

# Inspection Report

<b>Name of Service:</b>	<b>George Sloane Centre</b>
<b>Provider:</b>	<b>Northern Health and Social Care Trust</b>
<b>Date of Inspection:</b>	<b>5 November 2024</b>

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Northern Health and Social Care Trust
<b>Responsible Individual:</b>	Ms Jennifer Welsh
<b>Registered Manager:</b>	Mr Tony Breen
<b>Service Profile -</b> George Sloane Centre is a day care setting situated in an industrial estate on the outskirts of Ballymena. It provides care and a range of day time activities and work opportunities for adults living with a learning disability. The setting can provide day care facilities for up to 75 service users.	

## 2.0 Inspection summary

An unannounced inspection took place on 5 November 2024 between 9.25 a.m. and 4.30 p.m. It was carried out by a care inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and also to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 7 June 2023.

Service users were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

While the care was found to be delivered in a safe and compassionate manner, improvements were required to ensure the oversight of the care delivery and the fitness of premises.

As a result of this inspection, three areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

The inspector would like to thank the manager, service users, relatives, professional and staff for their help and support in the completion of the inspection.

## **3.0 The inspection**

### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the setting was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this setting. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

RQIA wants individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community. RQIA will review the support service users are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life.

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

### **3.2 What people told us about the service and their quality of life**

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

We spoke with the service users, staff and a professional to seek their views of attending and working within the George Sloane Centre. We also spoke with some relatives of service users.

All service users spoke positively about the setting. None had any issues with the care and support provided, transport or catering. One service user raised an issue that is covered in section 3.4.5. It was clear care was person centred and service users were given every opportunity to maximise their independence.

Staff spoken with highlighted the positive impact of the new manager. They described the care as safe and focused on the service users. Staff stated they were supported to suggest and implement improvements in practice and/or the quality of services provided.

Relatives told us how George Sloane Centre is like a family and commended staff on being very well trained for their role. They reinforced how well settled their family members were within the setting. A visiting professional reported that staff facilitate their interventions with service users and always follow up on any instructions

Returned questionnaires indicated that the majority of respondents were very satisfied with the care and support provided. Service users commented that the care protected them from harm and that they would like to thank the manager and all the staff.

Several questionnaires raised some issues that have been shared with the manager for taking forward within the day care setting.

No responses were received to the electronic survey.

### 3.3 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 7 June 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

<b>Areas for improvement from the last inspection on 7 June 2023</b>		
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 29(1)(d) <b>Stated:</b> Second time <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that all notifiable incidents and accidents are reported to RQIA in keeping with Regulation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that RQIA had been notified as required of incidents and accidents.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 26(4)(a) <b>Stated:</b> First time <b>To be completed by:</b> 14 August 2023	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that all outstanding items listed on the action plan of the Fire Risk Assessment report had been addressed.	

Action required to ensure compliance with the Day Care Settings Minimum Standards (revised), 2021		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 21.4 and 21.8  <b>Stated:</b> Second time  <b>To be completed by:</b> Immediate from the date of the inspection	The registered person shall ensure that every staff member completes mandatory training and accurate records are maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspector confirmed that accurate training records were in place.	

### 3.4 Inspection findings

#### 3.4.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues to staff induction, regular staff training and ensuring that the number and skill of the staff on duty each day meets the needs of the service users. There were robust systems in place to manage staffing.

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.

Records of all staff training were retained. Staff spoken with confirmed their training was up to date.

A volunteer had just commenced a role within the day care setting. The manager confirmed that the volunteer did not undertake any personal care duties and that a criminal record check (AccessNI) had been completed.

Regular staff meetings were held and minutes maintained of the meetings for those staff unable to attend.

#### 3.4.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

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.

It was positive to note that some service users, with support from staff, had designated roles within the setting. These included collating dinner cancellations and providing assistance at reception.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- A day out to visit friends in a local Nursing Home
- Refurbishment of the pool room
- Activities

### 3.4.3 Management of Care Records

A review of service users' care records highlighted some of deficits. In one, the care plan had not been fully completed and in another, the care review had not been signed or dated by the manager. Discussion with the Manager also highlighted that up to date assessments in relation to Deprivation of Liberty Safeguards were not included in some identified service users' care plans. An area for improvement was identified.

Service users were involved in planning their own care and the details of the support plans were shared with their relatives, if appropriate.

There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the adult safeguarding champion and the process for reporting and managing adult safeguarding concerns. However, there was no safeguarding log in place within the setting. Consequently, this meant that the manager had no mechanism to review any potential trends around adult safeguarding matters. An area for improvement has been identified in the regard.

### 3.4.4 Quality of Management Systems

Mr. Tony Breen has been registered manager of George Sloane Centre since 12 March 2024. Staff spoke very positively about the manager describing him as 'fantastic' and 'such a blessing'.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 8 August 2024. Fire risk assessments for the setting were available for the inspection. All staff had completed fire training. During the inspection fire exits were observed to be clear of clutter and obstructions.

Discussion took place with the manager regarding the type of incidents which are required to be notified to RQIA.

It was discussed with the manager the need for transport staff or an identified person to check the vehicle at the end of each journey to ensure that no service users remained on the transport. The manager welcomed this advice and immediately implemented a system to record these checks.

The Annual Quality Report was in the process of being compiled. This will be emailed to RQIA when complete.

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.

### 3.4.5. The Environment

A review of the day care setting's environment was undertaken and the setting was found to be warm, fresh smelling and clean throughout. There were no obvious hazards to the health and safety of service users, visitors or staff.

Several staff outlined frustration and concern regarding the low number of disabled toilets provided in the part of the day care setting known as The Annex. One service user also highlighted this matter and stated, on occasions, they had to be pushed to the main building to use the facilities there. This matter has been referred to an Estates Inspector within RQIA for taking forward.

It was apparent the exterior paintwork of the setting was in poor condition. One staff member described how the outside appearance of the building 'makes it look like we don't care'. This has been identified as an area for improvement under the regulations.

## 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Tony Breen, 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 16(2)(b)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from date of inspection</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 any Deprivation of Liberty Safeguards in place.</p> <p>Ref: 3.4.3</p> <p><b>Response by registered person detailing the actions taken:</b> Monthly audits have been commenced to ensure managerial oversight of care plans. Staff are reminded weekly, at the morning meetings, to ensure care plans are signed and dated by the manager. November's team meeting had Care Plans and DoLs on the agenda to remind staff of the need to include detail of DoL in Care Plans. Staff will be supported by both Senior Day Care Worker and Manager when compiling care plans to ensure that sufficient detail is included. Care Plans are reviewed alongside the service user, carer and relevant professionals annually, or as needs change.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 26(2)(c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from date of inspection</p>	<p>The registered person shall ensure that the premises are of sound construction and kept in a good state of repair externally and internally.</p> <p>Ref: 3.4.5</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has identified all areas for immediate attention on site and is liaising with our NHSCT Estates Department to include on site visits following the inspection to ensure these works are progressed. Estates have assessed the internal and external building on 15<sup>th</sup> November 2024 and have raised minor capital works request to ensure the building is fit for purpose.</p>

<b>Action required to ensure compliance with The Day Care Setting Minimum Standards August (revised) 2021</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 13.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The Registered Person shall ensure written records are kept of all safeguarding concerns and include details of the investigation, the outcome and action taken by the day care setting.</p> <p>Ref: 3.4.3</p> <p><b>Response by registered person detailing the actions taken:</b> The registered person has now implemented a designated storage file as opposed to a combined storage file for all safeguarding concerns. This file will be maintained accordingly and accessed by the person in charge or whoever is deputising on their behalf. This file will be monitored each month during the monitoring reports.</p>

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



## The Regulation and Quality Improvement Authority

James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

---



**Tel:** 028 9536 1111



**Email:** [info@rqia.org.uk](mailto:info@rqia.org.uk)



**Web:** [www.rqia.org.uk](http://www.rqia.org.uk)



**Twitter:** @RQIANews