maximum journey times, particularly to rural areas, do not exceed 45minutes in duration. In order for both services users in this instance to avail of a full day (6 hours) in attendance at GlenOaks, a taxi will be reinstated from Wednesday 10th May 2023 to transport both individuals home in the afternoon of each Wednesday in attendance only. This arrangement will</p>

	enable increased opportunity for all members to engage in longer social outings on a Wednesday afternoon.
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***\*Please ensure this document is completed in full and returned via Web Portal\****



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