



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

**Name of Service:** Glenside Adult Training Centre

**Provider:** Western HSC Trust

**Date of Inspection:** 22 May 2025

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>	Western HSC Trust
<b>Responsible Person:</b>	Mr Neil McGuckian
<b>Registered Manager:</b>	Mrs Victoria Young
<b>Service Profile –</b> This is a day care setting that provides care and day time activities for service users with a learning disability. The day care setting is open Monday to Friday and is managed by the Western Health and Social Care Trust (WHSCCT).	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 22 May 2025 between 10.30 am and 4.25 pm by a care Inspector.

The last care inspection of the day care setting was undertaken on 7 December 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Service users said that the care and support provided by Glenside Adult Training Centre was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 and 3.3.3 for more details.

Good practice was identified in relation to service user involvement, care records and activity provision. There were good governance arrangements in place.

The inspection established that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. As a result of this inspection no new areas for improvement were identified. Details and examples of the inspection findings can be found in the main body of the report.

## 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 day care 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 day care setting. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors will seek the views of those attending and working within the day care setting and review a sample of records to evidence how the day care setting is performing to the regulations and standards.

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 staff survey.

### 3.2 What people told us about the service

We spoke to a number of service users, relatives, staff and a healthcare professional to seek their views of attending and working within the day care setting.

Service users said that they were happy with the care and support provided at the day care setting. Two comments included the following statements; "I have come here since I left school. Its good." And; "Its good here".

Feedback received from the service user/relative questionnaire indicated that service users felt safe, that the care provided was compassionate, and that the service was well led. Some comments from returned surveys included the following statements; "I am happy to go there every day." And; "The people around me take very good care of me".

Relatives who spoke with the inspector indicated that they were happy with the care provided to their loved one and that they could approach the staff with any concerns they had if they needed to. Comments received included the following statements; "We are over the moon with this place and are so lucky to have it." And; "It's a really well run service and the staff are brilliant".

Staff who spoke with the inspector spoke positively in regard to the care delivery, training and management support in the day care setting.

One healthcare professional who spoke with the inspector indicated that the care provided in the centre is good, that staff work well as a team, that the manager is very supportive and that the training received is good.

### 3.3 Inspection findings

#### 3.3.1 Adult Safeguarding and Incident Reporting

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 person in charge 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 in normal business hours and out of 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 manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI). Incidents and accidents which occurred since last inspection had been managed appropriately and any learning or changes arising had been embedded into practice.

#### 3.3.2 Mental Capacity and Restrictive Practice

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 had completed appropriate DoLS training appropriate to their job roles. 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, their care records contained the correct documentation confirming DoL is in place and the day care setting maintains a register of those service users who have a DoL in place.

There was a policy in place for the use of restrictive interventions and a register was in place.

### 3.3.3 Staffing Arrangements (recruitment and selection, induction and training)

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

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty. Service users said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

A review of the day care setting's 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.

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 evidence that the induction programme for all new staff included shadowing of a more experienced staff member - this included staff that were supplied by agencies. Written records were retained by the agency of the person's capability and competency in relation to their job role.

Staff were provided with training appropriate to the requirements of their role. The day care setting had maintained a record for each member of staff of all training which was checked and updated on a regular basis. 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.

The manager advised that all medication administration duties were carried out by nurse-trained staff. Where service users received liquid medicines using an oral syringe, this was documented in the service user's care plan.

### 3.3.4 Dysphagia Management

A number of service users were assessed by Speech and Language Therapist (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 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 and followed a clear programme for each service user with SALT requirements at meal times.

### **3.3.5 Care Records and Service User Input**

A review of service users' care records identified that each service user had a detailed, person centred support plan to enable them to follow and participate in all aspects of their care. Care plans contained details about their likes and dislikes and the level of support they may require. These are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur in line with the commissioning trust's requirements.

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

It was positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to give their views on what they wanted from attending the day care setting as well as identifying any activities they would like to become involved in. Some activities availed of included yoga, bingo, music, team games, football, basketball, Seasonal activities, disco, DVD sessions and arts and crafts.

### **3.4.6 Quality and Management of the Environment**

The day care setting was observed to be clean and tidy and suitably furnished, warm and comfortable and free of clutter. There was evidence that fire safety checks had been completed as required. Staff had completed training in regard to fire safety and had participated in a fire evacuation drill. Throughout the inspection, fire doors were observed to be unobstructed.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

### **3.4.7 Governance and Managerial Oversight**

There were monitoring arrangements in place in compliance with regulations and standards. A review of the reports of the agency's quality monitoring established that there was engagement by senior staff with service users, service users' relatives, staff and Health and Social Care Trust representatives. The reports included details of a review of service users' care records; accident/incidents; safeguarding matters; staff recruitment and selection; and staffing arrangements including training.

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

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure. Records reviewed and discussion with the person in charge indicated that no complaints were received since the previous care inspection.

There was a system in place for managing instances where a service user did not attend the day care setting as planned. There was also a system for signing in and out the service users who attend.

There was a system in place whereby staff check the vehicle after each journey to ensure that no service users remain on the transport. It was recommended that the manager ensure that this process is formalised and that a signed record is retained and reviewed by the manager to ensure no service users are left on the bus after each journey. The manager agreed to implement this with immediate effect. This will be reviewed at a future inspection.

#### **4.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Victoria Young, (Manager), as part of the inspection process and can be found in the main body of the report.



The Regulation and  
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