

Inspection Report

1 July 2021



Glenmona Resource Centre

Type of service: Day Care
Address: Cottage Wood, 21 High Street, Cushendall, BT44 0NB
Telephone number: 028 2177 1339

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Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Northern Health & Social Care Trust	Registered Manager: Mrs Anne Heggarty
Responsible Individual: Ms Jennifer Welsh	Date registered: 16/12/2013
Person in charge at the time of inspection: Mrs Anne Heggarty	
Brief description of the accommodation/how the service operates: Glenmona Resource Centre is a Day Care Setting with maximum provision for 25 people per day. Care and day time activities are provided to service users with a range of needs including dementia, learning disability, physical disability and mental health.	

2.0 Inspection summary

An announced inspection took place on 1 July 2021, at 09-00am-11-30am by the care inspector.

This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to systems in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Compliments received from service users as to the reopening of the centre:

- “It’s good to be back out of the house and enjoying the company.”
- “We are well looked after.”
- “I enjoy things, everyone is very kind.”

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

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.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service
- Reviewing a range of relevant documents, policies and procedures relating to the day care settings governance and management arrangements

4.0 What people told us about the service

We spoke to staff including the manager. We also spoke with a group of service users. We also provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision. We noted lots of activities and good communication between staff and service users.

The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

- "A great team I'm very impressed with staff."
- "A very necessary establishment and good for our wellness"
- "It takes me out of the house and I get talking with others."
- "I would be lost without the centre. The staff go over and beyond."
- "The staff are a good team."
- "You feel respected and the crafts and food is good."
- "Staff are helpful and caring."
- "I am totally satisfied with the care shown to us."

In addition we provided an electronic survey feedback form for staff no comments were received prior to the issue of this report.

Comments received during the inspection process:

Service users:

- "Delighted to be back."
- "Good here."
- "Staff good."
- "Lots of activities."
- "Enjoyable here."

Staff comments:

- "We have regular supervision."
- "All training completed."
- "I feel safe and secure."
- "We provide a wide range of activities"
- "Good approachable manager."

- “Service users have coped well with Covid guidance.”
- “Great team communication.”
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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 inspection to Glenmona Resource Centre was undertaken on 2 May 2019 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 settings provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Champion Position report was not available for review; however the manager will contact the HSC Trust and update information that will inform RQIA.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The setting has a system for recording referrals made to the NHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

The day care setting has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

All staff had completed DoLS training appropriate to their job roles Records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions. The day care setting is in discussion with the local (IPC) team who are updating the requirements regarding the daily taking of temperatures of relevant individuals.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date. The day care setting do employ outside agency staff. Records viewed show clear information provided by the agency and a comprehensive induction is provided by the day care setting. Records in place were satisfactory.

5.2.3 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, staff, and HSC trust staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users; relatives and staff during the monthly quality monitoring:

Service users:

- "I enjoy coming to the centre."
- "It gets me out of the house."
- "I enjoy the company here."

Staff:

- "I really enjoy my position."
- "I'm content with the working environment."
- "Good to see the increase in numbers."

Relatives:

- “I don’t know what I would do without the centre.”
- “I have no issues.”
- “The centre helps me with my caring role.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the centre had not received any specific recommendations from the Speech and Language Therapist (SALT) in relation to service users’ dysphagia needs to ensure the care received in the service was safe and effective. However it was noted that staff had completed relevant training.

Staff described their role in relation to reporting poor practice and their understanding of the centres policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI’s)/Significant Event Analysis’s (SEA’s) or Early Alert’s (EA’s).

The annual provider report Regulation 17 was available for review and was forwarded to RQIA.

It was positive to note that all annual care reviews had been completed. We noted some of the comments from service user’s and carers during their review:

- “I’m happy with the placement.”
- “I’m happy with the activities.”
- “***** gets a lot out of the centre.”
- “It’s a great benefit to *****.”

The centre completed an annual quality questionnaire survey that gave the service users and relatives an opportunity to comments on the following areas:

- Transport
- Environment
- Staff Team
- Activities
- Food

A selection of the comments received:

- “Transport is always very comfortable and staff are very good.”
- “The Resource Centre is beautifully presented inside and out, and is a credit to all the staff that works there.”
- “Staff are all friendly and approachable. Nothing is too much trouble if you need to speak to staff.”
- “The Service Users meetings are a good way of seeking things done.”

- “***** Thoroughly enjoys all the activities on offer, and that is great that he has the opportunity to try out new activities like snooker.”
- “Kitchen staff considers the dietary requirements – as I am a vegetarian. Food is always fantastic, very happy.”
- “We really appreciate what you all do for***** and you should be very proud of yourselves. You do a wonderful job. Thank you.”

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs Anne Heggarty manager as part of the inspection process and can be found in the main body of the report.



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