

Inspection Report

9 November 2023



Glenmona Resource Centre

Type of service: Day Care Setting
Address: Cottage Wood, 21 High Street, Cushendall, BT44 0NB
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

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|---|---|
| <p>Organisation/Registered Provider: Northern Health and Social Care Trust</p> <p>Responsible Individual: Ms Jennifer Welsh</p> | <p>Registered Manager: Mrs Anne Heggarty</p> <p>Date registered: 16 December 2013</p> |
| <p>Person in charge at the time of inspection: Senior Support Worker</p> | |
| <p>Brief description of the accommodation/how the service operates:</p> <p>Glenmona Resource Centre is a Day Care Setting with maximum provision for 25 places that provides care and day time activities for people aged over 18 years of age with a range of needs including dementia, learning disability, physical disability and mental health. The day centre is open Monday to Friday and is operated by the Northern Health and Social Care Trust (NHSCT).</p> | |

2.0 Inspection summary

An unannounced inspection was undertaken on 9 November 2023 between 9.15 a.m. and 11.30 a.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, and Dysphagia management was also reviewed.

An area for improvement was identified relating to issuing service users with receipts for dinner monies paid.

Good practice was identified in relation to service user involvement. Service users told us they were very happy in the day care setting and the service users were observed laughing and enjoying banter with the staff. There was also a good system in place for evidencing review of relevant care records.

3.0 How we inspect.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

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

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting. Service users were very relaxed in their interactions with staff and it was evident that the service users were very fond of the staff and vice versa.

It was good to note positive comments within the annual survey, one of which reflected how the service user would feel 'lost without it' and how service users 'looked forward' to coming to the centre. One comment described the staff as being 'very approachable and that it is great to be in their care'.

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "I enjoy my dinners and don't want to leave the place, the games, pool, darts and exercises (are great)."
- "I am happy with the whole set up. We are well protected and looked after. I enjoy my dinner and all the activities, like crosswords and exercises."
- "Happy and enjoy being here. Staff are very good at their job. I enjoy pool, the craft work and the craic."

- “I enjoy my dinner, the companionship and support with all activities, games, jigsaws, exercising and colouring and gem craft.”
- “We have always felt supported by the caring staff at Glenmona who have always gone the extra mile for us.”
- “I am treated with respect. The meals are very good and I enjoy the activities.”
- The staff really meet all our needs and are very attentive to us. I feel totally at ease with them.”

No responses were received to the electronic survey.

5.0 The inspection

5.1 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 16 June 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s 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).

There were clear processes in place for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter.

The person in charge advised that there had been no concerns raised under the whistleblowing procedures.

The person in charge was aware of the incidents which require to be notified to RQIA in keeping with the regulations. Review of records identified that no such incidents had occurred.

Staff were provided with training appropriate to the requirements of their role.

The manager advised that there were no service users requiring the use of specialised moving and handling equipment.

Review of care records identified that moving and handling risk assessments were up to date.

All staff had been provided with training in relation to medicines management. The person in charge told us that no service users required their medicine to be administered with an oral syringe. Should this be required, this element of medicine administration would need to be included in the medicines competency assessment before staff undertook this task.

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. The person in charge advised that no service users were subject to DoLS.

A Fire Risk Assessment had been undertaken on 18 October 2023.

During the inspection fire exits were observed to be clear of clutter and obstructions.

There were systems in place relating to safety checks. These included fire safety checks and fire evacuations. Review of records identified that these had been managed appropriately. The person in charge was advised to record the names of service users attending fire drills going forward.

5.2.2 What are the arrangements for promoting service user involvement?

Observations on the day of the inspection, noted that activities were provided for service users appropriate to their needs and preferences. The person in charge told us that the service users often went for short spins on the bus. However, it was evident that community outings had not been reinstated since the easing of the Covid 19 restrictions. This was discussed with the person in charge who agreed to review this matter.

There was a range of activities available for the service users to participate in. It was good to note that the service users enjoyed planting vegetables, such as beetroot, scallions, onions and tomatoes. The service users then were assisted with pickling the beetroot they had grown. This is good practice.

It was good to note that the day care setting had service user meetings on a regular basis which supported the service users to discuss what they wanted to achieve from attending the setting and any activities they would like to become involved in.

The day care setting's annual quality report for the 2022/2023 year had been completed.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

The person in charge advised that there were no service users who required their food to be of a specific consistency.

Review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

There was a system in place to ensure that pre-employment checks, including criminal record checks (AccessNI), would be completed and verified before any staff members commenced employment and had direct engagement with service users. No new staff had been recruited since the last inspection.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was a system in place to ensure that all newly appointed staff complete 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.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, staffing arrangements and any complaints.

Discussion with the person in charge identified that service users were not issued with a receipt of payment for dinner monies paid. An area for improvement has been identified.

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

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend and a final check on the bus which was undertaken by the transport staff.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with Day Care Settings Minimum Standards, (revised), 2021.

| | Regulations | Standards |
|--|--------------------|------------------|
| Total number of Areas for Improvement | 0 | 1 |

The area for improvement and details of the QIP were discussed with the person in charge, 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 Settings Minimum Standards August (revised) 2021 | |
| <p>Area for improvement 1</p> <p>Ref: Standard 11.5</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 records of, and receipts for, all transactions undertaken by the staff on each service user’s behalf are maintained. Where the service user is unable or chooses not to sign, two members of staff sign and date the record.</p> <p>Ref: 5.2.6</p> |
| | <p>Response by registered person detailing the actions taken:</p> <p>A record is now kept and stored of all transactions undertaken by staff on each service user's behalf. A receipt for payment of dinner monies is also provided to each Service User / Carer. Where a service user is unable to sign or chooses not to sign two staff will date and sign the transaction receipt.</p> |

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