



The Regulation and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Glenmona Resource Centre
Establishment ID No:	11318
Date of Inspection:	25 February 2015
Inspector's Name:	Louise McCabe
Inspection No:	20314

The Regulation And Quality Improvement Authority
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Name of centre:	Glenmona Resource Centre
Address:	Cottage Wood 21 High Street Cushendall BT44 0NB
Telephone number:	(028) 2176 1218
E mail address:	Glenmona.Cau@northerntrust.hscni.net
Registered organisation/ Registered provider:	Dr Anthony Baxter Stevens Northern Health and Social Care Trust
Registered manager:	Mrs Anne Heggarty
Person in Charge of the centre at the time of inspection:	Mrs Anne Heggarty
Categories of care:	DCS-LD, DCS-DE, DCS-I, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E)
Number of registered places:	25
Number of service users accommodated on day of inspection:	13
Date and type of previous inspection:	6 February 2014 Primary Announced Inspection
Date and time of inspection:	25 February 2015 9.30am–4.00pm
Name of inspector:	Louise McCabe

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 post-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	13
Staff	03
Relatives	0
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	5	5

Inspection Focus

The inspection sought to assess progress with the issues raised 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

Glenmona Resource Centre was previously located in Cushendun and in April 2010 moved to the village of Cushendall in the Glens of Antrim. The centre is situated on a hill, on the edge of a ten acre, public amenity woodland area, which has a range of walks, a children's play park and picnic areas.

The Registered Organisation in Control of Glenmona Resource Centre is the Northern Health and Social Care Trust, which has leased the building and grounds from the Cushendall Development Group Ltd.

Glenmona Resource Centre is registered for a maximum of twenty five places per day, providing day support services for older people, those with a physical disability or a mental illness. Currently, twenty eight people receive a day care service between Monday and Friday each week.

The catchment areas for members are Glenariffe, Waterfoot, Cushendall, Cushendun and Ballycastle. There are two mini buses (one with a tail lift) available to pick up and drop off members. Some members make their way independently to the Centre.

Lunch is prepared and cooked onsite for members at a subsidised cost. Members can bring their own lunch if they wish to. The catering staff in Glenmona Resource Centre also provide approximately 15 meals on wheels lunches each day to people living in the community.

8.0 Summary of Inspection

09:30am– 4:00pm = 6 hours 30 minutes

A primary unannounced care inspection was undertaken in Glenmona Day Centre on 25 February 2015.

The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007. The manager submitted a self-assessment of the one standard and two themes inspected after this inspection. This report compares the provider's statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

- Analysis of post-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of review and safeguarding information; the complaints record; staff training record; incidents and accidents recording; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

An inspector spoke with all three staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights.

Staff and most service users' stated they are aware of the process to follow should a service user or their representative request to see their care file and would approach the manager about this.

Communication between management and staff is effective and no concerns were raised. Discussions with staff conclude there are aware of who is in charge/responsible for the centre in the absence of the manager. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in Glenmona Resource Centre.

Five questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff members' praised the quality of care provided within the returned questionnaires and the following comments were made:

- *"The quality of care is at the highest possible standard that we are able to provide."*
- *"Clients are treated very well in the centre, we offer choice of two dinner options per day and try and meet their dietary needs. "*
- *"I believe clients receive an excellent service and a high quality of care."*
- *"I feel it is of a very high standard. Service users seem happy and staff and service users interact well together."*
- *"Excellent."*

Review of three staff files showed evidence of formal supervision taking place in accordance with minimum standard 22.2 for all staff. All staff have had an appraisal within the last year.

The inspector spoke with a total of thirteen service users regarding the standard inspected; the two themes and their views on the quality of care provision in Glenmona Resource Centre. The service users communicated positive feedback regarding attending the centre, the activities they participate in and the care provided by the staff. Most of the service users meeting with the inspector stated they are aware there are care records kept in the day care setting about them and that they can access this information by asking staff. Four elderly service users with short term memory loss seemed unsure about this. Most of the service users confirmed they see their care plan on a regular basis and at their review. They said they are encouraged to be involved in all aspects of the care planning process. The service users are aware of who the manager is and if they had a problem or wanted to discuss something about the day care setting they said they could talk to the staff or manager in the centre. Service users stated they enjoy coming to the centre and the following comments were made:

- *"The centre is always warm and nice."*
- *"It improves your quality of life, especially when you're on your own."*
- *"It's a reason to get up in the morning."*
- *"It's a great place to talk to people if you're feeling low."*
- *"The staff are very considerate."*

- *“You can learn to do new things, learn new skills, e.g. the recent puppet show.”*
- *“The only problem here is time goes in so quickly during the day.”*
- *“There are lots to do, walks, boccia, whist drives, 45 games, bus runs, mystery tours, shopping, outings, trips to Portrush and Coleraine, ten pin bowling etc.”*
- *“The food is excellent and it caters for my specific needs.”*
- *“You can let off steam here or do whatever suits.”*

One service user informed the inspector he/she would like to attend ten pin bowling with other service users. He/she expressed an interest in attending another day centre near where he/she lives. This information was shared with the manager who agreed to inform the service user's named worker so this discussion could be continued. No other areas of dissatisfaction or concerns were raised.

The previous announced inspection of Glenmona took place on 6 February 2014 and one requirement had been made. This concerned the centre's complaints record and what constitutes a complaint. Review of the returned quality improvement plan for this inspection and discussions with management concluded compliance in this area.

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 six criteria within this standard were reviewed during this inspection. Based on the evidence reviewed by the inspector, all six criteria were assessed as compliant by the inspector. One recommendation was made about this standard as staff are to ensure progress care notes are objective.

Discussions with thirteen service users, five care staff and review of six service users' individual files provided evidence that the centre is performing well regarding standard 7. The care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. Clear examples were provided of how staff encourage and assist service users to get the most from their day care experience. It was also clear this service was improving outcomes for the service users and their carers. It also provides respite for carers. The inspector concluded the centre promotes service users social needs, stimulates intellectual activity and promotes independence.

The inspector assessed the centre as overall compliant in this standard.

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

Two criterion from regulation 14 were inspected in relation to the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and the other as not applicable as there have been no restrictive incidents in the service.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. The Trust has in place a 'Restrictive Practices Registration' form which must be completed when a restrictive practice is used with service users.

Staff stated they know the service user's well and are familiar with their needs. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour does not escalate and they meet individual and group needs.

Based on the evidence reviewed during this inspection, the inspector assessed the centre as compliant in this theme. No requirements or recommendations were made concerning it.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected in relation to this theme. All three criteria were assessed as compliant.

Review of selected management records, monthly monitoring reports, discussions with the manager, three staff and thirteen service users provided evidence that the centre has in place monitoring arrangements and effective communication systems. There are good systems in place that support and promote the delivery of a quality day care service. These enhance and promote the quality of day care experience for the service user, their relatives/representatives and the public. It is indicative of the care provision in this centre.

The inspector's review of random monthly monitoring reports showed these are compliant with standard 17.10. However, due to the absence of carers or representatives during monthly monitoring visits, a recommendation is made advising the designated registered person to ensure the views and opinions of carers/representatives are sought during monthly monitoring visits, this could be done by telephone or email.

The centre was assessed as overall compliant in this theme.

Additional Areas Examined

The inspector undertook a tour of the premises, reviewed the complaints and accident / incident records, examined six service users' individual files and validated the manager's post inspection questionnaire.

The environment presented as clean, tidy, adequately heated and contained many displays of service user's art and craft work, pictures and photographs.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre. It presents as in tune with the needs of the service users for support, stimulation and meets their rehabilitation, social and other needs.

As a result of the inspection three recommendations are made in the quality improvement plan, these regard: service user's care notes; the provision of mental health training to staff and monthly monitoring visits.

The inspector thanks the manager, staff and service users for the hospitality shown to her during this inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 17(1) and Schedule 3(4)	The registered person must ensure that all staff understand what constitutes a complaint and that all complaints are recorded and responded to in accordance with the Trust's procedures. (Ref. Feedback to manager).	The centre's locality manager spoke with all staff explaining and highlighting the specific areas of understanding regarding the Trust's complaints policy and procedures and in particular concerning the safeguarding of vulnerable adults.	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:	
Service Users Personal information is maintained and staff are aware of their legal and ethical duty of confidentiality in this respect. All staff have attended Governance Training and the Manager has attended P.O.P.I. Training	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>A sample of the records in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 are in place in Glenmona Resource Centre. Discussions with staff conclude there are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation.</p> <p>Discussions with three staff and receipt of five completed RQIA staff questionnaires confirmed policies and procedures are in place and available in the centre.</p> <p>The centre's current service user agreement is also compliant with this criterion. Discussions with staff also validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to record, the quality of recording and management of service users personal information. This is commensurate with staff role and responsibilities.</p> <p>Evidence was provided from a sample of the minutes of staff meeting in July 2014 to show that standard 7 was discussed with staff. The manager attended Processing of Personal Information (POPI) training on 12 February 2015 and provided assurances information from this training would be shared with staff at the next staff meeting.</p>	Compliant

Criterion Assessed:	COMPLIANCE LEVEL
<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>	
Provider's Self-Assessment:	
Yearly at Client Reviews - all clients are informed that they can see their individual case records. A "Record Book for Accessing Case Records" is kept - this shows no entries.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
<p>Policies and procedures are in place and accessible in the centre pertaining to: the access to records; consent; management of records and service user's agreement. The inspector's review of the centre's staff training record showed Information, Governance Awareness training was provided to staff in August and September 2014.</p> <p>Discussions with the manager concluded there have been no requests from service users or their representatives requesting access to their care information. There is a bound book in place to record any future requests.</p> <p>A discussion took place with the manager with regards to the previously completed service user agreement forms retained in their respective care files as these contain a statement about confidentiality and request for access to their care file information. The Trust's new service user agreement was shown to the inspector and it does not contain this information. The manager must ensure this is discussed with any new future service users and where appropriate their representatives and a record is made concerning this.</p> <p>Discussions with staff conclude the policies and procedures are put into practice for example with reference to records being completed and maintained in the centre. It is evident from discussions with staff and the inspector's review of six service user's care files how they ensure a person centred approach to their recording. Discussions with service users conclude they are aware of their care plan and many have seen this.</p> <p>There are adequate arrangements in place regarding who takes responsibility for issues and queries of freedom of information, confidentiality, consent and access to records and arrangements.</p>	Compliant

<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> <ul style="list-style-type: none"> - all records are kept in Service Users Files - Incident/Accident Book 	<p>Compliant</p>
<p>Inspection Findings:</p> <p>The inspector examined six service users care files. Records pertaining to Schedule 4 (1)(a) regarding an assessment of the service user’s needs referred to in Regulation 15(1)(a), standards 2 and 4, and care plans standard 5; were all compliant with legislation and minimum standards. All of the care plans were comprehensive in content and fully reflected how Glenmona Resource Centre meets the service users’ assessed needs and areas they wish to further develop with staff support. Positive comments were shared with the manager about this.</p>	<p>COMPLIANCE LEVEL</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: There is an entry at least every five attendances for each service user and staff try to ensure there is an entry on every attendance.	Complaint
Inspection Findings: The inspector examined a sample of six service user care records and evidenced individual care records, there was evidence staff are completing daily notes on each individual in accordance with this criteria.	COMPLIANCE LEVEL 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: Whistle Blowing Vulnerable Adults Procedures Management Contact List	Complaint
Inspection Findings: The service user's files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their care plan. The inspector's discussions with three staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding the referral process and responding to service user's needs and behaviours. Staff felt communication between management and themselves is effective and no concerns were raised. Discussions	COMPLIANCE LEVEL Compliant

<p>with staff conclude they are aware of their responsibilities and what constitutes reportable accidents and incidents. They would also have the contact telephone number of the registered person should this be needed.</p> <p>The inspector confirmed the centre’s policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</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>see Servcie User's Files</p>	<p>Complaint</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector examined a sample of six service user’s care files during this inspection. These were mostly qualitative in content and viewed by the inspector as relevant to the care plan and were outcome focused. A recommendation is made regarding the quality of service user’s progress care notes as several of these were subjective in content, for example ‘in bad form,’ ‘in grumpy form.’ This was discussed with the manager. Care records must be objective.</p> <p>Consultation with three staff working in the centre confirmed their understanding of this criterion and their role and responsibility to address this fully when recording in individual files and additional records.</p>	<p>Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider didn’t complete</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>No Service User has every been, or is at present assessed as requiring restraint of any kind.</p>	Complaint
Inspection Findings:	
<p>The inspector examined a selection of records including a sample of six individual service user records which showed comprehensive care plans are in place that clearly describe the day care service user’s receive based on their assessed support needs, likes and dislikes. The manager and staff confirmed there have been no restrictive practices used with service users in Glenmona Resource Centre.</p> <p>Discussions with the manager and staff concluded care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Staff have received information on Human Rights and Deprivation of Liberty Safeguard (DoLS). Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user’s methods of communicating, their views, choices and needs.</p> <p>Review of the centre’s staff training record showed Respect training (management of behaviours which challenge) was provided to staff in October and November 2014. Clinical Psychology and Challenging Behaviour training took place in June 2014 and Safeguarding Vulnerable Adult training in January 2014.</p>	COMPLIANCE LEVEL Compliant

<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>If/when a Service User is subject to Restraint the staff are aware that this must be recorded and reported to RQIA</p>	<p>Complaint</p>
<p>Inspection Findings:</p> <p>Refer to the inspection findings above for information.</p> <p>Discussions with the manager and staff conclude no service users have been subject to restraint and use of restraint is not planned for in this service with the current group of service users.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available.</p> <p>A selection of records in respect of each service user as described in schedule 4 and other records to be kept in a day care setting as per schedule 5 were reviewed by the inspector during this inspection. These are being maintained in accordance with legislation and minimum standards.</p>	<p>COMPLIANCE LEVEL</p> <p>Not applicable</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p> <p>Provider didn’t complete</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>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 style="padding-left: 40px;">(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>See Statement of Purpose Page 4 & 7. Glenmona has a Training and Development Plan for Staff in Charge in the Absence of Facility Lead</p>	<p>Complaint</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The registered manager is a nurse and has been the manager of Glenmona Resource Centre since 1994. The manager is registered with the NISCC and her current certificate displayed on the wall in the dining room. There is one day care worker who was a nurse and three care assistants (two of whom are full time and one part time), two of the care assistants have driving duties. Two care staff have a National Vocational Qualification (NVQ) Level 2 in Care award. There is also a groundsman/domestic, cook, two catering assistants and a part time clerical officer.</p> <p>The manager has provided evidence of her NISCC registration and provided evidence of how she ensures her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user’s rights in the day care setting.</p>	<p>Compliant</p>

Discussions with three staff during this inspection validate their knowledge is commensurate with their roles and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same. In the absence of the manager, the day care worker would assume responsibility for the centre. A competency assessment has been completed with the day care worker and is retained in her staff file. She would have contact mobile phone numbers of the manager and her line manager should the need arise. Staff informed the inspector they have not yet received training regarding mental health and mental illness. This had been discussed during a previous inspection of Glenmona Resource Centre and the manager informed the inspector efforts are being made to source a trainer to provide this. A recommendation is made in the quality improvement plan about this.

Regulation 28/monthly monitoring reports of Glenmona Resource Centre evidence the staffing arrangements in place for the month being inspected and form a view regarding: the effectiveness of staffing arrangements and matters to be monitored in schedule 3 of the day care regulations. These visits are both planned and unplanned. Review of three monthly monitoring reports showed qualitative information is obtained in accordance with regulation 28, however the views and opinions of carers or representatives is missing due to no visitors being in the centre during the visits. A recommendation is made in the quality improvement plan for the designated registered person to ensure systems are in place to obtain and record the views and opinions of carers/representatives e.g. by telephone or email during each monthly monitoring visit.

Discussions with management and staff conclude communication is effective within the centre and enhanced with regular monthly staff meetings, this is in accordance with minimum standard 23.8. The most recent occurred on 27 January 2015. Staff sign that they have read the minutes of these meetings.

An annual report of Glenmona Resource Centre had been completed on 19 February 2015, the information is qualitative and in accordance with schedule 3 with regards to regulation 17(1). A written training and development plan is also in place for 2014-2015.

<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 	COMPLIANCE LEVEL
<p>Provider's Self-Assessment:</p> <ul style="list-style-type: none"> - each member of staff have a Supervision File containing dates and agendas for 3 monthly planned supervision, yearly contract, auditing. - Minutes of Montly Staff Meeting available 	Complaint
<p>Inspection Findings:</p> <p>A sample of three staff files were reviewed and confirmed staff have participated in the Trust's annual performance appraisal process (known as a Personal Contribution Plan) in November 2014. Discussions with care staff members concluded they receive regular informal and formal recorded supervision. This was validated during the inspection and is in accordance with standard 22.2.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p> <p>Discussions with care staff in Glenmona Resource Centre concluded they systematically and regularly participate in formal supervision and annual appraisal in accordance with NISCC Codes of Practice and minimum day care setting standards.</p>	COMPLIANCE LEVEL Compliant

<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 Training is organised by the manager and recorded and signed by the Trainer. Mandatory and Non-Mandatory Training. Attendance dates are signed by all staff.</p>	<p>Complaint</p>
<p>Inspection Findings:</p>	
<p>The Trust’s Human Resources Department are responsible for ensuring all recruitment areas are completed. There are no concerns in this area and there has been no new staff employed in Glenmona Resource Centre since the last inspection.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Provider didn’t complete</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 Compliant</p>
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Additional Areas Examined

11.1 Complaints

The complaints record was reviewed as part of this inspection. These meet minimum standard 14.10.

11.2 Compliments

Positive comments were shared with management regarding the many compliments recorded about the quality of care provision in the Glenmona Resource Centre.

11.3 Incidents/Accidents

The inspector randomly sampled the centre's accident and incident records. These meet regulation 29 and minimum standards.

11.4 Service User Care Files

The inspector reviewed six service user's care files during this inspection. These were comprehensive and reflected person centred care plans completed in user friendly language, however as specified in standard 7; improvements are needed with regards to service user's progress care notes.

Service user's care notes should be objective and avoid using subjective language, for example 'in bad form,' 'in grumpy form.' This was discussed with the manager.

11.5 Registered Manager Questionnaire

The manager submitted a questionnaire to RQIA after this inspection. The information provided confirmed that satisfactory arrangements are in place regarding governance and management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit, from written records and from discussions with the manager and staff members.

11.6 Statement of Purpose and Service Users Guide

Glenmona Resource Centre's Statement of Purpose had been recently revised this month and meets minimum standards. The centre's Service Users Guide had been revised in May 2014. It contains the name of the Trust's previous chief executive. The manager is advised to review this so it contains the name of the current chief executive.

11.7 Environment

The inspector undertook a tour of the environment. The centre was generally clean and tidy and in good decorative order. Positive comments were shared with management with regards to the spacious, bright and well decorated group rooms and dining room. Areas used by service users' were adequately heated, tidy and fit for purpose. Group rooms and central areas displayed service users art work and photographs.

Due to recent high winds and gales in the Cushendall area and the position of Glenmona Resource Centre being on a hill, heavy safety chains have been affixed to double doors in the building to prevent the doors being blown back and damaged. This had occurred in the past and lumps of plastic work are missing near the door frames on one identified set of double doors. The manager has submitted a works request for this area to be made good.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Anne Heggarty, 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:

Louise McCabe
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Primary Unannounced Care Inspection

Glenmona Resource Centre

25 February 2015

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 Ms Anne Heggarty (registered manager/ person receiving feedback) 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.

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	7	<p><u>Service Users Care Notes</u></p> <p>It is recommended service user's care notes are always objective. Subjective comments or statements are to be avoided (standard 7.7 refers).</p>	Once	Manager has explained to all Care Staff that Service Users Care Notes must always be objective.	Immediate and on-going
2	21.4	<p><u>Staff Training</u></p> <p>As discussed during a previous inspection of Glenmona Resource Centre, the registered person should ensure staff receive training in the areas of mental health (Theme 2 refers).</p>	Once	Manager has organised Mental Health Training for all staff for 21 st July 2015.	By 26 May 2015
3	17.10	<p><u>Monthly Monitoring Reports</u></p> <p>It is recommended systems are put in place for the designated registered person to obtain the views and opinions of carers/representatives on a monthly basis, e.g. by telephone call or email (Theme 2 refers).</p>	Once	Locality Manager is organising a system to contact, via telephone, the Service Users carer/representative to obtain their views and opinions, on a monthly basis.	Immediate and on-going

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	Anne Heggarty
Name of Responsible Person / Identified Responsible Person Approving Qip	Dr Tony Stevens

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Louise McCabe	24 April 2015
Further information requested from provider			