



The **Regulation and
Quality Improvement
Authority**

**Glenmona Resource Centre
RQIA ID: 11318
Cottage Wood
21 High Street, Cushendall
BT44 0NB**

**Inspector: Lorraine Wilson
Inspection ID: IN23719**

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**Unannounced Care Inspection
of
Glenmona Resource Centre**

24 November 2015

**The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk**

1. Summary of Inspection

An unannounced care inspection took place on 24 November 2015 from 11.20 to 15.30. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager, Mrs Anne Heggarty, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Northern HSC Trust/Dr Anthony Baxter Stevens	Registered Manager: Mrs Anne Heggarty
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Anne Heggarty	Date Manager Registered: 16 December 2013
Number of Service Users Accommodated on Day of Inspection: 17	Number of Registered Places: 25

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting

4. Methods/Process

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

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- a review of notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection.

During the inspection 17 service users met the inspector as a group and five also met individually. The registered manager and two care workers also met to discuss the standards being inspected.

During the inspection the following records were examined:

- the statement of purpose
- the service user guide
- records of complaints recorded from March to November 2015
- samples of three monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group from March to November 2015
- file records for three service users
- staff duty rotas for November 2015
- staff training records
- staff meeting minutes.

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment was undertaken.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 25 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 7</p>	<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> <p>Action taken as confirmed during the inspection: A review of three service users' daily care notes which were reviewed confirmed that staff were recording objective statements reflecting the comments and views of service users.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 21.4</p>	<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> <p>Action taken as confirmed during the inspection: The records reviewed provided recorded evidence that the registered manager had sought to obtain training for staff in the areas of mental health.</p> <p>This training was scheduled for July 2015. Other training scheduled on the same date took place, however mental health training was not provided on this planned date.</p> <p>Training is again being pursued by the manager with applications requests submitted on behalf of five staff.</p> <p>This recommendation is stated again for a second time.</p>	

<p>Recommendation 3</p> <p>Ref: Standard 17.10</p>	<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> <p>Action taken as confirmed during the inspection: There was evidence that a robust system had been implemented. Two monthly monitoring reports reviewed reflected that systems to obtain views of representatives were in place.</p>	<p>Met</p>
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5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Glenmona Resource Centre has a continence promotion policy available for staff. The policy and associated guidance gave guidance to staff involved with service users who had assessed continence needs.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience in how to assist a service user with their personal needs based on their care plan.

Observation, review of staffing levels and service user positive feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of service users who attend.

A range of mandatory training is provided by the organisation including moving and handling training and first aid training. There was evidence that staff were up to date with all required mandatory training. Training records confirmed that continence promotion training had been provided to staff in June and October 2015.

The registered manager provided verbal confirmation that supervision sessions were provided to staff in January, April, July and October of each year. One staff member consulted individually confirmed that the registered manager completed regular supervision. Confirmation was also provided that annual staff appraisal was completed in accordance with the knowledge and skills framework and this was due to be completed for staff in November/December 2015.

On the day of inspection staff were observed to be confident in carrying out their duties and were able to demonstrate an understanding of individuals assessed needs.

Service users consulted reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

On this occasion there was evidence to confirm that continence care and promotion provided

in the centre was safe.

Is Care Effective?

Discussion with the registered manager and one day care staff confirmed that the majority of members require no support or assistance with their toileting needs. Where it is assessed that a service user requires support and assistance with their continence needs information is recorded in their personal care and support plan.

Staff confirmed that service users bring in their own continence protection which are retained by service users for use when needed.

The care records of three service users were reviewed during this inspection.

As part of the core assessment completed on admission, details of personal and/or continence care required is recorded. In one record reviewed a detailed continence assessment was recorded.

A care/support plan was in place for each service user and indicated the general support required. Risks were highlighted and the management of these risks recorded. Whilst there was a care plan for continence in place in one record examined, the information was not sufficiently specific or person centred.

It was recommended that care plans detail the specific assistance or support each service user requires regarding their continence needs in a step by step plan which is regularly reviewed and evaluated to ensure it remains effective.

A review of the environment confirmed that sufficient number of toilet areas were available to meet the assessed needs of the members. The standard of cleanliness and hygiene within the toilet areas is commended.

From observation there was a sufficient supply of personal protection equipment available to staff, and hand washing dispensers were also available throughout the centre.

Is Care Compassionate?

Staff interaction with service users was observed throughout the inspection period and presented evidence of a high level of compassionate care being delivered. Staff advised of the importance of meeting members' continence care in a respectful, dignified manner.

Service users consulted privately confirmed that they were each very satisfied with the care and support they received when attending the day care service. They felt their care needs were met in a discreet way by staff trained for their roles.

Comments made on the day of inspection were as follows:

- "I have only started coming to the centre and have nothing but good to say about it".
- "we all have a good laugh and it is a great place to come".
- "the meals are lovely, you get better meals here than in some of the hotels and restaurants we have visited".
- "the exterior of the building is not very suitable for walking due to the steep incline".

As part of the inspection process RQIA distributed five questionnaires which were and completed and returned by staff.

The responses reviewed post inspection confirmed that staff were either very satisfied or satisfied with:

- the training received by the organisation in core values
- communication methods
- continence management
- access to continence products
- personal protective equipment (PPE)
- how to assist and support a members with their personal care needs.

Overall there was evidence and assurance available that service users receive personal care that is safe, effective and compassionate.

Areas for Improvement

A recommendation was made that one care/support plan is further developed to be more specific.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

A range of policies were available to promote service user involvement in the day centre and each policy sets out the principles for involving service users to ensure they have an active role in the service delivery.

A complaint procedure was available and appropriate records maintained of any complaint or expression of dissatisfaction received.

A review of the record of complaints found that few complaints were recorded from March to November 2015. One recorded complaint had been appropriately onward referred to the safeguarding team, and in accordance with regulations a notification had been submitted to RQIA. The complaint information requested by RQIA was checked on the day of inspection.

Service users consulted were aware that if they had any concerns or issues they could approach any of the staff or the registered manager and they confirmed they would feel comfortable speaking to them about any issues or concerns they may have.

Relevant policies regarding the protection of vulnerable adults from abuse and whistleblowing were in place and records indicated that staff training on the subject was up to date.

Care records examined provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

Staff reported that they were fully supported by management and that the training provided by the organisation enabled them to carry out their roles efficiently and effectively. Records reviewed confirmed that the centre is closed on 30 November 2015 to facilitate staff training.

The findings of this inspection provided evidence that service users' views and comments shape the quality of service provided in this day care setting.

Is Care Effective

There was evidence that management and staff actively seek the views of members via three monthly meetings for service users and whilst staff facilitate the meetings, there was evidence that ideas and opinions are listened to.

Minutes of the meetings are retained and on display for service users to refer to. Information agreed regarding the activity programme for each month was observed on display and reflected a varied programme, though service users advised that the programme can be adjusted if they change their mind and do not take part on the activities displayed.

The discussions with service users confirmed that they are fully informed and enabled to participate and direct the decision making affecting their care in this centre. Recently service users and staff took part in a pantomime production of Cinderella and there were many positive comments recorded from relatives who had attended the show.

Examination of three members care records provided evidence that service users and their representatives are encouraged to participate in decisions about the care and support they receive in the day centre. On arrival to the centre, one service user and staff member were observed completing a care record.

The records viewed and discussions with service users demonstrated that they are encouraged and supported to maintain their independence and exercise control and choice when they are in the day centre.

Staff consulted were able to discuss and had good knowledge of service users and their needs.

The monthly report which is completed on behalf of the registered provider incorporated the views and opinions of service users. It was noted that names of members were included in this information. Consideration should be given to the use of unique identification to anonymise any information provided by service users.

Is Care Compassionate?

Throughout the day interaction between staff and service users remained professional and caring and it was evident that a good rapport had been established. Staff were observed attending to members in a discreet professional way and assisting them as and when required.

A welcoming, purposeful and supportive atmosphere was evident throughout the centre with evidence of good team morale.

Five staff who completed and returned a questionnaire confirmed that they were very satisfied with all aspects of the service.

One questionnaire completed by a staff member confirmed that:

- “It is nice to see the interaction between the clients and staff. The care workers are always very positive and encouraging. The clients are therefore very open and trusting and feel listened too. The respect goes both ways”.

As part of the inspection process RQIA questionnaires were issued to five service users . The responses reviewed post inspection found that service users indicated they were very satisfied with the care and support provided and confirmed staff respond to their needs and that they felt safe in the centre.

The seventeen service users attending the centre on the day of inspection spoke with us in small groups and five met and spoke individually with the inspector.

The benefits of the centre were discussed and it was very evident that strong friendships had been developed with each other and with the staff team.

Comments on the care provided by the day centre included:

- “It is a lovely place to come to and I enjoy it”
- “staff are really good “
- “We have gained greatly from coming here”
- “I have no concerns as I am happy with everything”

The evidence collated during this inspection confirmed that this day centre had established a range of forums to provide service users with the opportunities to be involved and influence the running of the day care service.

Areas for Improvement

There were currently no identified areas of improvement regarding Standard 8.

Number of Requirements:	0	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Anne Heggarty, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be Completed by: 12 December 2015</p>	<p>The registered manager should ensure that one identified care/support plan provides details of the specific assistance or support required regarding continence care needs in a step by step plan which is regularly reviewed and evaluated to ensure it remains effective.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>The registered manager has ensured that a detailed step by step continence plan has been addressed and recorded in the identified clients care plan .</p>

Registered Manager Completing QIP	ANNE HEGGARTY	Date Completed	11.12.15
Registered Person Approving QIP	TONY STEVENS	Date Approved	17.12.15
RQIA Inspector Assessing Response	Louise McCabe	Date Approved	17.12.15

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address