

# Unannounced Care Inspection Report

## 28 June 2017



## Glenmona Resource Centre

**Type of Service: Day Care Setting**

**Address: Cottage Wood, 21 High Street, Cushendall, BT44 0NB**

**Tel No: 02821761218**

**Inspector: Dermott Knox**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

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

**1.0 What we look for**



**2.0 Profile of service**

This is a Day Care Setting with 25 places that provides a service to people in the Cushendall area who have assessed needs within a wide range of conditions including, learning difficulties, mental ill health, physical disabilities, dementia or social isolation.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Northern HSC Trust  <b>Responsible Individual(s):</b> Dr Anthony Baxter Stevens	<b>Registered Manager:</b> Mrs Anne Heggarty
<b>Person in charge at the time of inspection:</b> Mrs Anne Heggarty	<b>Date manager registered:</b> 16 December 2013
<b>Number of registered places:</b> 25 - DCS-LD, DCS-DE, DCS-I, DCS-MP, DCS-MP(E), DCS-PH, DCS-PH(E)	

### 4.0 Inspection summary

An unannounced inspection took place on 28 June 2017 from 10.00 to 16.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the day care service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:-

- The presentation and maintenance of the premises and environment
- Involvement of service users in activities, both within and outside the centre
- Care planning and review processes
- Provision of training for staff
- Staffs' commitment to provision of a good quality service
- Records of individual work with service users
- The NHSCT's monitoring of the quality of the service
- Provision of good quality cooked lunches for service users.

Areas requiring improvement were identified in relation to:-

- Standardised comprehensive assessment of each service user's needs.

Service users said:-

- "I love the activities here; they suit me very well".
- "The staff work very hard to give us everything we need", and
- "The care in the centre is excellent and all the carers are terrific in answering any questions you have".

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Anne Heggarty, 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.

#### 4.2 Action taken following the most recent care inspection dated 01 September 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 01 September 2016.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Record of notifications of events
- Record of complaints
- Quality Improvement Plan from the previous inspection on 01 September 2016
- Report of a premises inspection dated 14 September 2016
- Records of contacts between the service and RQIA
- The Statement of Purpose
- The Service User Guide.

During the inspection the inspector met with:

- Nine service users in group settings
- Three staff in individual discussions
- The registered manager at the commencement and conclusion of the inspection.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Eight completed questionnaires were returned to RQIA by 14 July 2017, five from service users, two from staff members and one from a service user's relative.

The following records were examined during the inspection:

- File records for three service users, including care plans and review reports

- Progress records for three service users
- Monitoring reports for the months of April, May and June 2017
- Records of staff meetings held in November and December 2016 and April and June 2017
- Minutes of Service User Committee Meetings for November 2016 and February 2017
- Selected training records for staff, including staffs' qualifications
- Service User Committee meeting minutes for January, April and May 2017.

During the inspection the inspector met with nine service users, three staff and the manager. No visiting professionals or service users' representatives were available on the day.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 14 September 2016

The most recent inspection of the day centre was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 01 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref: Ref: Standard 3.1</b>  <b>Stated: First time</b>	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.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> A new and clear agreement form had been developed for use in the centre and each of the files examined at this inspection contained the relevant, completed copy.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Each of the three service user's files, examined at this inspection, contained some assessment information. However, there should be a suitably detailed assessment of the abilities and needs of the service user, drawn up with as much involvement as possible of that person. The agreed, identified needs should then form the basis on which the care plan is developed. This recommendation is restated in the QIP appended to this report.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 17.10 <b>Stated:</b> First time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> Monthly monitoring reports had been completed regularly since the previous inspection and a sample of reports was examined and found to be well-detailed and comprehensive.</p>	<p><b>Met</b></p>

### 6.3 Inspection findings

#### 6.4 Is care safe?

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

The day centre premises were well maintained and in good condition, with no obvious hazards for service users or staff. There are several spacious rooms available for group activities and for individual work with service users, when necessary. Staffing details, set out in the statement of purpose and in the duty roster, confirmed that competent and experienced persons are working in the centre to meet the assessed needs of the service users, taking into account the size and layout of the premises and the number of service users accommodated. The manager and three staff members, who met with the inspector, confirmed that they have confidence in the safety of the care provided by all members of the staff team in their work with service users. All three staff members expressed strong commitment to their work. The recently appointed day care worker has been working through the induction period for her new responsibilities, with support from the centre's manager and the locality manager.

Safeguarding training had been provided for all staff in October 2016. There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a carer. Risk assessments with regard to transport, mobility and evacuation of the premises were present where relevant and each one had been signed as agreed, either by the service user or a representative. Staff were observed paying close attention to safety matters in the morning's activities with service users.

Individual activity plans for service users help to structure the individual's involvement in the centre and clarify what tasks staff are responsible for during specified periods. Fire alarm systems checks were carried out and recorded on a weekly basis and fire exits were seen to be unobstructed. Staff members were observed interacting calmly and sensitively with service users and being attentive to each person's needs throughout their time in the centre.

During the inspection visit, nine service users spoke very positively of the quality of care provided at the centre and confirmed that they felt safe in the centre and in the transport vehicle. Service users' rights and feelings, and the methods available to them of raising a concern or making a complaint were set out in the service user guide. No complaints had been recorded in the year since the previous care inspection. Neither were there any notifications of accidents or incidents during that period.

Service users confirmed that they were facilitated to engage in a variety of activities in the centre and felt there were no restrictions on their choices of activity or their movement around the centre. Each service user's care plan showed that an individualised response to his or her needs was in place. One service user had been asked to agree to inform staff before he chose to leave the centre and there was evidence of his compliance with this agreement. Two service users said that they walked together to and from the centre each time they attended.

The evidence presented at this inspection supports the conclusion that safe care is provided in the Glenmona Resource Centre Day Care Service.



## Areas of good practice

Examples of good practice were found throughout the inspection in relation to the home's environment, staff training, adult safeguarding, risk management, infection prevention and control and fire safety.

## Areas for improvement

No areas for improvement regarding the provision of safe care were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

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

The centre's Statement of Purpose and the Service User's Guide provide all of the information required by the regulations and the minimum standards. The Service User's Guide is typed in a large, easy to read style, helping to make it accessible to most of the service users. The premises are spacious, across two adjoining buildings, with a large courtyard and minibus parking area in between. Several service users spoke about the attractive and comfortable surroundings of the centre, though the steep hill leading to the centre was mentioned as a significant risk in frosty conditions.

Three service users' files were examined and each was found to contain referral information for that person. Each of the files contained risk assessments appropriate to the individual service user; for example, a Personal Emergency Evacuation Plan (PEEP) was included in each file, while a mobility risk assessment was included only where the need had been identified. The risks and vulnerabilities were made clear for staff involved in specific aspects of the work with that person. Care planning information was derived largely from the referral information and from the information provided by the individual service user and his or her relatives and carers. All of the service users who spoke with the inspector presented as being able to express their own needs and wishes for the type of support that would best serve their needs. However, the records did not include a comprehensive assessment of the strengths, abilities and needs of each service user, thus leaving the accuracy of care plans in doubt. Care plans focussed mainly on the activities that the individual would engage in to address the broadly stated needs, rather than identifying specific objectives related to the development of abilities. The system of planning activity schedules for service users appeared to rely mainly on what activities were traditionally available and on the preferences that people put forward. It is recommended that a structured and detailed assessment of strengths and needs should be drawn up for each service user, to direct the care planning objectives for that person and, where possible, to identify achievable and measurable goals.

A record was kept of each service user's involvement and progress at the centre and entries were made satisfactorily in proportion to the frequency of attendance of the individual. There were good records of pre-review discussions between the service user and a staff member and, similarly, review reports were clear and well presented. Dates and signatures were present in



relevant records in all of the files examined. Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed and agreed. Written review records, informed by progress notes and including the service user's views where possible, were available in all files examined. There was written evidence in the annual quality survey report for 2016 to indicate that all stakeholders were satisfied with the effectiveness of the service and these views were supported in the review reports sampled.

The evidence indicates that the care provided in Glenmona Resource Centre is effective in terms of promoting each service user's involvement, enjoyment and wellbeing. One area for improvement is identified below.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users and staff, parts of the care records including progress notes and reviews, and involvement of service users in a range of activities.

### Areas for improvement

The registered person shall ensure that each service user has an up to date, person centred assessment of his/her strengths and needs, for the purpose of planning the day care services to be provided.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.6 Is care compassionate?

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

On the day of this inspection, the atmosphere throughout Glenmona Day Centre was calm, friendly and encouraging. Observations of activities throughout the centre provided evidence of service users relating positively to staff and to each other. There are both centre-based activities, such as horticulture, crafts and card games, and various community-based activities including going ten-pin bowling, shopping trips and crazy golf. In all of the activities and interactions observed, service users were engaged by staff with respect and encouragement. All five service users, who returned completed questionnaires to RQIA, during or following the inspection, indicated that they were 'Very Satisfied' that the service is safe, effective, compassionate and well-led. Comments made in questionnaires returned by service users included:

- "The carers are very thoughtful and kind", and,
- "We are well looked after and the manager makes sure we are happy".

Service users confirmed that staff listen to them and encourage them to take a full part in developing their activity plans for day care. Activity programmes are clearly set out with each individual's agreement and service users contributed positive comments on their enjoyment of attending the centre and on its value to them practically and socially. Staff demonstrated an

understanding of each service user's needs as identified within the individual's referral records and his or her care plan. The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user committee meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. Preparation for each person's annual review included a meeting with the key worker to discuss the benefits of attending the centre and appropriateness of the existing programme of activities in which he or she participated.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. The minutes of four staff meetings, held in the eight months prior to this inspection, provided evidence of a strong focus on ensuring compassionate care was provided consistently. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, confirmed that compassionate care was being provided consistently in Glenmona Resource Centre.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users, monitoring the service and maintaining records of meetings and activities.

### Areas for improvement

No areas for improvement regarding the leadership of the service were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

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

The registration certificate was up to date and displayed appropriately. At the beginning of the inspection the manager provided information on the operation of the centre and presented a range of documentary evidence to inform the inspection's findings. These included minutes of staff meetings, service users' meetings, monitoring reports, client files, staffing information and the annual quality survey report for 2016. Glenmona Centre and the Northern Health and Social Care Trust have systems in place to ensure that staff are well-informed on the responsibilities of their roles and the expected standards of practice.

At each monthly monitoring visit, the views of a sample of service users and staff were sought and their views were included in good detail in all three of the monitoring reports examined, which were for April, May and June 2017. Monitoring visits took place regularly and a report

was completed each month. Monitoring reports showed that all of the required aspects of the centre's operations were examined and that action plans were completed to ensure that identified, necessary improvements would be addressed within a specified timescale. The monitoring officers kept a record of which service users and staff member/s had been interviewed on each visit, thus ensuring that a broad range of peoples' views might be accessed over an extended period.

There was evidence in records and from discussions with the manager to verify that staff training was well planned and delivered. As in many other services, e-learning methods are used in the delivery of several areas of training. Staff were required to take responsibility for ensuring they had completed the various parts of mandatory training each year. All care staff members are registered with NISCC and a system has been put in place to ensure accurate records of staffs' training and learning are kept. Formal, individual supervision was provided for staff members every three months, with the annual appraisal being counted as one of the four annual sessions. The manager was advised on approaches to making individual, formal supervision as interesting and productive as possible within the small team environment.

There was evidence from discussions and from the minutes of staff meetings to confirm that working relationships within the staff team were supportive and positive. In addition to quarterly staff meetings, the daily informal meetings with the manager and work colleagues were used effectively by staff as a key part of communications in the team. Staff commented that the manager was readily available and encouraged team members to take responsibility for the overall effectiveness of the centre. A relative, who returned a questionnaire to RQIA following the inspection stated, "I feel the service is very well planned and organised".

It is usual at present for there to be around fifteen service users per day in the centre. Staffing provision of one day care worker and two care assistants makes it necessary for the manager to have regular periods of direct work with service users, including driving duties, to transport people to or from the centre, or to cover work in a group when a staff member is on driving duties or on an out of centre activity.

### **Areas of good practice**

The evidence available at this inspection confirmed that the Northern Health and Social Care Trust and the registered manager are providing good leadership and support in most areas of operation of Glenmona Resource Centre. Staff meetings were held regularly and good records were maintained. Service users expressed high levels of satisfaction with the quality of care provided.

### **Areas for improvement**

No areas for improvement with regard to the leadership of the service were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

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

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 day care setting. 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.

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 August 2017</p>	<p>The registered person shall ensure that each service user has an up to date, person centred assessment of his/her strengths and needs, for the purpose of planning the day care services to be provided. Assessments are kept under continual review and amended as changes occur, so that they accurately reflect at all times the needs of the service user.</p> <p>Ref: 6.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> Service Users who have attended the centre for many years were missing an assessment of need at the time of their referral. Named workers have been contacted and asked to provide an up to date assessment of need for these service users. The follow on care plan will be kept under continual review and amended as necessary.</p>

*\*Please ensure this document is completed in full and returned via Web Portal.*



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