

Unannounced Care Inspection Report 1 September 2016



Glenmona Resource Centre

Type of Service: Day Care Setting
Address: Cottage Wood, 21 High Street, Cushendall BT44 0NB
Tel No: 02821761218
Inspector: Louise McCabe

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Glenmona Resource Centre took place on 1 September 2016 from 10.00 to 15.30 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the day care centre was found to be delivering safe care. Observations of care practices showed there was a culture of ensuring service users were safe and protected from harm. Discussions with the manager and staff provided evidence there were systems in place to avoid and prevent harm to service users. Staff were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding.

A general inspection of the day care setting confirmed that the premises and grounds were well maintained. There were no areas identified for improvement during this inspection.

Is care effective?

On the day of the inspection observations of staff interactions with service users and discussions with a total of eight service users evidenced the day service responds appropriately to them and meets their needs. Improvements were identified regarding effective care in Glenmona Resource Centre. These areas concerned service users' written agreements, assessments and the review of an identified care plan. There were some arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. Two areas for quality improvement identified during this inspection.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery evidenced that service users were treated with dignity and respect. Staff were observed responding to service users' needs and requests promptly and professionally. Discussions with eight service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There were no areas identified for improvement as the result of this inspection.

Is the service well led?

On the day of this inspection there was some evidence of effective leadership, management and robust governance arrangements in the day care setting and a culture focused on the needs of service users. There was no evidence of the registered manager's audits e.g. of care files; formal staff supervision, staff annual appraisal etc. There was a six month gap in the monthly monitoring visits due to programme of care changes in the Trust. One area for quality improvement was identified during this inspection.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012, previous inspection outcomes and any information we have received about the service since the previous inspection.

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 3 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Anne Heggarty, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent type e.g. care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 November 2015.

2.0 Service details

| | |
|---|---|
| Registered organisation / registered provider: Northern HSC Trust/Dr Anthony Baxter Stevens | Registered manager: Ms Anne Heggarty |
| Person in charge of the day care setting at the time of inspection: Anne Heggarty | Date manager registered: 16 December 2013 |
| Categories of care: DCS-LD, DCS-DE, DCS-I, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E) | Number of registered places: 25 |

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous care inspection report
- Records of notifiable events received by RQIA from 24 November 2015 (none were received).

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

- Discussion with the registered manager

- Discussion with eight service users
- Discussion with three care staff
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was given thirteen questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; three staff members and five representatives (with the service users’ consent) for their completion.

The questionnaires asked for service user, staff and representatives’ views regarding the service, and requested their return to RQIA. All 13 questionnaires were completed and returned to RQIA. The content of the completed questionnaires is discussed in the main body of the report.

The following records were examined during the inspection:

- Complaints record (none recorded since the previous care inspection)
- Three accident/untoward incident records
- Elements of three service users’ care files
- Review of four random policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users’ meetings
- Staff training information
- Two monthly monitoring reports
- One day care worker’s competency assessment.

4.0 The inspection

4.1 Review of requirements and recommendations from the last care inspection dated 24 November 2015

| Last care inspection recommendations | | Validation of compliance |
|--|---|--------------------------|
| Recommendation 1 Ref: Standard 5.2 Stated: First time | 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. | Met |
| | Action taken as confirmed during the inspection: The identified section of the service user’s care plan had been reviewed. | |

4.2 Is care safe?

With regards to the safety of service users, identified policies and procedures were in place in Glenmona Resource Centre. Policies and procedures were indexed, dated and ratified by the registered person. Confirmation was obtained from discussions with three care staff that these are accessible in the day care setting. The following four Trust policies and procedures were randomly reviewed during this inspection:

- Service User Feedback
- Whistleblowing
- Adult Safeguarding
- Managerial Support and Supervision

These were compliant with identified regulations and minimum standards.

The registered manager was asked if there had been any safeguarding vulnerable adult referrals regarding service users since the previous care inspection. She replied there had been none and there were no current or ongoing safeguarding vulnerable adult investigations.

On the day of the inspection no restrictive care practices were observed.

With regards to the recruitment of staff, the registered manager informed RQIA no new staff have been recruited since the centre's previous care inspection. The Trust's Human Resources Department is responsible for ensuring all of the legislative matters specified in Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 20.2 of The Day Care Settings Minimum Standard (January 2012) are met.

A review of staffing levels during the inspection showed there were sufficient numbers and availability of staff to deliver care in the day care setting. The registered manager, a day care worker, two care assistants, catering assistant, groundsman and an administration assistant were working in Glenmona Resource Centre on the day of inspection.

Review of the staff training record concluded staff had received mandatory and all other training relevant to their roles and responsibilities.

A random sample of three accidents and untoward incident records since the centre's previous care inspection showed these were responded appropriately to by care staff and management. RQIA had been notified of identified accidents and incidents in accordance with Regulation 29. The registered manager stated she is aware of her responsibilities in accordance with Regulation 29 of The Day Care Setting Regulations (Northern Ireland) 2007 and Standard 17.14 of the Day Care Settings Minimum Standards (January 2012).

Fire exits and corridors were clear of clutter and obstruction.

Inspection of the internal and external environment identified that the day care setting and grounds were kept tidy, safe, suitable for and accessible to service users, staff and visitors. There were no other obvious hazards to the health and safety of service users, visitors or staff.

Discussions with eight service users provided evidence to RQIA that they felt safe in Glenmona Resource Centre. Review of 13 completed RQIA questionnaires verified this. There were no recorded qualitative comments under the domain of 'Is Care Safe?'

Areas for improvement

There were no areas identified during the inspection for improvement in this domain.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.3 Is care effective?

Discussion with the registered manager and three care staff established the day care setting responded appropriately to and met the assessed needs of the service users. Discussions with eight service users also concluded their needs were being met in the day service.

Review of elements of three service user's care files showed one of the three files contained a copy of the written service's agreement. This was discussed with the registered manager who said she had been given a template of the Trust's updated service users' written agreement approximately two years ago and these have been completed with all new individuals attending Glenmona Resource Centre. Minimum Standard 3.1 of the DHSSPS Minimum Day Care Settings Standards was discussed with the registered manager. She was advised to ensure that those service users who do not currently have a written service user agreement, are supported and assisted (where appropriate) to complete this. A copy of this should be retained in the respective service user's care file. This is an identified area for improvement.

The random review of three service users' care files showed there were no comprehensive general assessments in place. Minimum Standard 4 of the DHSSPS Minimum Day Care Settings Standards was discussed with the registered manager; it states: "Each service user has an up to date assessment of his or her needs with regard to the services provided." This is an identified area for improvement. There was evidence in three service users' care files that risk assessments had been completed, for example: transport, choking and personal emergency evacuation plans (PEEP) assessments. These informed the care planning process.

Two of the three service users' care plans met Minimum Standard 5 of the DHSSPS Minimum Day Care Settings Standards. One identified service user's care plan was dated 5 June 2015; there was no evidence this had been reviewed in the previous year. Minimum Standard 5.6 was discussed with the registered manager. The registered manager emailed RQIA on 02 September 2016 to confirm the identified service user's care plan was reviewed and updated.

Review of three service users' care records confirmed an annual review of their day care placement had taken place in the previous year and the annual review reports were compliant with Minimum Standard 15.5.

Review of a sample of service users' progress care records evidenced these were qualitative, objective and compliant with the Day Care Settings Minimum Standards 7.4 and 7.5.

It was observed during this inspection that records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, service users meetings and regular staff meetings.

Discussion with the registered manager confirmed that management operated an open door policy in regard to communication within the day care setting.

Discussion with three care staff confirmed that staff meetings were held every three months in Glenmona Resource Centre, and a random sample of the minutes of three staff meetings (25 February; 13 April and 16 June 2016) verified this. Action points were included in the minutes. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. Staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

Discussions with eight service users and three care staff concluded the care in Glenmona Resource Centre was effective; however, improvements were needed in two identified areas.

Areas for improvement

Two areas for improvement were identified during the inspection in this domain. These matters regard:

1. Service users’ written agreements.
2. Service users’ assessments.

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| Number of requirements | 0 | Number of recommendations: | 2 |
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4.4 Is care compassionate?

Discussions with eight service users confirmed they were treated with compassion, kindness and respect. Service users said management and staff listen to them, offer them choices and involve them in decision making during their time in the centre.

Staff interactions with service users were observed to be compassionate, caring and timely. Service users were afforded choice, privacy, dignity and respect.

Staff demonstrated a detailed knowledge of service users’ wishes, preferences and assessed needs as identified within their care plan. Relationships between all staff and service users were observed to be relaxed and friendly.

Discussions with eight service users and observations of care practices during this inspection confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users’ needs were recognised and responded to in a prompt, courteous and supportive manner by care staff.

There were systems in place to ensure that the views and opinions of service users, and/or their carers/representatives, were sought and taken into account in all matters affecting them.

Service users are also consulted in an informal daily basis via discussions and chats with care staff. They are also consulted on a formal basis via service users’ meetings that occur every three months; the minutes of three service users’ meetings were randomly sampled (9

February, 10 May and 9 August 2016). These qualitatively reflected a summary of their discussions and any activities or suggestions made by service users were responded to. Service users confirmed that their views and opinions were taken into account in all matters affecting them.

RQIA had individual and group discussions with a total of eight service users. Service users informed RQIA that two individuals were prize winners at the recent Feis in Glenravel in July 2016. They said Glenmona Resource Centre submitted a knitted ‘Farm Village,’ service users were facilitated by a craft teacher from the community and care staff in the centre to complete the project which they enjoyed.

Eight service users confirmed that they would have no hesitation in approaching the manager or care staff if they had any concerns. Examples of some of the comments made by service users were:

- “I love it here, it’s a great centre.”
- “Everyone is kind and friendly.”
- “There’s lots to do. I like playing cards, ‘Jack Change It’, bingo and the trips out. We went to visit the dam recently.”
- “Coming here gets me out of the house. I enjoy it, especially the company.”
- “The lunches are lovely and it saves me cooking.”
- “This place is unbelievable, definitely 100%.”
- “The staff are excellent.... And even sew on buttons to make costumes for the Cinderella play.”
- “The centre is great craic and there’s plenty to do to keep your mind active.”
- “The staff couldn’t do more, they bring us in cakes and buns and always have time to chat.”

All 13 completed and returned RQIA questionnaires were positive about care being compassionate in Glenmona Resource Centre. There were no qualitative comments recorded about compassionate care in the questionnaires.

Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

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| Number of requirements | 0 | Number of recommendations: | 0 |
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4.5 Is the service well led?

RQIA had a discussion with the registered manager and three care staff about identified Trust policies and procedures and was satisfied concerning their understanding of these.

Discussion with three care staff identified they have an understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding

of the Trust’s organisational structure. Staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns. Discussion with service users concluded they were aware of the roles of the staff in the centre

and whom they should speak to if they had a concern. Completed RQIA questionnaires also verified this.

RQIA's registration certificate of the day care setting was displayed in the dining room.

Discussion with the day care worker and observations of practices during this inspection evidenced that the centre was operating within its registration.

The day care setting's complaints record was reviewed during this inspection. Three complaints were randomly reviewed during this inspection. These were responded to appropriately and records were compliant with Minimum Standard 14. The registered manager confirmed she was aware of her responsibilities under Standard 14 of the Day Care Settings Minimum Standards (January 2012). Arrangements were in place to share information about complaints and compliments with staff. Discussions with eight service users verified they are aware of the Trust's complaints process.

A random sample of three monthly monitoring reports were reviewed during this inspection. Monthly monitoring visits were not undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007 and Minimum Standard 17.10 of the DHSSPS Day Care Settings Minimum Standards (January 2012). There were no monthly monitoring visits of Glenmona Resource Centre from January – June 2016 inclusive. The registered manager said there had been some change in programmes of care within identified directorates in the Northern HSC Trust. A discussion took place with the registered manager regarding Regulation 28 as RQIA had not been consulted about any proposed changes to the monitoring visits of Glenmona Resource Centre. Trust senior line management should have had alternative arrangements in place to ensure there were no gaps in monthly monitoring visits. This is an identified area for improvement. Three monthly monitoring reports (21 December 2015; 7 July and 8 August 2016) were randomly sampled during this inspection. These were qualitative, comprehensive and compliant with Regulation 28 and Minimum Standard 17.10. There was evidence of some audits in the monthly monitoring reports completed by the registered manager's line manager. These quality assurance systems assist in the process of driving quality improvement. The reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA.

With regards to Standard 17 of the Day Care Settings Minimum Standards (January 2012) concerning the management and control of operations - this Standard supports and promotes the delivery of quality care services. Discussions took place with the registered manager about her management responsibilities to undertake regular systematic audits. Evidence was provided of audits of the menu plans and the registered manager confirmed she audits that staff receive formal supervision and an annual appraisal in accordance with Minimum Standards. There was no evidence provided to RQIA on the day of inspection of the registered manager undertaking audits of service user's care files (to assess if they meet Minimum Standards regarding current general and risk assessments; care plans; service user's annual reviews and their reports and progress care notes etc). The registered manager agreed to audit a minimum of two service user's care files each month. Evidence of this will be reviewed during future inspections of Glenmona Resource Centre.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Based on the findings of this care inspection RQIA there was evidence of some effective leadership and governance arrangements to support and promote the delivery of quality care services in Glenmona Resource Centre.

Areas for improvement

One area for improvement was identified during the inspection and concerns monthly monitoring visits of Glenmona Resource Centre.

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| Number of requirements | 0 | Number of recommendations: | 1 |
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5.0 Quality improvement plan

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

The registered provider/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 provider 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 the (Insert Service Type). The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises, RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Settings Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to **the web portal** for review by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1

Ref: Standard 3.1

Stated: First time

To be completed by:
2 December 2016

The registered provider should ensure each service user is provided with an individual written agreement which, having regard to the assessment of need, confirms the day service is suitable and appropriate to his/her needs and contains information specified in Standard 3.1. This written agreement should be in a format and language suitable for the service user and is signed and dated by the service user and the registered manager. A copy should be retained in the service user's care file.

Response by registered provider detailing the actions taken:

The Registered Manager has ensured that each Service User has been provided with an individual written agreement and this has been signed by the service user/representative and the registered Manager.

Recommendation 2

Ref: Standard 4

Stated: First time

To be completed by:
2 December 2016

The registered provider should ensure each service user has an up to date person centred assessment of his/her needs with regards to the day services provided. Assessments are kept under continual review, amended as changes occur so that they accurately reflect at all times the needs of the service user.

Response by registered provider detailing the actions taken:

The registered Manager will endeavour to ensure that all clients, before admission, have a detailed assessment from the referrer/named worker, such as NISAT. However, as all Social Work and Multi-disciplinary Teams in the area have not yet been standardised to use NISAT, the registered Manager will request, from the named workers, their completed assessment forms for the Service Users admitted to the Day Centre from 2016 onwards. Assessments will be reviewed when changes occur or, as a minimum, yearly.

Recommendation 3

Ref: Standard 17.10

Stated: First time

To be completed from: 1 September 2016 and ongoing

The registered provider should monitor the quality of care and services in Glenmona Resource Centre at least once a month or as agreed with RQIA to ensure minimum standards are being met. Monthly monitoring reports are to be made available for inspection purposes. The responsible person should review arrangements to ensure monthly monitoring visits of the day service consistently occur.

Response by registered provider detailing the actions taken:

The Monthly Monitoring Visits have resumed by Line Management and either the Area Manager or Head of Service will carry these out, should the identified Line Manager be unavailable to do so.



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews