



The **Regulation** and
Quality Improvement
Authority

Primary Announced Care Inspection

Name of Establishment: Glenside Adult Training Centre
Establishment ID No: 11216
Date of Inspection: 14 May 2014
Inspector's Name: Margaret Coary
Inspection No: 16576

The Regulation And Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, Co Tyrone, BT79 0NS
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Name of centre:	Glenside Adult Training Centre
Address:	45A Derry Road Strabane BT82 8DY
Telephone number:	028 7138 2950
E mail address:	oonah.cassidy@westerntrust.hscni.net
Registered organisation/ Registered provider:	Western HSC Trust Mrs Elaine Way CBE
Registered manager:	Mrs Oonah Cassidy
Person in Charge of the centre at the time of inspection:	Mrs Oonah Cassidy
Categories of care:	Day Care Services- learning Disability (DSC LD) Day Care Services- learning Disability, Elderly DSC LD(E)
Number of registered places:	55
Number of service users accommodated on day of inspection:	48
Date and type of previous inspection:	21 August 2013 Primary Announced
Date and time of inspection:	14 May 2014: 10.30 hours -16.4 5hours
Name of inspector:	Margaret Coary

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	6
Staff	7
Relatives	3
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	16

Inspection Focus

The inspection sought to assess progress with the issues identified during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Glenside Adult Training Centre is a purpose built facility providing day care services to adults with a learning disability from eighteen years old. The centre is situated within the town boundaries of Strabane and within easy reach of the local facilities e.g. shops, Leisure Centre etc.

Summary of Inspection

This is the report for the primary announced inspection of Glenside Adult Training Centre.

This announced inspection was carried out on 14 May 2014 from 10.30 hours to 16.45 hours. The aim of the inspection was to consider whether the services provided to service users were in compliance with legislative requirements and day care minimum standards.

The inspector was made welcome by the Manager of the centre, Mrs Oonah Cassidy and the Senior Carer, Ms Victoria Young.

The inspector had a short meeting and agreed the inspection process; feedback was given at the end of the inspection.

A completed self-assessment document was submitted by Mrs Cassidy.

Evidence was validated during the inspection by the following methods:

Review and scrutiny of a variety of records pertaining to each standard.
 Discreet observation of staff/service user interaction throughout the inspection process.
 Discussion/ interaction with groups of service users.
 Discussion with seven staff members.
 Sixteen completed staff questionnaires.
 Verbal contribution from the manager and senior day care worker in relation to any other requested information.

The inspection sought to assess progress with the issues discussed during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and themes:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

The inspector found that the centre have completed extensive work in ensuring that service users' records are in compliance with the standards. Relevant processes and procedures have been established regarding service user records and recording of information.

The centre have appropriate policies and procedures in place which are accessible and available to staff.

Evidence in files examined reflected that the manager and staff have a good understanding of the legislation and guidance and can transfer this knowledge to their

recording practises. Reporting arrangements were discussed with the manager and this is “work in progress”.

The centre have achieved a compliant level of achievement for Standard 7.

- **Theme 1 - The use of restrictive practice within the context of protecting service user’s human rights**

The centre do not use restrictive practise at present, however, policies and procedures are in place and are available for staff consultation should the need arise.

The inspector found that the centre have relevant training in place and have established good communication systems with other professionals in relation to managing specific behaviours.

The inspector has made two recommendations from Theme 1, the first is in relation to reporting of incidents/accidents to RQIA (reiterated) and the second is in relation to staff evaluation of training undertaken.

The centre have achieved substantially compliant level of achievement for Theme 1.

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The inspector found that there were robust arrangements in place to support and promote the delivery of quality care services and the manager and staff work well as a team to ensure best outcomes for service users.

The centre have a compliant level of achievement for Theme 2.

Environment

The inspector toured the premises and found the facility to be warm, clean and comfortable.

Staffing

There were sufficient staff on duty to meet the needs of service users and the duty rota reflected that staffing was satisfactory.

There were 48 service users present on the day of inspection.

The service users’ were involved in various activities according to their needs; a group went out to play bowls at the bowling alley for their morning activity whilst others enjoyed some relaxation in the sensory room and some others spent time doing flower arranging.

The afternoon activities included a “cinema session”, (whereby the service users watch a film and have coke and crisps), art and craft work and time in the sensory room.

The manager advised that two service users also go to woodwork classes at the local technical college.

Service users appeared to be settled and calm and those who were able to communicate were happy to tell the inspector about their life in the centre.

The inspector noted that staff were patient and kind and had good insight in to their service users' needs and individual modes of communication.

There were two recommendations from this announced inspection.

The inspector wishes to thank the manager, staff and service users for their cooperation and assistance with the inspection process.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	28 (3) 28 (4) 28 (5) (a)	<p>The registered person must ensure monthly monitoring visits are undertaken on a monthly frequency for the next six months and this frequency should be evidenced by the written report on the conduct of the day care setting; following each visit.</p> <p>The registered person must ensure the content of the monthly monitoring reporting record adequately reports on the conduct of the day care setting including analysis of the records inspected and a plan to improve areas of concern.</p> <p>The registered person must ensure the monthly monitoring reports are sent to RQIA for the next six months, on a monthly basis.</p>	<p>Monthly monitoring visits are now carried out and a written report maintained.</p> <p>The inspector found that the monitoring reports included all stated requirements.</p> <p>Monitoring reports have been sent to RQIA.</p>	<p>Compliant</p> <p>Compliant</p> <p>Compliant</p>
2	28 (a) and (b)	<p>The registered person must inspect the premises of the day care setting and make comment within the report.</p> <p>The registered provider must consult with service users representatives where services users are unable to give an opinion on the conduct of the centre and make comment within the report.</p>	<p>The inspector found that the monitoring reports evidenced that the premises were inspected.</p> <p>The inspector found evidence of consultation with service users' representatives and also consultation with visiting professionals regarding the conduct of the day care centre.</p>	<p>Compliant</p> <p>Compliant</p>
3	28 (5)	The registered provider must ensure that a copy of the monthly report is available on request to a service user or his representative.	The monthly monitoring reports are available for consultation, there is a notice on the board in the	Compliant

			entrance hall to advise of the availability of reports and the centre are currently sending a letter to service users' representatives to ensure that they are fully aware of the fact that the report is accessible to them.	
4	29	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of: (d) any event in the day care setting which adversely affects the wellbeing or safety of any service user; (f) any accident in the day care setting.	This was discussed with the manager and the senior carer and whilst all accidents/incidents are currently being referred to the Trust, there was some confusion regarding the reporting of incidents to RQIA, however, the inspector was satisfied that the reporting process will be followed in future.	Substantially Compliant (Reiterate)
5	16	The manager must ensure all service users' care plans are kept under review and updated as appropriate and the service user/representative is notified of any revision.	The inspector examined a selection of care plans and was satisfied that these are now regularly monitored and reviewed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	(6.4) 5.4	<p>The registered manager should review the care plan format and develop the format to improve user accessibility and a person centred format. In meeting this recommendation all staff need to have a clear understanding of assessment, care-planning and review process.</p> <p>Training should be provided for all staff involved in developing care records</p>	<p>The inspector found that the centre have made efforts to ensure that the records in service users files are person centred and the evidence in files reflected that staff have a clear understanding of the processes involved. The inspector verified that training had been completed on person centred planning.</p>	Compliant
2	6.1 21.8 6.6 21.9	<p>The registered manager should develop a training record which is compliant with standard 21.8 and provides detail of the content of all training attended by staff in this day care setting</p> <p>The registered manager should also make arrangements for her to access the outcome of training and monitor the impact of training on practice. It may be useful for the manager to access the staff evaluations from training sessions they had attended</p>	<p>The inspector viewed a training record for all staff which included the content of training. The manager did endeavour to reflect staff evaluation of training, however, this was not completed in the format of staff evaluations. The inspector discussed this with the manager and staff members and has reiterated this as a recommendation from today's inspection.</p>	Substantially Compliant (Reiterated recommendation)
3	6.6, 7.4, 17.2, 17.9, 17.14	<p>The registered manager should analyse the Datix (incident/accident reporting system) reports to identify incidents of a repetitive nature, these incidents should be subject to a plan to prevent reoccurrence. Incidents where another service user was affected should identify if a vulnerable adult's referral has been made and that the incident has been forwarded to RQIA.</p>	<p>The inspector looked at records completed of an analysis of Datix incidents and a plan of action. Appropriate vulnerable adult referral information is now being passed on to RQIA.</p>	Compliant

4	15.4	It is recommended that the service user or their representative should read and sign the review report to demonstrate consultation and their involvement in the process. If they do not wish to sign the review report this should be recorded.	The review reports are now signed by the service users or their representative.	Compliant
5	15.5	<p>It is recommended that the review report address the following:</p> <ul style="list-style-type: none"> • progress in attaining any personal outcomes sought by the service user; • the service user's views about their care and support; • any changes in the service user's carer's situation; • details of important events including incidents or accidents occurring since the previous review, and how they were addressed; • any matters regarding the current care plan, revision of objectives, expected outcomes and associated time frames where relevant, and management of risks; • the need for any rehabilitation or specialist services; • current transport arrangements and any changes required; • the need or wish to move on from the service; and • any other relevant matters regarding services and facilities provided by the day care service, or others. 	The inspector viewed a selection of review reports and confirmed that these have been recorded in accordance with guidelines.	Compliant

6	15.6	Following the review, the service user's care plan should be revised to reflect outcomes of the review, actions required and those responsible for these actions, and by when.	The inspector looked at a selection of files and noted that care plans were revised following review and updated as required.	Compliant
7	17.10	A policy /procedure should be in place which outline the purpose, content and process of the Regulation 28 unannounced and announced visits.	There is now a policy and procedure in place which outlines the purpose, content and process of the regulation 28 visits.	Compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
The legal and ethical duty of confidentiality, in respect of service user's personal information is maintained at Glenside by adhering to WHSCT Policy/Procedure in Confidentiality and abiding by the principals of Data Protection and DHSSPS code of practice 2009 on protecting the confidentiality of service users. Staff within the centre have attended training in the areas of Data Protection/Confidentiality and Information Governance and Records Management	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector looked at a selection of eight files, five of which were examined in detail. The records reflected that information was recorded in line with guidance and all conveyed a person centred ethos ensuring that individual circumstances were included and appropriate risk assessments and follow-up information in care plans dovetailed to meet assessed need. The inspector verified that each service user had a copy of the service user agreement; this was displayed in a user friendly format.</p> <p>The inspector viewed the policies and procedures and confirmed that the centre had appropriate policies in place, some of those included were; a Records Management Policy, Recording policy, a Code of Practise in relation to Protecting the Confidentiality of service users and information pertaining to "Understanding your Human Rights". This information was accessible for staff consultation.</p> <p>The inspector found that recording practises and storage of information were reflective of current national guidelines. The inspector talked with seven staff members and was satisfied that they were fully aware of the importance of ensuring confidentiality and their role regarding quality recording and the management of service user information. The inspector also had individual meetings with the relatives of three service users. All praised the staff for the excellent communication and stated that they felt involved and informed in relation to their loved ones. They advised the inspector that they are given the opportunity to access information at the review and if they had any concerns or queries they could approach staff at any time.</p>	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>At Glenside service users have access to their case notes/records as and when required, through advocacy meetings and at care reviews. Service user or their representative consent has been obtained for access to case records/notes and a copy is held in service user file. A record of all requests for access to individual case notes/records is maintained detailing, date of access, by whom, reason and outcome of access. Service users and or representatives are made aware of access sought.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector found that service users’ files contained a “consent to access” information form which ensures that proper processes are followed in this regard. This is good practise.</p> <p>The inspector looked at policies and procedures relating to access to records and found that there were relevant policies and procedures in place which were accessible for staff guidance.</p> <p>The inspector met with seven staff members and was satisfied that they were informed and aware of the proper processes and procedures to follow regarding access to records. All those spoken with had a good understanding of their roles and responsibilities in this regard.</p> <p>As stated previously the inspector met with three relatives of service users and all were fully aware of the fact that records were maintained for each service user and that they could access the records.</p>	<p>Compliant</p>

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Individual person centered case notes from referral to closure, related to care and services provided within Glenside are maintained for each service user. Notes contain information/documentation as per standard 7.4</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector looked at a selection of eight files, five of which were examined in detail, the inspector found that the records were detailed and informative meeting all stated criterion. All assessments were regularly updated and followed up in care plans and signed in accordance with guidance and all files evidenced that reviews were held in a timely manner. The information in each file was person centred ensuring the best outcome for each individual.</p> <p>The inspector also looked at a selection of monitoring inspection records and noted that recording practises were regularly audited to ensure good practise.</p>	<p>Compliant</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
A meaningful entry is made for each service user at least every five attendances when no recordable event has occurred. When a recordable event has occurred, this is documented on that day.	Compliant
Inspection Findings:	
The inspector confirmed that regular records were maintained for each service user and as previously stated, information was detailed and person centred.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
All staff are made aware of and adhere to Trust and centre Policy/Procedure pertaining to matters which need to be reported or referrals made. This is also discussed during staff meetings, supervision sessions as appropriate, Review meetings, Core Group meetings. Staff also receive training on a yearly basis relating to incident reporting, Safeguarding of Vulnerable Adult issues and Complaints management.	Compliant
Inspection Findings:	
The inspector examined the policies and procedures manual and was satisfied that appropriate policies and procedures were in place in relation to communication, confidentiality, consent and reporting care practises and, as previously stated staff had access to all policies. The inspector looked at a selection of records of staff meetings and noted that policies and procedures were discussed	Compliant

<p>and staff encouraged to sign-off to denote that these had been read and understood. This is good practise. The inspector found that the files examined reflected that appropriate referrals were made to other professionals and the advice recorded and followed up in assessments and care plans.</p> <p>The inspector met with three relatives, all spoken with praised staff at the centre for the excellent communication that is on-going and confirmed that they are always kept informed and up to date regarding their loved ones day to day care at the centre.</p>	
<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment:</p>	
<p>All records are legible ,accurate,up to date, signed and dated by the staff member making the entry. All records are periodically reviewed/audited by centre manager and SDCW and signed off. Records will also be reviewed during monthly service health checks. Service Health Checks have been recently introduced to the centre. A selection of service user files are audited weekly.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector confirmed that staff had received training on records management, this was verified through discussion with seven staff members and recorded evidence in staff training files.</p> <p>The inspector found that records inspected were legible, up to date signed and dated by the person making the entry and regularly reviewed and signed- off by the manager.</p>	Compliant

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
<p>Regulation 14 (4) which states:</p> <p>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</p>	COMPLIANCE LEVEL
Provider’s Self-Assessment:	
<p>Within Glenside physical restraint is not used. Measures are in place to ensure the safety and welfare of each service user; eg Lap belts on wheelchairs and protective helmets to reduce the effects of self harm, these are monitored and reviewed daily. External doors within Glenside are operated by a fob release system. Staff have received training in Restrictive Practice March 7th 2014</p>	Substantially compliant
Inspection Findings:	
<p>The centre does not use restrictive practise or seclusion at present.</p> <p>The inspector confirmed that there were policies and procedures in place pertaining to; Assessment, Care planning and Review; Managing Aggression and Challenging Behaviours, Recording and Reporting Care Practices; Reporting Adverse Incidents; Responding to service users behaviour; Restraint and seclusion; and Untoward Incidents available for staff reference. The centre also has information regarding “Understanding your Human Rights for people with Disabilities”, all policies and procedures and information is accessible and available for staff reference.</p> <p>The inspector had a discussion with the manager regarding the reporting process as there had been some confusion and a requirement made form the last inspection. The inspector was satisfied that the manager and staff are now informed regarding reporting of incidents to RQIA and that this is work in progress, however, has made a recommendation that this is reiterated as a recommendation from this inspection.</p> <p>The inspector confirmed that staff had completed training on Restrictive Practise and Managing Challenging Behaviour through observation of training records and discussion with seven staff members.</p>	COMPLIANCE LEVEL Compliant

<p>The inspector found that staff do not complete an evaluation on training undertaken. There is a recommendation that an evaluation of all training is maintained and kept in staff supervision files for discussion.</p> <p>The inspector found that eight service users’ files evidenced that good direction was in place from the behaviour support team to ensure that challenging behaviour was managed and was followed up in individual care plans.</p>	
<p>Regulation 14 (5) which states:</p> <p>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>On any occasion on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. The details will then be reported to RQIA as soon as is practicable through 1A/VA1 documentation.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The centre does not use restraint or seclusion at present.</p>	<p>Substantially Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>The registered manager ensures that at all times, taking into account the size of the day care setting, the statement of purpose and number and needs of service users, that there are suitably qualified ,competent and experienced persons working in the day care setting, in such numbers as are appropriate for the care of service users. In Glenside there is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The management structure for the centre was displayed on the notice board in the entrance hall.</p> <p>The inspector examined the statement of purpose and noted that there was information pertaining to staffing arrangements and this was clear and informative.</p> <p>The inspector looked at a number of copies of the staff duty rota and found that the rota was outlined in accordance with guidelines and there were sufficient staff on duty at all times. The inspector examined the professional</p>	<p>Compliant</p>

registration, qualifications, experience and evidence of competence of the registered manager and confirmed that the information met current guidelines. The manager had received a variety of training some of which included training on Managing Attendance, Roles and Responsibilities of the registered manager, Information and Records Management. The inspector noted that the centre have a policy and procedure in place outlining cover arrangements in the absence of the manager, this was available for inspection.

The records of the staff member who manages the day care setting in the absence of the manager were available for examination and these reflected that the staff member was supervised regularly, had annual appraisal and had also successfully completed a competency and capability assessment.

The inspector viewed the staff training record and noted that there had been a variety of training over the last 12 months some of which included, Training on Dysphasia, Datix Training, Communication Training, Map & Path training, Person Centred Planning and Understanding Legionella's Disease.

The inspector examined supervision and appraisal records and confirmed that these were held in accordance with regulations.

The manager advised that a regular monthly check of working practises is carried out for each room in the centre. This ensures that records and working practises are closely monitored; this is good practise ensuring positive outcomes for service users.

The inspector also examined a selection of monthly monitoring visits and verified that staffing levels are routinely inspected to ensure that there are adequate numbers of staff on duty to ensure that service users' needs are met.

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>At Glenside the Senior Day Care Worker, Day Care Workes and Nursing staff receive supervision on a monthly basis.Care assistant staff receive supervision every 3 mths. Staff appraisals take place yearly.</p>	<p>Substantially compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector verified that staff have supervision on a regular basis and that staff appraisals have taken place. This was completed through discussion with seven staff members and observation of staff supervision/appraisal records.</p>	<p>Compliant</p>
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>Staff at Glenside are suitably qualified or trained and have skills and experience necessary for such work Staffing at Glenside : 1xBand 7 Day Service Manager 37.5 Hrs 1xBand 5 SDCW 37.5 Hrs 2xBand 5 Nurses 37.5 Hrs 4xBand 5 DCW 37.5Hrs & 30Hrs 13xBand 3 Care Assistants 37.5 Hrs/ 25 Hrs/ 15 Hrs/16.5 Hrs/ 28.5 Hrs/ 32 Hrs 1x Band 3 Cleracial Officer 25 Hrs 3x Catering Staff 2x Domestic Staff</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and the records of the staff member who manages the day care setting in her absence.</p>	<p>Compliant</p>

The inspector was satisfied that these were in accordance with legislation and guidance and there was good evidence to verify that both the manager and the staff member who covers in her absence have the training and skills to manage the day centre effectively.

As stated previously all supervision records were available for observation and met with the standards.

The inspector verified that there were appropriate policies and procedures in place pertaining to the management of operations, a selection of policies and procedures included; Policy and Procedure for the Absence of the Manager, Incident Reporting, Supervision/Appraisal policy, Guidelines for Staff on Buses, Management of User accounts and Password policy and Safeguarding Vulnerable Adult policy.

All policies and procedures are held in the office and are available for staff reference.

The inspector looked at staff records and verified the information contained in the managers' self -assessment.

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Additional Areas Examined

Complaints

The inspector examined the complaints record and the accidents and incidents log and confirmed that these were maintained in accordance with legislation.

The manager has completed an analysis of incidents and uses this information to improve practise in relation to the management of certain behaviours.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Oonah Cassidy Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Margaret Coary
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
Co Tyrone
BT79 0NS



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Announced Care Inspection

Glenside Adult Training Centre

14 May 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with **Mrs Oonah Cassidy, Registered Manager** either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.


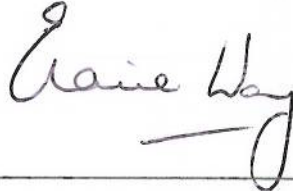
It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<u>Statutory Requirements</u>					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No requirements were made as a result of this inspection.			

Recommendations					
These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Regulation 14 (4) 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.	Reiterated as a recommendation	This is now ongoing at Glenside. All accidents, incidents and communicable diseases occurring in the centre are reported to RQIA and other relevant organisations, in accordance with legislation and procedures.	Ongoing
2	Regulation 14 (4) Standard Ref; 21.9	Staff should complete and evaluation of all training undertaken and this should be retained in individual staff files.	Once	Staff at Glenside now complete an evaluation of all training undertaken and this is retained in individual staff files.	Ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	
Name of Responsible Person / Identified Responsible Person Approving Qip	

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Margaret Coary	17 July 2014
Further information requested from provider			