



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Glenshane Care Association
Provider: Glenshane Care Association Ltd
Date of Inspection: 28 April 2025

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

1.0 Service information

Registered Provider:	Glenshane Care Association Ltd
Responsible Individual:	Mrs Margaret Grieve
Registered Manager:	Mrs Corina Martin
Service Profile: Glenshane Care Association is a day care setting that provides care and day time activities for up to 20 service users with physical health needs and learning difficulties. The day care setting opens on Monday, Wednesday and Thursdays.	

2.0 Inspection summary

An unannounced inspection took place on 28 April 2025, between 11 am and 2.40 pm 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 to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 4 December 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that care delivery was safe and that effective and compassionate care was delivered to service users. However, improvements were required to ensure the effectiveness and oversight of certain aspects of the agency, such as recruitment, professional registrations, the monthly quality monitoring processes and the environment.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Glenshane Care Association was very good. 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 for more details.

As a result of this inspection the area for improvement previously identified was 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.

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 the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those attending, visiting and working in the day care setting; and review/examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they liked it in the centre, talking to people and the staff and that they were 'happy with everything'. Service users described the meals as being 'great'. The staff were described as being 'very kind and helpful'. All staff spoken with appeared very happy to be working in the day care setting.

3.3 Inspection findings

3.3.1 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.

Observation of the delivery of care evidenced that service users' needs were met by the number and skills of the staff on duty.

Review of the agency's staff recruitment records identified that whilst criminal record checks (AccessNI), had been completed on all staff, the checks had not all been completed before the staff members had commenced work in the day care setting. An area for improvement has been identified.

Additionally, the review of the recruitment records identified that the employment histories provided had been recorded back to school leaving age. There were also gaps in employment that had not been explored. An area for improvement has been identified.

A review of the records confirmed that all staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). However, it was identified that a staff member, who had allowed their NISCC registration to lapse, had commenced work in the day care setting, without re-registering with NISCC. An area for improvement has been identified.

Newly appointed staff, had completed a structured orientation and induction, to ensure they were competent to carry out the duties of their job.

Records of all staff training were retained and were noted to be up to date. The manager was advised to keep a record of training that had been provided to staff, in respect of bus safety matters; this included bus tail lift safety and how to secure wheelchairs in the vehicle.

Advice was also given to the manager regarding the need to develop a competency assessment for any staff members who may be in charge of the day care setting, in the absence of the manager.

All staff received regular supervision. Procedures were in place for appraising staff performance and the records evidenced one hundred per cent of staff appraisals had been completed on an annual basis.

3.3.2 Care Delivery

There was a daily meeting at the beginning of each shift, which included the sharing of information about any changes to the service users' care, that the staff needed to assist them in their roles. Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing.

There was a system in place to ensure that the activities offered to service users were varied and reflective of their individual needs and preferences. Service users' needs were met through a range of individual and group activities such as bingo, relaxation sessions and arts and crafts. Service users suggestions for activities were valued and their opinions on the food served was also taken into account.

Service users were well informed of the activities planned for the day/week and of their opportunity to be involved and looked forward to attending the planned events.

Staff interactions with service users were observed to be friendly and supportive.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before they first attended the day care setting. Following this initial assessment care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

Service users care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the service users' needs. Staff recorded regular evaluations about the care and support provided.

The care plans referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan.

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, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

Any restrictive practices were reviewed alongside the support plan review and the

Review of records identified that service users consent was sought in relation to whether or not they wanted their photograph taken and used in any organisational promotional material or social media.

3.3.4 Quality of Management Systems

There has been a change in the management of the day care setting since the last inspection. Mrs Corina Martin has been the manager in this day care setting since 16 July 2024. Staff commented positively about the manager.

The day care setting was visited each month by the responsible individual to examine all areas of the running of the day care setting. However, this process did not include consultation with staff, service users' relatives or HSCT representatives. An area for improvement has been identified.

Advice was also given in relation to ensuring that any areas for improvement included in the RQIA QIP are reviewed every month up to the next inspection. The manager was signposted to the updated monthly quality monitoring template which is available on the RQIA website.

Review of incident records identified that they were managed appropriately. The manager advised that there had been no complaints received since the last inspection. It was also noted that the responsible individual included complaints in the quality monitoring processes.

The annual quality report was reviewed and noted to include stakeholder feedback.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. The manager was identified as the appointed ASC for the agency. The annual safeguarding position report had been completed.

There was a protocol in place for staff to follow where service users were found not to be at home when being collected by the staff; this also included a system for checking the transport vehicle after every journey.

3.3.5 Quality and Management of the Environment

The areas of the day care setting that were in use were observed to be clean and tidy, suitably furnished, warm and comfortable and free of clutter.

Art work undertaken by service users as part of the activity programme provided were displayed on the walls.

Review of the day care setting's environment identified that the conservatory was in need of refurbishment. Whilst in its current state, the conservatory is not in use by service users, there is a need for a refurbishment plan to be in place, to ensure that the area is returned to a good standard of décor. An area for improvement has been identified.

There was evidence that systems and processes were in place to manage infection prevention and control.

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. A fire risk assessment had been completed on 20 September 2023; advice was given to the manager to seek clarity on the meaning of one of the recommended actions contained within the report.

4.0 Quality Improvement Plan/Areas for Improvement

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

	Regulations	Standards
Total number of Areas for Improvement	3	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Corina Martin, Manager, as part of the inspection process. The timescales for completion commence from the date of 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 21 (1)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that criminal record checks (AccessNI), are completed on all staff before they commence work in the day care setting.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Recruitment policy has been up dated and now on file. Updated copy sent to RQIA inspector via email.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (3)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that recruitment policies are reviewed and implemented, ensuring that full employment histories are sought; and that any gaps in employment are explored.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Recruitment policy has been updated and now on file. Gaps in employment has been added. Gaps in employment has been added to all staff records.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 26 (2)(d)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that all parts of the day care setting are kept in a good state of repair, are kept clean and reasonably decorated.</p> <p>Ref: 3.3.5</p> <hr/> <p>Response by registered person detailing the actions taken: Funding has been applied for to replace windows, fix the walls and roof of conservatory. Waiting on reponse from funder.</p>

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
<p>Area for improvement 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the policy relating to NISCC registrations is updated and implemented, ensuring that any staff who have allowed their NISCC registration to lapse, have their registration re-instated before they commence work in the day care setting.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: Recruitment policy has been updated and wording changed to clearly state the above, it is now on file. Updated copy sent to RQIA inspector via email.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the monthly quality monitoring process includes feedback from staff, service users' relatives and HSCT representatives.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The new template from RQIA web site has been upload and has been implemented monthly.</p>

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



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