



The Regulation and
Quality Improvement
Authority

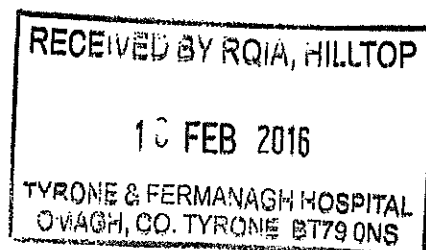
Faughanvale Community Project
RQIA ID: 11000
Unit 11-16
The Vale Centre
Clooney Rd
Greysteel
BT47 3GE

Inspector: Dermott Knox
Inspection ID: IN023780

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**Unannounced Care Inspection
of
Faughanvale Community Project**

12 January 2016



The Regulation and Quality Improvement Authority
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care 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	3

The details of the QIP within this report were discussed with Ms Mary Watson, Registered Manager and Mrs Meena Moore, Director as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Faughanvale Community Project	Registered Manager: Ms Mary Watson
Person in Charge of the Day Care Setting at the Time of Inspection: Ms Mary Watson	Date Manager Registered: 25 May 2009
Number of Service Users Accommodated on Day of Inspection: 22	Number of Registered Places: 35

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 standards 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:

- Record of notifications of events,
- Record of complaints
- RQIA Log of communications to and from the centre
- Quality Improvement Plan from the previous inspection on 24 March 2015.

During the inspection the inspector met with:

- Four service users individually and with seven others in group settings
- One relative of a service user
- The registered manager
- Two care staff for individual discussions
- Two directors of the community project.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for four service users
- Monthly monitoring reports for four months in 2015
- Record of complaints, containing no entries
- Record of accidents and incidents
- The statement of purpose
- Service user guide
- Minutes of four service user meetings held in 2015
- Minutes of two staff meetings which are held quarterly
- Staff training records for three staff
- The organisation's Training Strategy 2015--2018
- A sample of three written policy and procedures documents.

The following records were examined following the inspection:

- 17 questionnaires completed by service users
- Nine questionnaires completed by staff members.

Tour of the premises

In the course of the inspection most of the rooms and communal areas of the centre were visited and inspected for cleanliness, décor, warmth, freshness and suitability for purpose.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced care inspection dated 24 March 2015. The completed QIP was returned and approved by the specialist inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19(2) –Schedule 5(7)	The registered manager is required to have in place a staff duty roster showing all staff on duty, including the registered manager, and the hours worked.	Met
	Action taken as confirmed during the inspection: There was a detailed duty roster in place covering the current week of operations. The manager confirmed that a similar roster was made out each week.	

Previous Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: Standard 19.4</p>	<p>It is recommended that review and revision the policy entitled Management of Records (Nov 2012) is undertaken to include retention of records for eight years from the last date of entry.</p> <p>Review and revision policy entitled:</p> <p>“Challenging Behaviour” dated November 2012 is recommended as reference is made to “residents”, “carers” and “nurse in charge”.</p> <p>Additionally reference should be made to notification to the commissioning Trust care manager when issues in regard to challenging behaviour arise.</p> <p>The policy on Restraint should include notification to RQIA should restraint ever be used in accordance with Regulation 14 (5) of The Day Care Setting Regulations (Northern Ireland) 2007.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The policy and practice regarding the retention of records has been changed to comply with this recommendation.</p> <p>The policy on challenging behaviour has been amended to accurately reflect the day care service to which it applies.</p> <p>Restraint policy has been amended to include reference to notification to RQIA, should restraint ever be used in the centre.</p>	<p>Met</p>

5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

The centre's training records showed that training on continence promotion and care was provided on 06 July 2015. Staff members confirmed that they had significant experience in this area of work and confirmed their confidence in following procedures for personal care provision. Two staff members, each of whom met individually with the inspector, confirmed that all staff were appropriately trained for personal care work and were consistent in respecting each service user's privacy and dignity. They also confirmed that continence care products and PPE supplies were satisfactory.

Service users' records provided evidence of objectives related to personal care needs and, where relevant, there was an individual continence care plan, providing sufficiently detailed guidance on the support required for that person. All of the service users, who spoke individually with the inspector, confirmed that they were very happy with the day care and that they enjoyed coming to the day centre. Staff were deployed in sufficient numbers to ensure that service users' needs were being met and that safe care was provided.

Is Care Effective? (Quality of Management)

The centre has a continence support policy and there was evidence on file to confirm that this was implemented consistently by staff members. A small number of service users had assessed needs with regard to continence care and there was evidence in care plans and from discussions with staff members to confirm that effective care was provided to meet these needs. Review records verified that service users' needs have been identified appropriately and have been regularly reviewed to ensure that care plan objectives remain relevant and accurate. Progress notes were found to be relevant, person centred and up to date, reflecting the good practice that was observed throughout the inspection.

The manager and staff confirmed that there were adequate supplies of continence care products and that the most suitable products were sourced for each person. Covered storage for products had been installed in Bathroom and WC areas.

The evidence available, during this inspection, confirmed that effective care was being provided in respect of this standard.

Is Care Compassionate?

Faughanvale Day Centre is spacious and well equipped to meet the needs of service users, several of whom engaged in discussions with the inspector. Very positive views were expressed on their rewarding attendance at the centre and on the quality of the service provided. Staff members presented as being knowledgeable and caring about each service user's individual needs and preferences and compassionate care practice was observed throughout the day. Service users spoke fondly of the staff and positive relationships were evident, both from observations and from the various records that were examined. The mutual respect and support within the service user group was also notable. There was wide-ranging evidence of compassionate care in the progress records and review reports in each service user's file and, overall, it was evident that compassionate care is at the core of Faughanvale's service.

Number of Requirements:	0	Number of Recommendations:	0
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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?

Written records provided evidence of an excellent level of consultation with members and their representatives regarding the quality of the service in which they participate. There was regular contact between staff members and carers, some of whom provide the transport for their family member, to and from the centre.

There was written evidence to show that staff members in the centre were well qualified and experienced in their designated roles and that Faughanvale Day Care provides good staff development through training, supervision and appraisal. Within the current staff team, six people hold NVQ/QCF Level 2, three have Level 3, 2 have L 4 and one has gained L 5. This demonstrates a deep commitment to staff development, verifying the positive philosophy set out in the Faughanvale Community Project's Training Strategy 2015-2018 document.

The manager, and the director who were available throughout the inspection, have significant experience in social care and management roles and demonstrated strong commitment to continuous improvement across the range of knowledge and skills required by the staff team. Each of the staff, who met with the inspector, or who was observed during the inspection, presented as being competent and confident in their practice and they confirmed their confidence in the core values of all of their colleagues. There were good systems and practices in place to ensure that risks to service users were assessed continually and managed appropriately.

Several service users talked happily about their activities and their enjoyment in attending the centre. All of the available evidence indicated that safe care was being provided by the centre's staff.

Is Care Effective? (Quality of Management)

Faughanvale has quality assurance systems in place, through which the centre's operations are monitored and staffs' practice and performance is evaluated. A survey of service users and their carers is completed annually, providing useful feedback on the levels of satisfaction of those for whom the service exists. A small sample of recently completed questionnaires for the latest survey provided evidence of very high levels of satisfaction.

Seventeen service users completed questionnaires relating to this inspection and these were unanimously positive. Comments included:

- "I am happy with the way I am cared for. They (staff) all very good without exception and are all very attentive."
- "Coming for years and love it."

Similarly, all nine staff members, who completed questionnaires for the inspection, were positive in their responses.

Staff presented as being knowledgeable about the needs of each person who attends the centre and this was consistent with the detailed written assessments of need that were examined. Annual reviews evaluate the suitability of each service user's placement, involving the service user and his or her representative/s where possible and appropriate. Review records that were examined, confirmed that the review process is carried out with great care and attention to detail, ensuring that each service user has a supported and unhurried reflection on his or her progress and the value of service provided. This is good practice.

The policy on Safeguarding Vulnerable Adults needs to be reviewed and updated and the policy on Supervision should be expanded along the lines of the inspection feedback discussion, to aid staff's knowledge and understanding of this key management and development activity. The value of reflecting on practice and promoting knowledge development should be incorporated.

The registered person should initiate a programme for reviewing and revising policies and procedures, drawing on existing material from DHSSPS, the Health and Social Care Trusts and other independent providers. Faughanvale also has very experienced Board members and staff who may contribute to this.

Monthly monitoring visits and reports were being completed regularly, by one of the directors of the Faughanvale Community Project. The monitoring visits included meetings with a number of service users and with staff to ascertain their satisfaction with service outcomes and with the operation of the centre. A sample of the centre's records was examined on each monitoring visit.

Service users' enjoyment of activities, both within the centre and on social outings, was confirmed through discussions and from written records. Within the centre there was a wide range of arts, crafts and project materials, which were used in supporting service users' involvement in activities. Several people were active at the pool table, while another group were engaged in table board games. Overall, there was evidence to indicate that the care provided is effective in terms of promoting each service user's involvement and wellbeing and in encouraging the development of healthy living knowledge and skills.

Four service users' files were examined and were found to be well organised and to contain all of the required information. Good quality records were kept of each service user's involvement and records were regularly audited by the manager and sampled by the monitoring officer during monthly visits. Four monitoring reports were examined and were found to address the required range of issues in good detail. Good quality, effective care was evident throughout this inspection.

Is Care Compassionate?

Service users welcomed the inspector to the centre and engaged readily in discussions about their experiences in attending day care and their relationships both with staff and with each other. It was evident, both from these discussions and from the tone and content of written records that good quality, compassionate care was being delivered in Faughanvale Day Centre. This conclusion was supported by various observations of practice throughout the day. The management and staff are commended for their caring and effective practice and for their commitment to the positive outcomes of this inspection.

Thanks are due to service users and to the staff team for their open and helpful approach throughout the inspection process.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined:

Service User Guide

The existing guide is lengthy and overly complex, making it uninviting for the majority of service users. It is recommended that the guide be re-designed and re-written, to present the key information, required by service users, in a more suitable format.

Record of service users' meetings

It is recommended that the minutes of service users' meetings should include more evidence of service users' involvement, including some quoted views. This might also include comment on the degree to which service users should take lead roles in the running of the meetings.

Service User Questionnaires

The seventeen questionnaires, completed by service users, provided evidence of high levels of satisfaction with Faughanvale Day Care. Respondents were unanimous in their positive views of the staffing, the care provided, their involvement in decision making and their feelings of safety and security within the service.

Staff Questionnaires

Nine completed questionnaires were returned at the conclusion of the inspection visit. Like the service users' responses, staff were unanimous in their high levels of satisfaction with the safety, effectiveness and compassion of the service provided, with written comments confirming that Faughanvale Day Centre is a friendly and very good place to work.

These views supported the evidence gathered during the inspection visit, which indicated that Faughanvale Community Project is strongly embedded in the local community and provides a good quality, reliable and highly valued service.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Mary Watson, 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 **Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS** 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 home/agency/service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

No statutory requirements were made following this inspection.

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p>	<p>The registered person should initiate a programme for reviewing and revising policies and procedures, including those on Safeguarding Vulnerable Adults and the policy on Supervision. The latter should be expanded along the lines of the inspection feedback discussion, to aid staff's knowledge and understanding of this key management and development activity.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p style="text-align: center;"><i>will be completed within timescale.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 1.2</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p>	<p>The existing guide is lengthy and overly complex, making it uninviting for service users. It is recommended that the guide be re-designed and re-written, to present the key information, required by service users, in a more suitable format.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p style="text-align: center;"><i>will be completed within timescale.</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 8.3</p> <p>Stated: First time</p> <p>To be Completed by: 29 February 2016</p>	<p>It is recommended that the minutes of service users' meetings should include more evidence of service users' involvement, including some quoted views. This might also include comment on the degree to which service users should take lead roles in the running of the meetings.</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p style="text-align: center;"><i>This has been carried out.</i></p>

Registered Manager Completing QIP	<i>Mary Watson</i>	Date Completed	12/2/16
Registered Person Approving QIP	<i>M. P. Moore</i>	Date Approved	12/2/16.
RQIA Inspector Assessing Response	<i>John P. Murphy</i>	Date Approved	01/03/16.

Please ensure this document is completed in full and returned to Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS from the authorised email address