

Unannounced Care Inspection Report

2 May 2019



Type of Service: Day Care Setting
Address: Glenmona Resource Centre
Cottage Wood Site, 21 High Street, Cushendall, BT44 0NB
Tel No: 02821771339
Inspector: Jim McBride

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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.

3.0 Service details

Organisation/Registered Provider: Northern HSC Trust Responsible Individual: Dr Anthony Baxter Stevens	Registered Manager: Mrs. Anne Heggarty
Person in charge at the time of inspection: Mrs. Anne Heggarty	Date manager registered: 16 December 2013
Number of registered places: 25	

4.0 Inspection summary

An unannounced inspection took place on 2 May 2019 from 09.00 to 12.00.

This inspection was underpinned by the Health and personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

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, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the day centre promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was evident that the day centre promoted the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

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

4.1 Inspection outcome

	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.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report
- All correspondence received by RQIA since the previous inspection.

At the request of the inspector, the manager was asked to display a poster prominently within the day centre's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Ten questionnaires responses were received in time for inclusion in this report.

Comments included:

- "All's good here."
- "I would miss it if I was not here."
- "They are very kind when you have problem that needs to be sorted."
- "Care all good."
- "Dietary needs met."

During the inspection process the inspector spoke with the manager, one staff member and a number of service users. As the inspection was being completed service users were observed in discussions with each other and staff whilst completing their activities prior to a planned outing.

Service user comments:

- "Great staff."
- "I enjoy outings and activities."
- "I have no complaints."
- "I can speak with staff if I have any concerns."

Staff comments during inspection:

- “Good induction and supervision.”
- “It’s good to see people getting out of the house, benefiting from the centre and the activities.”
- “I’m aware of the NISCC standards.”
- “We get good support from the manager.”
- “Good team communication.”

A range of documents policies and procedures, relating to the service were reviewed during the inspection and are referred to within the body of the report.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection**6.1 Inspection findings****6.2 Is care safe?**

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

At the time of the inspection, the centre had a manager in post. The manager is supported by three other day care staff. On the date of inspection there was sufficient staff to meet service user needs safely.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC). All current staff are registered with (NISCC).

Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role. This was verified by staff and the records reviewed.

New staff receive a structured induction programme in line with The Northern Ireland Social Care Council (NISCC) regulations. Discussion with the manager and staff and a review of records confirmed that this included a shadowing period with other experienced staff.

A review of the training records confirmed that training had been provided in all mandatory areas and that the records were kept up to date. It was good to note that additional training was in place for staff including: RESPECT, raising concerns, equality and human rights, dysphasia and textured meals.

During the inspection the inspector reviewed the day centre’s arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and were appropriate their representatives. Risk assessments included details of the potential risk and the level of risk; they were personalised and included information specific to each person and their needs. The records evidenced that the day centre had achieved an appropriate balance between promoting autonomy and maintaining safety.

There were comprehensive risk assessments in place relating to safety issues. For example, fire risk assessments, fire safety training and a number of fire drills. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns.

The service monitored and reviewed the daily activity of service users. This helped the staff understand risks and gave a clear, accurate and current picture of individual service user’s assessed need.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures (2018) were in place to help protect service users and ensure staff had the knowledge and guidance to help keep service user’s safe and take appropriate action if there were any concerns regarding the safety and wellbeing of service user’s These were accessible to all staff.

Individual care records were written and managed in a way that kept service users safe. The care records reviewed showed that information needed to deliver safe care and support was available to relevant staff in an accessible way.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

Evidence reviewed highlighted that individual care needs and choices were assessed and responded to. There were good examples of outside activities and community involvement.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2018). The day centre's arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about service users' preferred communication support needs. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care and support plans had been reviewed the updated documents had been signed.

Care reviews in conjunction with the service users and/or their relatives and HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meeting. Reviews aim to give the day centre an opportunity to ensure people's needs were continually being met and to assess and monitor whether there had been any changes in need.

The inspector noted some of the comments made by service users during their annual reviews:

- "I enjoy chatting to others."
- "I get good support from staff."
- "I have gained more confidence since attending."
- "I like attending and I'm well looked after."
- "It is good progress for me to get out of the house."

The centre had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. This was completed during review and whilst completing annual quality audits.

The day centre's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users. This was verified by staff during discussions and the records of service user meetings, reviews and quality audits.

The centre completed a quality audit in September 2018; this gave the service users the opportunity to comment on the quality of service provision. Some of the comments received included:

- "Transport is very reliable."
- "All the care team are very caring and take time to listen."
- "Staff respond to everyone's needs."
- "The care is of a high standard and meets everyone's needs."
- "Nothing is too much for staff."
- "Staff are helpful and make sure everyone is well looked after."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, day care staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussions with the manager and review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation; this was also verified by the staff who met the inspector. Both the staff and manager identified the need to continually communicate with service users and to ensure staff were respectful toward them.

Upon commencement of a day care placement, service users are provided with a copy of the day centre's service user guide which informs service users' of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

The facilities and premises were appropriate for the services to be delivered.

The inspector noted that staff communicated with service users in a way that they could understand, for example, communication aids and easy read materials were available.

Staff stated that the centre respected and promoted service users privacy and dignity. Written guidance was available for staff to follow that helped to maintain confidentiality for example, the confidentiality policy (2018).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the centres ethos of encouraging feedback from service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The service was well-led and had systems in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of staff, including the manager and day care staff. Records in place including supervision and team meetings evidenced how staff were being supported by management.

The inspection assessed the day centre's arrangements and governance systems in place to meet the needs of service users and drive quality improvement. These arrangements included service user meetings, reviews and quality audits.

Discussion with the manager confirmed that she had a good understanding of her role and responsibilities under the legislation. In addition discussion with the staff evidenced that there was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users. Staff spoken with stated they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed.

The manager advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of service users. These addressed matters such as complaints, safeguarding, whistleblowing, data protection and confidentiality. Policies were maintained in a manner that was easily accessible by staff.

The manager demonstrated good awareness of the day centre's complaints procedure. A review of the day centre's complaints records since the last inspection evidenced that the day centre had received no complaints.

The manager discussed her commitment to driving improvement in the service through consistency of the staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

Discussions with the manager confirmed that staff and service users meetings are facilitated by the centre. A review of meetings noted the following agenda items for regular discussion:

Service user meetings:

- Policies and procedures
- Activities
- Reporting illness
- Staff changes
- Outings.

Staff meetings:

- Training
- Activities
- Complaints
- Reviews
- Members updates.

Monthly quality monitoring reports were available for review from the last care inspection. Some of the comments from service users, staff and relatives included:

Service users:

- “I would be lost without the centre.”
- “I enjoy the company and meeting people.”
- “I have made good friends here.”
- “Staff are excellent.”
- “We have a variety of activities.”
- “I feel safe here and staff are supportive.”

Staff:

- “A good person centred caring approach.”
- “A good working partnership with the manager.”
- “Staff are considerate and treat people with dignity and respect.”
- “Staff are excellent.”
- “They have a great variety of activities.”

Relatives:

- “Staff are helpful to both me and my son.”
- “I’m happy with all aspects of the centre.”
- “**** looks forward to coming to the centre.”
- “**** is very happy here.”
- “**** is so happy.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the day centre collects equality information in relation to service users, during the referral process. The data provided is used with individual service user consent to help provide care in a person centred manner.

Some of the areas of equality awareness identified during the inspection included:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy

- Equity of care and support
- Individualised person centred care
- Disability awareness.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, quality monitoring and service user communication.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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