

The Regulation and
Quality Improvement
Authority

Glenside Adult Training Centre
RQIA ID: 11216
45A Derry Road
Strabane
BT82 8DY

Inspector: Dermott Knox
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**Unannounced Care Inspection
of
Glenside Adult Training Centre**

29 July 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 29 July 2015 from 10.30 to 17.15. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were not identified on this occasion. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Western Health and Social Care Trust Mrs Elaine Way CBE	Registered Manager: Mrs Oonah Cassidy
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Oonah Cassidy	Date Manager Registered: 27 September 2010
Number of Service Users Accommodated on Day of Inspection: 48 (including those on a pre-arranged outing)	Number of Registered Places: 55

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

Standard 5 Care plan:

Where appropriate service users receive individual continence promotion and support.

Standard 8 Service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed:

- The statement of purpose
- The service user guide
- Record of complaints
- Record of incidents
- The report of the previous care inspection

During the inspection the inspector met with nine service users, one relative and five staff. One service user led the inspector on a tour of the premises.

The following records were examined during the inspection:

- Six files of service users' records, including assessments and care plans
- Four records of staff team meetings
- Three records of service users' advocacy group meetings
- Three records of staff's training and supervision
- Four reports of monthly monitoring visits

- Complaints record (four complaints had been recorded since the previous inspection)
- Records of incidents (57 recorded since the previous inspection)
- Four written policies, each of which was directly relevant to the inspection focus.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 14 May 2014. The completed QIP was returned and approved by the care inspector.

Areas to follow up were the two recommendations set out below.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard Ref; 17.14	All accidents, incidents and communicable diseases occurring in the centre are reported to RQIA and other relevant organisations, in accordance with legislation and procedures.	Met
	Action taken as confirmed during the inspection: There was recorded evidence of full compliance with this recommendation.	
Recommendation 2 Ref: Standard Ref; 21.9	Staff should complete an evaluation of all training undertaken and this should be retained in individual staff files.	Met
	Action taken as confirmed during the inspection: Each of the training records examined included a written evaluation of the training. A standard pro-forma had been developed for this purpose and these records were satisfactory.	

5.3 Standard 5 Care plan: **Where appropriate service users receive individual continence promotion and support**

Is Care Safe?

The Trust's written protocol for promoting continence was not available in the centre, as the Trust is currently revising it. Each service user's placement is reviewed at least annually, usually in a multi-disciplinary group, and a sample of review records provided evidence of the consideration of personal care needs and the effectiveness of the service delivery. The centre

employs two qualified nurses who are available to support other staff in planning and providing care for service users with the more complex care and medical needs.

Staff confirmed that good training in continence promotion had been provided and they expressed confidence in this area of practice. Staff members also confirmed their confidence in following procedures accurately and in a respectful manner to service users and reported that they had ready access to senior staff should they need to seek guidance. The centre has good facilities for supporting service users who have continence care needs and personal protection equipment for staff is provided as necessary. The evidence indicated that care is safe with regard to continence promotion and support.

Is Care Effective? (Quality of Management)

Two staff spoke of the content of the staff training on continence care and were confident that all staff were appropriately knowledgeable and skilled in this aspect of the work. Staff members spoke of the formal and informal supervision that supports them in their roles. One service user's continence care needs have been reduced, almost to nil, through his/her commitment and the support of staff in implementing the care plan. Evidence available confirmed that effective care is provided.

Is Care Compassionate? (Quality of Care)

There was a positive atmosphere amongst service users, several of whom spoke of their enjoyment of the day care service for keeping them in touch with others and for taking part in a range of activities. There were notable examples of achievement of goals and valuing of relationships for service users. Overall, the evidence indicated that the care provided is compassionate, in terms of promoting each individual's self-esteem and their positive mental and physical health. Observations of practice throughout the day of the inspection confirmed that staff provide a good quality, caring service that service users enjoy.

Areas for Improvement

No areas for improvement arising from this standard were identified in the course of the inspection.

Number of Requirements	0	Number Recommendations:	0
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5.4 Standard 8 service users' involvement:

Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

There was written evidence to show that staff members were appropriately qualified, experienced and competent in their designated roles. The Manager has a social work qualification and the Senior Day Care Worker is a qualified Occupational Therapist. Both have many years' experience in social care roles. Each of the staff, who met with the inspector, confirmed that they were confident in the practice of other members of the staff team.

Discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to ensuring that the service provided is safe, effective and compassionate. There was evidence from discussions and in written records to indicate a good level of consultation with members and their representatives regarding their care plans and the programmes in which they participate. Meetings of the service user advocacy group were held every two months and excellent records of these meetings were available. The records indicated that service users were regularly encouraged to access their own files.

A number of service users were keen to engage in the inspection process and spoke of their enjoyment in having friends at the centre and of taking part in a wide range of activities. One relative, who met with the inspector, gave high praise for the commitment of all staff and for the quality of care provided. The evidence confirmed that care is safe with regard to this standard.

Is Care Effective? (Quality of Management)

The centre has comprehensive quality assurance systems in place, through which procedures are audited and practice is evaluated. The manager and the senior day care worker were well informed on all aspects of the work in progress with each of the service users who attend the centre. Monitoring arrangements put in place by the Trust were satisfactory in terms of their regularity and the feedback from service users, relatives/carers and staff members who were asked for their views. Four monitoring reports were examined and were found to address the required range of issues in good detail. Each monitoring report identified improvement actions when they needed to be taken. Progress on these matters was checked and reported in the subsequent monitoring report, contributing to a good quality assurance system.

Seven service users' files were examined and found to be very well organised and to contain all of the required information. A record of each service user's involvement and progress was kept in good detail and staff members made regular written evaluations of each person's progress in relation to their care plan objectives. Records were regularly audited by the manager and were sampled by the monitoring officer during monthly visits. Staff are commended for maintaining high quality records for the service users who attend the centre.

Records indicated that service users enjoyed fulfilling and rewarding activities, both within the centre and in many social outings, including to retail centres and leisure/educational venues, such as the swimming pool, ten-pin bowling and the nearby Ulster American Folk Park. Within the centre there was well organised and supported involvement in gardening, craftwork and art. Good use was made of photographic records of events and outings. Suggestions were regularly sought from service users and, where reasonable, arrangements were made to fulfil the requests. Overall, the evidence indicated that the care provided is effective in terms of promoting each service user's involvement.

Is Care Compassionate? (Quality of Care)

There was a positive atmosphere amongst service users and staff members, who presented as being very committed to ensuring the best possible outcomes from their work.

Thanks are due to members who welcomed the inspector to the centre and to the manager and staff for their open and constructive approach throughout the inspection process. Overall there was evidence to confirm that the centre provides a good quality service to those who attend.

The management and staff are commended for seeking to implement high standards and for continuously pursuing improvements to the service provided.

No areas for improvement were identified.

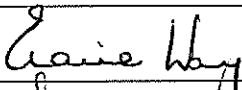
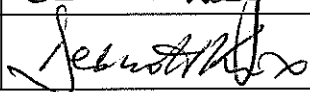
Number of Requirements	0	Number Recommendations:	0
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5.5 Additional Areas Examined

The Premises

One service user offered to show the inspector round the premises and indicated a strong interest in the garden areas. The premises were clean and well maintained and held interesting examples of the crafts, art, woodwork and horticulture activities in which many of the service users participate. A wide range of vegetables and flowering plants were growing and there were creative examples of both practical and decorative items that had been made in the centre, for example, from up-cycled pallets. Several service users exhibited obvious pride and fulfilment in having contributed to these creations. The manager and staff are commended for the provision of creative and fulfilling activities for service users.

No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Oonah Cassidy	Date Completed	
Registered Person		Date Approved	9.9.15
RQIA Inspector Assessing Response		Date Approved	06.10.15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to day.care@rqia.org.uk from the authorised email address

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.