

Unannounced Day Care Setting Inspection Report 14 April 2016



Foreglen Community Association

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Foreglen Community Association took place on 14 April 2016 from 10.15 hours to 16.15 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 deficiencies in the delivery of safe care were identified regarding:

- lack of induction records
- mandatory training
- formal individual supervision
- the day care setting's recruitment practices including the vetting of potential employees and volunteers
- registration of the day care setting.

Details of these areas are contained in the main body of this report. The potential risks to vulnerable service users, previous restated requirements and the areas stated above resulted in four requirements and one recommendation for improvement in the Quality Improvement Plan (QIP).

Is care effective?

On the day of the inspection improvements were needed regarding the effectiveness of the care being provided. On a day to day level, the registered manager and care staff responded appropriately to the needs of service users and provided support and assistance. However issues and concerns were identified regarding:

- the Statement of Purpose and Service Users Guide did not fully comply with legislation
- assessments and care plans were not compliant with Minimum Standards 4 and 5
- monthly monitoring reports were not compliant with Minimum Standard 17.10.

Further details are contained in the main body of this report. One requirement and four recommendations were identified for improvement in this QIP.

Is care compassionate?

On the day of the inspection Foreglen Community Association was found to be delivering compassionate care. Service users were treated with dignity and respect and discussions with 14 service users and one relative concluded they are involved (where possible due to their cognitive ability) in decisions affecting their care and support.

One recommendation for quality improvement relating to compassionate care was identified during this inspection.

Is the service well led?

On the day of the inspection deficiencies in the leadership, management and governance of the service were identified regarding:

- recruitment practices
- policies and procedures
- the Annual Quality Review report
- restated requirements and recommendations from previous QIPs.

Four requirements and three recommendations for quality improvement were made and specified in the QIP. Details of these are contained in the main body of this report.

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

Details of the QIP within this report were discussed with Mr William Somerville, Registered Manager, as part of the inspection process. The timescales for completion of actions commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of this inspection, RQIA were concerned that the quality of care and service was below the standards inspected. The findings were reported to senior management in RQIA and following consideration of enforcement action; a meeting was held at RQIA offices on 21 April 2016 with the registered person. The meeting was to discuss our intention to issue two failure to comply notices in respect of Foreglen Community Association regarding non-compliance with Regulation 13 (1) (a) concerning policies and procedures and Regulation 21(1) (2) and (3) in relation to recruitment and vetting. Three other identified areas of concern were discussed regarding Regulation 18 (1) about the registration of the day care setting, Regulation 20 (1) (a) and (b) concerning a review of management and staffing levels in relation to effective governance and Regulation 20 (1) (c) (i) regarding mandatory training.

The registered person provided an account of the actions she has taken and the arrangements she has made and will continue to make to ensure the improvements necessary to achieve full compliance with the regulations. In light of the inspection findings and assurances provided by the registered person; RQIA decided to serve the registered person with two failure to comply notices in regard to Regulation 13 (1) (a) and Regulation 21(1), (2) and (3).

RQIA will continue to monitor the quality of service provided by Foreglen Community Association and will carry out an inspection to assess compliance with these regulations.

The timescales for compliance and actions required to comply with the above Regulations are outlined within the Quality Improvement Plan (QIP) appending this report. RQIA will continue to monitor the quality of service provided by Foreglen Community Association and compliance with the above Regulations.

It should be noted that continued noncompliance may lead to further enforcement action.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP, RQIA had emailed the registered manager of Foreglen Community Association on four separate occasions seeking information to confirm compliance regarding the matters stated on the QIP from the care inspection on 01 September 2015 and was not satisfied with the response.

2.0 Service details

Registered organisation/registered person: Foreglen Community Association/Ms Anne Hegarty	Registered manager: Mr William Somerville
Person in charge of the day care setting at the time of inspection: Mr William Somerville	Date manager registered: 24 July 2009
Number of service users accommodated on day of inspection: 20	Number of registered places: 25

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous care inspection report
- Previous returned quality improvement plan
- Information from correspondence received from the registered manager
- Statement of Purpose
- Service User's Guide
- Record of notifiable events for 2015/2016.

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

- Discussion with the registered manager and registered person
- Discussion with 14 service users and one relative
- Examination of records
- File audits
- Evaluation and feedback.

The registered manager was provided with fourteen questionnaires to distribute to randomly selected service users not attending the centre on Thursdays; four staff members and five carers for their completion. The questionnaires asked for service user, staff and carer's views regarding the service, and requesting their return to RQIA. Three service users; one staff questionnaire and three relative questionnaires were returned to RQIA. The content of the 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)
- Accident/untoward incident record (none recorded since the previous care inspection)
- Recruitment and selection records
- Elements of three service users care files
- Review of Recruitment procedures
- Review of the Accident (Preventing, Reporting, Recording and Notification) policy
- Review of the Volunteers policy
- Staff training information
- Five monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 September 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and processed by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 01 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 18(1) Stated: First time	With regards to the daily number of service users attending Foreglen Community Association, the registered person must ensure the numbers of service users attending the centre does not exceed the agreed daily maximum numbers as per RQIA's registration information and the service's Statement of Purpose.	Not Met
	Action taken as confirmed during the inspection: There was evidence Foreglen Community Association had exceeded the daily maximum number of service users attending the centre on seven occasions from 01 September 2015 despite this requirement being made.	
Requirement 2	The registered person must ensure there is a call	

<p>Ref: Regulation 26(2)(j)</p> <p>Stated: First time</p>	<p>bell system in the disabled bathroom so that service users can use this if they need staff help or assistance.</p> <hr/> <p>Action taken as confirmed during the inspection: The call bell system was installed in the identified bathroom in October 2015.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered manager should ensure service user's care plans:</p> <p>(a) comprehensively reflect all relevant areas specified in standard 5.2.</p> <p>(b) With regards to continence promotion; where relevant, care plans should reflect:</p> <ul style="list-style-type: none"> • How the service user is approached • If a preferred bathroom or toilet is used • If aids or equipment is used • The name and size of continence product used and where this is stored • The number of staff needed to provide assistance • The level of staff support and assistance needed • If a change of clothes is available and where these are located. <hr/> <p>Action taken as confirmed during the inspection: Three service user's care plans were reviewed during this inspection. The three care plans were not compliant with Minimum Standard 5.2.</p>	<p>Partially Met</p>

<p>Recommendation 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p>	<p>The registered manager should ensure:</p> <ul style="list-style-type: none"> (a) service users’ views and opinions about the running of the service and the quality of day care provision are sought on a formal basis at least once per year (standard 8.4) (b) An evaluation report is completed on (a) above and that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users (and where appropriate their representatives) and any actions to be taken in response (standard 8.5). (c) A copy of this report is made available to service users and their representatives (standard 8.5). <p>Action taken as confirmed during the inspection: The registered manager confirmed an annual survey was distributed to service users in January 2016 but an evaluation report has not been completed. Parts (b) and (c) of this recommendation will be restated in the QIP for this inspection.</p>	<p>Partially Met</p>
<p>Recommendation 3</p> <p>Ref: Standard 7.4</p> <p>Stated: Second time</p>	<p>The registered manager should ensure service user’s care notes are objective. Subjective comments such as “<i>in good form</i>” should be avoided unless they are backed up with factual observations.</p> <p>Action taken as confirmed during the inspection: Review of three service user’s care files confirmed that this recommendation had been addressed. Progress care notes randomly sampled were qualitative in content.</p>	<p>Met</p>

<p>Recommendation 4</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p>	<p>The registered manager should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <hr/> <p>Action taken as confirmed during the inspection: The menu now offers a choice of meal to service users including those on therapeutic or specific diets. Discussions with service users and one carer during this inspection verified this. The menu board also reflected this.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 15</p> <p>Stated: Third time</p>	<p>With regards to the annual review of service user's day care placement, the registered manager should ensure:</p> <p>(a) All service users receive an annual review.</p> <p>(b) The service user's annual review report reflects all of the matters (where relevant) stated in standard 15.5.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of three service user's care files confirmed that this recommendation had been addressed.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 17.6 and 17.8</p> <p>Stated: Third time</p>	<p>The registered manager should ensure Foreglen Community Association's Statement of Purpose and Service Users Guide are reviewed to reflect schedule 1, regulation 4(1)(c) and standard 1.2 respectively.</p> <hr/> <p>Action taken as confirmed during the inspection: Updated Statement of Purpose and Service Users Guide were received by RQIA on 21 March 2016. These documents do not fully reflect Regulation 4(1)(c) or Minimum Standard 1.2. Further revision of both of these documents is necessary so they fully comply with Regulation 4 (1), Regulation 5(1) and Minimum Standard 1.2. This will be stated as a requirement and must be met. Failure to comply with relevant legislation and the identified minimum standard may result in RQIA considering future enforcement action.</p>	<p>Not Met</p>

<p>Recommendation 7</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p>	<p>The registered manager should ensure all monthly monitoring reports are retained in Foreglen Community Association and made available for inspection purposes.</p> <hr/> <p>Action taken as confirmed during the inspection: Five monthly monitoring reports were made available and reviewed during this inspection.</p>	<p>Met</p>
<p>Recommendation 8</p> <p>Ref: Standard 18</p> <p>Stated: Second time</p>	<p>The registered manager should ensure the policies and procedures that direct the quality of care and services as identified in Appendix 2 of the minimum standards are reviewed to ensure they are specific to Foreglen Community Association.</p> <hr/> <p>Action taken as confirmed during the inspection: The following policies and procedures were requested for review during this inspection:</p> <ul style="list-style-type: none"> • Accidents and Untoward Incidents • Complaints • Staff Induction • Staff Recruitment • Staff Training and Development • Whistleblowing • Volunteers. <p>During the inspection the registered manager confirmed the day care setting did not have policies and procedures in place regarding: Whistleblowing; Staff Induction and Staff Training and Development. The following policies and procedures were not robust as they did not meet relevant legislation, minimum standards and good practice guidance: Accidents and Untoward Incidents; Complaints; Staff Recruitment and Volunteers.</p> <p>A Serious Concerns Meeting was held on 21 April 2016 and as a result of this, a Failure to Comply Notice was issued to the registered person regarding policies and procedures.</p>	<p>Not Met</p>

<p>Recommendation 9</p> <p>Ref: Standard 21.8</p> <p>Stated: Second time</p>	<p>The registered manager should maintain a staff training record that clearly details the training done in last 12 months. For example the level 3 qualification.</p> <p>(a) The record should identify courses staff have completed including mandatory training and service specific courses stating:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date of the training; • The name and qualification of the trainer or the training agency • Summary of the content of the training programme. <p>A training plan should be maintained for staff which details staff training needs and how they will be met. The staff training record should include detail of the content of training, who delivered the training, staff competency after the training and the amount of time on each subject.</p>	<p>Not Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Foreglen Community Association’s staff training record was requested during this inspection but not made available. This recommendation will be stated for a final time.</p>		
<p>Recommendation 10</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p>	<p>The registered manager should ensure staff meetings are held at least quarterly. The minutes should include:</p> <ul style="list-style-type: none"> • The dates of meetings; • The names of those attending; • Minutes of discussions; • Any actions agreed with responsibility for completion assigned and time frame/s for completion. 	<p>Partially Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed staff meetings are taking place on at least a quarterly basis. Since the previous care inspection, staff meetings took place on 01 September 2015, 29 October 2015 and 21 January 2016. The minutes of staff meetings were requested but not provided during this inspection.</p>		

4.3 Is care safe?

The registered manager was asked for the following day care setting's policies and procedures on 14 April 2016:

- Accidents and Untoward Incidents
- Complaints
- Safeguarding Vulnerable Adults
- Whistleblowing
- Recruitment
- Staff Induction
- Staff Training and Development
- Volunteers.

The registered manager stated the centre did not have policies and procedures in place regarding Whistleblowing, Staff Induction and Staff Training and Development.

The following policies were reviewed by RQIA, they were not robust, or in accordance with Regulations, Minimum Standards for Day Care Settings and current good practice guidelines:

- Staff Recruitment – there were no references made to Regulations 8, 10 and 21 or retaining information pertaining to all of the matters specified in Schedule 2 of The Day Care Setting Regulations (Northern Ireland) 2007.
- Accident (Preventing, Reporting, Recording and Notification) – the policy did not reference Regulation 29 regarding notifications to RQIA, arrangements for informing service user's representatives (if appropriate) and the respective Health and Social Care (HSC) Trust.
- Volunteers – the policy did not detail the arrangements for their recruitment, vetting, training and management (Minimum Standard 24.1). No records were made available concerning their recruitment, training, monitoring and support arrangements (Minimum Standard 24.4) nor the scope of activity and responsibilities of each volunteer (Minimum Standard 24.3).

There were records of the days when volunteers attended Foreglen Community Association. However the volunteer records were incomplete and did not reflect full details of the volunteers deployed; their hours of service and the range of work undertaken (Minimum Standard 24.5).

The registered manager was asked if there had been any safeguarding vulnerable adult referrals made by the day care setting since the previous care inspection on 01 September 2015. The registered manager replied there had been none.

Foreglen Community Association's Fire Risk assessment had been reviewed by an appropriate individual on 01 May 2015 and a Fire Precautions policy is in place.

One of the staff files sampled did not contain recruitment/pre-employment information and Access NI Enhanced Disclosure Checks had not been requested. There was no induction documentation regarding one staff member. This was discussed with the registered manager who explained an induction had taken place but was not recorded.

During the inspection there was evidence Foreglen Community Association had exceeded the daily maximum number of service users attending the centre on several occasions prior to 01 September 2015 and on seven identified occasions from 01 September 2015.

RQIA received a completed variation application form from the registered person on 24 February 2016 requesting an increase in service user numbers from 25 to 30 per day. The registered person subsequently withdrew this application on 22 April 2016.

During the inspection the number and availability of staff to deliver care in Foreglen Community Association was discussed. In light of the significant shortcomings evidenced during this inspection and the current variation application to increase daily service user numbers, the registered person was advised to urgently review management and staffing levels in this day care setting. The outcomes of this review and the action to be taken are to be forwarded to RQIA with the returned Quality Improvement Plan (QIP).

Review of the staff training matrix concluded staff had not received infection control training. The matrix also showed that mandatory Safeguarding Vulnerable Adults and Moving and Handling training had lapsed for staff and volunteers.

Review of three service user files confirmed annual reviews of the individual's day care placement had taken place in the previous year.

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 obvious hazards to the health and safety of service users, visitors or staff.

The registered manager confirmed there had been no safeguarding vulnerable adult referrals made since the previous care inspection, nor had restrictive practices been used within the day care setting. On the day of the inspection no obvious restrictive practices were observed to be in use.

Areas for improvement

Five identified areas for improvement were made regarding the domain of is care safe. These regarded:

- Lack of induction records for staff, volunteers and students
- The provision of mandatory training for staff, volunteers and students
- Formal individual supervision was not taking place with care staff
- The day care setting's recruitment practices including the vetting of potential employees and volunteers
- The centre exceeded their maximum daily number of service users.

There was evidence during this inspection of non-compliance with Regulations resulting in potential risk to vulnerable service users.

Number of requirements:	4	Number of recommendations:	1
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4.4 Is care effective?

Discussions with the registered manager established that management and staff respond appropriately to and meet the needs of service users. Discussions with 14 service users and one relative confirmed their needs were met in Foreglen Community Association.

The day care setting's revised Statement of Purpose and Service Users Guide had been received by RQIA on 21 March 2016. These documents were reviewed and do not fully comply with Regulations 4(1) and 5(1) nor Minimum Standard 1.2. This had been raised on 1 September 2015 during the previous care inspection of Foreglen Community Association. It is acknowledged the registered manager has made considerable improvements to the quality of information, however the following was not included in the Statement of Purpose:

- the relevant qualifications of the registered person
- the complaints process did not reflect the DHSSPS guidance on complaints handling regarding contacting the respective HSC Trust and Ombudsperson
- the correct maximum numbers of service users per day
- all methods of consultation with service users.

The Service Users Guide should be amended to accurately reflect:

- the name of the registered manager and general staffing arrangements
- service user involvement
- general feedback from service users about the quality of care, services and facilities
- initial review of the service user's day care placement
- service users rights, responsibilities and consequences of unacceptable behaviour
- arrangements for inspection of the day service and details on how to access RQIA reports
- the role and contact details of RQIA.

In accordance with Regulation 28, the registered person is undertaking monthly monitoring visits of Foreglen Community Association. However the monthly monitoring reports were brief in that they did not fully reflect details of progress made on matters stated in the centre's previous QIP.

With regards to service users care files, it is recognised there has been progress made concerning the layout and quality of information in service user's care files as the result of matters stated in previous QIPs. However further improvements regarding the quality of assessments and care plans are needed to ensure compliance with Minimum Standards 4 and 5.

The review of elements of three service user care files reflected there was incomplete assessment information in place. A discussion took place with the registered manager about Minimum Standards 2.4 and 4 concerning assessments. A current person-centred assessment of need must be in place which should include, as appropriate, information on the service user's physical health; mental health; awareness and decision making skills; emotional well-being; capacity for the activities of daily living and self-care; if there are any dietary needs; mobility; communication and sensory functioning abilities; lifestyle including their current living arrangements; social needs including where relevant any cultural or spiritual needs.

The three assessments reviewed had not been signed by either the service user or where appropriate, their representative. This does not comply with Minimum Standard 4.3 and is an identified area for improvement. It is recommended that the needs assessment is signed (where appropriate) by the service user or their representative.

In addition to this current risk assessments must also be in place relating to the delivery of the service user's care in Foreglen Communication Association. These are also identified areas for improvement.

The three care plans reviewed were not comprehensive and did not meet Minimum Standard 5.2. Progress care records examined were updated regularly, were qualitative, objective and in accordance with Minimum Standards 7.4 and 7.5.

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

The day care setting had a complaints policy and procedure which had been revised in February 2016. This was reviewed during this inspection and did not state that the respective HSC Trust should be contacted if the complainant was dissatisfied with the outcome of the centre's investigation. This is not in accordance with the relevant legislation and DHSSPS guidance on complaints handling and is an identified area for improvement.

With regards to the centre having arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals; there was limited evidence to verify this. Registered managers should undertake systematic audits of service user's risk assessments, care plans, annual care reviews, accidents and incidents (including falls, outbreaks), complaints, staff training; formal supervision etc. Records were made available for inspection concerning audits of the environment and catering and evidenced that actions identified for improvement had been completed.

Service users and their representatives spoken with and observation of practices evidenced that staff were able to communicate effectively with service users and representatives.

Areas for improvement

Five areas for improvement were identified during the inspection. These regard:

- A further review of Foreglen's Statement of Purpose and Service Users Guide
- Complaints
- Service user's assessments
- Service user's care plans
- Monthly monitoring reports.
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Number of requirements:	1	Number of recommendations:	4
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4.5 Is care compassionate?

The registered manager confirmed they promote a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users.

Discussions with service users and a relative reported that individuals are treated with compassion, kindness and respect. Service users said management and staff “listen to them”, “offers them choices” and involve them in decision making during their time in the centre. The relative said the registered manager and staff are “kind, patient and do whatever they can to help” and “this is a great centre, we’d be lost without it”.

Observations of interactions between staff and service users demonstrated that service users were treated with respect and dignity.

Discussions with service users and a relative along with observations of practice during this inspection confirmed that service users were enabled and supported to engage and participate in meaningful activities.

The registered manager confirmed that service users were listened to, valued and communicated with in an appropriate manner. Discussions with service users, a relative and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt, courteous and supportive manner by staff and the registered manager.

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 consulted on a formal basis via service users’ meetings; the annual review of their day care placement and they receive an annual quality assurance survey about the quality of the day service in Foreglen Community Association. The findings from the annual survey have not yet been collated into an evaluation/summary report and this had been raised during the centre’s previous care inspection on 01 September 2015. This is an identified area for improvement and will be restated in the QIP. Service users are also consulted in an informal basis on a daily basis via discussions and chats with staff and the registered manager.

Service users and a relative confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the day care setting.

RQIA had individual discussions with a total of 14 service users and one relative. Everyone interviewed confirmed that the manager and care staff are approachable if they have any concerns. Examples of some of the comments made by service users are listed below:

- “This is a brilliant centre. The staff are wonderful and kind to us”.
- “They treat us very well here. Myself and my husband both come and we love it”.
- “We both come to Foreglen and we really look forward to it. Everyone is so welcoming and friendly. We enjoy everything about it, especially the homemade scones and lunches.”
- “I come one day a week and we do lots of activities”.
- “Lovely staff. The centre is always warm and clean”.
- “I really enjoy coming here. I have no suggestions for improvement”.

- "I am well treated here. Staff are kind and friendly".
- "The food is excellent. Staff are very good to me".
- "I love the knitting club".
- "I am well looked after here. The food is great".

Review of seven completed service user, relative and staff RQIA questionnaires asking for opinions on how safe, effective and compassionate the care is and how well led the service is; concluded all of the responses were positive. A service user and a relative had written the following qualitative comments in their questionnaires:

- "All staff and the manager and past staff always treated us with the utmost respect. This Centre is run marvellously".
- "... Foreglen day care help us so much as a family to provide part of so many vital day time hours from safety/care/company/socialising... The manager and staff know her so well and what she likes and dislikes, but still include her in all activities and give her the choice and let her still make decisions.... We cannot express how much we appreciate an establishment like Foreglen day care who provide a home from home experience for our mother... Foreglen include mum in every annual outing; trips out; Christmas parties etc and offer a family member with mum's consent to accompany her, in or out of the centre and if none of the family can attend, they will make every effort to make sure mum attends and her needs are accommodated.... The manager and staff are very professional in their job and are very approachable and definitely friends of ours and our elderly mother".

Areas for improvement

One area for improvement regarding is care compassionate was identified during the inspection and concerns an evaluation summary being completed as the result of Foreglen's recent annual service user and relative quality assurance survey.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

A random sample of policies and procedures were reviewed during this inspection as specified in section 4.3. Improvements are needed to ensure all of the policies and procedures stated in Appendix 2 of the Minimum Standards are in place to direct the quality of care and day services in Foreglen Community Association. The registered person must ensure these are robust and meet Regulations, Minimum Standards and best practice guidance.

Foreglen Community Association's Statement of Purpose showed there was a clear organisational structure in the organisation. Staff were aware of their roles, responsibility and accountability within the overall structure. Discussion with the registered person identified they have understanding of their role and responsibilities under the legislation and Minimum Standards. The registered manager confirmed that the registered person was kept informed regarding the day to day running of the centre.

The day care setting's annual quality report was not made available during this inspection. The registered manager confirmed one had not been completed. Regulation 17(1), Schedule 3 lists the matters that the registered person must monitor in Foreglen Community Association. This is an identified area for improvement.

The completed RQIA staff questionnaire reflected staff were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

Inspection of the premises confirmed that the centre's Certificate of Registration was displayed in a prominent position in the centre.

Review of the complaints records took place during this inspection. The registered manager stated he is aware the complaints record should contain records of any areas of dissatisfaction, concerns and complaints received about the day service which include details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

No areas of dissatisfaction, concerns or complaints had been recorded since the centre's previous care inspection. The centre's Statement of Purpose and Service Users Guide state Foreglen Community Centre's complaints record is placed prominently in the lounge and service users are encouraged to make full use of it. A discussion took place with the registered manager that the complaints record should be held in locked storage as it has the potential to contain sensitive and confidential information from individuals who have raised areas of dissatisfaction, concern or made a complaint. As such this record should not be made available to service users and others. The registered manager said he would remove the complaints record from the main hall and appropriately store it. A summary of the learning obtained from complaints could be shared with service users and their representatives.

Discussions with 14 service users and one relative concluded they were aware of the complaints process. The registered manager confirmed staff were knowledgeable about how to receive and deal with complaints.

Foreglen Community Association's accident and incident record was reviewed during this inspection. None had been recorded since 30 April 2013. Discussions with the registered manager concluded he is aware of the need to record all accidents and incidents and copies of these records should be retained in the respective service user's care file. The registered manager stated he is aware of Regulation 29 and what constitutes a notifiable event to RQIA.

There were limited quality assurance systems in place in Foreglen Community Association to drive quality improvement. Annual service users quality assurance surveys had been distributed by the registered manager to service users or their carers in January 2016. Completed surveys were made available during this inspection, however an evaluation summary report had not been completed. This matter had been stated in the centre's previous QIP and will be restated in this QIP.

Monthly monitoring visits were undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; reports were produced and made available for service users, their representatives, staff, the Western HSC Trust representatives and RQIA. These reports were brief and did not contain qualitative information concerning the monitoring of progress on the requirements and recommendations in the QIP from the previous care inspection of Foreglen Community Association.

The registered manager was asked for Foreglen Community Association's Annual Quality Review report as per the matters listed in Regulation 17(1), Schedule 3. This was not made available during the inspection and is an identified area for improvement.

Review of the most recently employed staff member's file concluded there were no induction records retained within it. Discussions with the registered manager concluded an informal induction had taken place with the individual but was not recorded. Records must be made of staff, volunteer and student induction to Foreglen Community Association.

Evidence was provided to conclude care staff were receiving a recorded annual appraisal with the registered manager to review their performance against their job description and to agree personal development plans.

There was no evidence that care staff in Foreglen Community Association have recorded individual, formal supervision. Regulation 20(2) and Minimum Standard 22.2 was discussed with the registered manager who said he meets with staff on a regular basis but this is not recorded. Recorded formal supervision is an identified area for improvement.

With regards to staff training, there was evidence of copies of training certificates in staff files, and several certificates were displayed on a notice board in the main hall. The centre's staff training record, as per Minimum Standard 21.8, was not made available to RQIA during this inspection. This had been stated in the QIP of the last two care inspections and will be restated for the third and final time. Failure to comply with this may result in RQIA considering initiating enforcement action. A staff training matrix was provided which reflected the dates training was provided to staff and when the training was due to be renewed. This record did not show that staff had received all identified mandatory training. Minimum Standard 21.9 states that the centre should have a staff training and development plan, this was requested during this inspection but was not provided to RQIA. These are areas for improvement.

With regards to audits of care practices, care records, staff files etc. there was no evidence provided to RQIA during this inspection of audits completed by the registered manager. Nor was there evidence provided of learning from complaints, accidents, incidents regarding the process and cycle of continuous improvement.

Based on the findings of this and previous care inspections, RQIA concluded the day care service is currently not being well led. Improvements are urgently needed by the registered person regarding effective leadership and the need for robust and effective management and governance systems in Foreglen Community Association.

Areas for improvement

Five areas for improvement were identified during the inspection. These matters concern:

- Policy and procedures
- Management and governance arrangements
- Annual Quality Review report
- Staff Training records
- Staff Training Plan.

Number of requirements:	3	Number of recommendations:	2
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5.0 Quality improvement plan

The issues identified during this inspection were discussed with Mr William Somerville, Registered Manager and Ms Anne Hegarty, Registered Person as part of the inspection process. Requirements and recommendations are set out within the Quality Improvement Plan (QIP) and 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 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 person/s meets legislative requirements based on the Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person should review and approve the QIP to confirm that these actions have been completed by the registered manager. 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 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 person/manager from their responsibility for maintaining compliance with the regulations and standards.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 7

Stated: First time

To be completed by:
28 May 2016

The registered person shall keep under review and, where appropriate, revise the Statement of Purpose and Service Users Guide. Both of these documents must be revised and include all relevant information as specified in Schedule 1 of The Day Care Setting Regulations (Northern Ireland) 2007 regarding the Statement of Purpose and Minimum Standard 1.2 of the Day Care Settings Minimum Standards (January 2012).

Response by registered person detailing the actions taken:

The Responsible person in line with the current acting Manager has reviewed and updated the Statement of Purpose and Service Users Guide to reflect the needs of Service Users. This will now be forwarded to RQIA.

Requirement 2

Ref: Regulation 13(1)(a)

Stated: First time

To be completed by:
01 July 2016

The registered person shall ensure that the day care setting is conducted so as to promote and make proper provision for the care and welfare of service users. As such the registered persons must ensure policies and procedures as identified in Appendix 2 of the Day Care Settings Minimum Standards (January 2012) are in place and in accordance with statutory requirements; minimum standards and current good practice guidance. The registered person must have a working knowledge of policies and procedures and ensure these are adhered to at all times.

Policies and procedures must be:

- robust and direct the quality of care and services
- There are arrangements in place to ensure that policies and procedures are developed with input from staff and where appropriate service users
- dated and ratified by the registered person when issued, reviewed or revised.

The registered person and registered manager must identify any gaps in their knowledge regarding all policies and procedures, the application of these and take appropriate action to receive training to rectify this.

The registered person and registered manager must ensure all staff employed in the day care setting have an awareness of policies and procedures and how to access these.

Response by registered person detailing the actions taken:

Foreglen Community Association are working alongside a working group from the Western Trust to update, revise and review all Policies and Procedures that are currently in place to ensure that they are in line with Daycare Minimum Standards and Daycare Standard Regulations. This is a work in progress and will be completed within the 28 day timescale.

<p>Requirement 3</p> <p>Ref: Regulation 18(1)</p> <p>Stated: Second time</p> <p>To be completed from: 14 April 2016</p>	<p>With regards to the daily number of service users attending Foreglen Community Association, the registered person must ensure the numbers of service users attending the centre does not exceed the agreed daily maximum numbers as per RQIA's registration information and the service's Statement of Purpose.</p> <hr/> <p>Response by registered person detailing the actions taken: The Registered Manager has developed a new register which will record on a daily basis the number of attendees to the centre to ensure the daily attendance does not exceed the 25 stipulated within the updated Statement of Purpose.</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1), (a) and (b)</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2016 and ongoing</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users.</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users.</p> <p>(b) ensure that the employment of any persons on a temporary basis in the day care setting will not prevent service users from receiving such continuity of care as is reasonable to meet their needs.</p> <p>(c) Review management and staffing levels in order to ensure there are effective management and governance arrangements in the day care setting.</p> <p>The outcome of the review of management and staffing arrangements must be forwarded to RQIA with the returned QIP. It should specify the action needed with timescales.</p> <hr/> <p>Response by registered person detailing the actions taken: The Foreglen Community Association Day Care have begun to review current staffing levels in line with the needs of service users with a view to increasing the number of care staff. The Foreglen Community Association Day Care have linked in with Day Care Managers within the Western Health and Social Care Trust to review their current job descriptions for both Care Staff and Managers post. The Association is now in the process of developing new job descriptions in line with the standards and support of the shared job descriptions.</p>

<p>Requirement 5</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 01 July 2016 and ongoing</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users:</p> <p>(c) ensure that the persons employed to work in the day care setting (i) receive mandatory training and other training appropriate to the work they are to perform.</p> <p>The registered person must ensure all staff and volunteers receive training in infection control, refresher safeguarding vulnerable adults and all other mandatory training specified on RQIA website.</p>
<p>Requirement 6</p> <p>Ref: Regulation 20 (2)</p> <p>Stated: First time</p> <p>To be completed from: 14 April 2016 and ongoing</p>	<p>Response by registered person detailing the actions taken: The Registered Manager has created a template which will include all the details required to be recorded in relation to staff training. This will include all past and upcoming dates, and all requirements as outlined in the Standards. The Registered Manager has also developed a staff training file that will hold this information. (Please find attached schedule)</p> <p>Response by registered person detailing the actions taken: The Acting Manager will receive training in Supervision duties and all staff supervisions will be carried out once every three months. This training has been arranged for 27th July 2016.</p> <p>Once a new Manager has been appointed they will also receive Supervision training.</p>

<p>Requirement 7</p> <p>Ref: Regulation 21 (1), (2) and (3)</p> <p>Stated: First time</p> <p>To be completed by: 15 April 2016 and ongoing</p>	<p>The registered person shall not employ a person to work in the day care setting unless —</p> <p>(a) the person is fit to work in the day care setting;</p> <p>(b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2;</p> <p>(c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.</p> <p>(2) The registered person shall not allow a person who is employed by a person (“the employer”) other than the registered person to work in a position where he may have regular contact with service users in the day care setting, unless—</p> <p>(a) he is fit to work in the day care setting;</p> <p>(b) the employer has obtained in respect of that person the information and documents specified in Schedule 2; and has confirmed in writing to the registered person that he has done so; and</p> <p>(c) the employer is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person, and has confirmed in writing to the registered person that he is so satisfied.</p> <p>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless—</p> <p>(a) he is of integrity and good character;</p> <p>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work;</p> <p>(c) he is physically and mentally fit for the purposes of the work he is to perform in the day care setting;</p> <p>(d) full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2.</p> <p>The registered person must ensure all staff and volunteers working with vulnerable service users in Foreglen Community Association have an Access NI Enhanced Check completed. With regards to students having a work placement in the centre, confirmation must be obtained from the College of Further and Higher Education that they have received an up to date Enhanced Disclosure.</p> <p>Response by registered person detailing the actions taken:</p> <p>Foreglen Community Association Daycare are currently in the process of developing and updating a new policy and will be in place by 27th July 2016 and all existing staff currently in post are all AccessNI checked in line with Regulation 21.</p> <p>The registered Manager will ensure that all future staff will be Access NI checked and have appropriate training relevant to RQIA Daycare Minimum Standards, The Registered person will ensure that all volunteers working within Foreglen Community Association will be Access NI Enhanced checked and all future volunteers will be required to be checked.</p> <p>With regard to students the registered person or manager will liase with all colleges of Further Education to receive enhanced up to date disclosures.</p>
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<p>Requirement 8</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 15 July 2016</p>	<p>The registered person shall establish and maintain a system for monitoring the matters specified in Schedule 3. An Annual Quality report must be completed each year regarding Foreglen Community Association.</p> <hr/> <p>Response by registered person detailing the actions taken: In partnership with the Western Health and Social Care Trust the Day Care Registered Person, Anne Hegarty, will carry out a number of joint registered provider visits with Foreglen to be assured that the Registered Person is compliant within this role. The Western Health and Social Care Trust will also carry out a small number of its own unannounced provider visits in order to be satisfied with the service Foreglen Day centre is providing.</p>
<p>Recommendations</p>	
<p>Recommendation 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2016 and ongoing</p>	<p>The registered manager should ensure:</p> <p>(a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate:</p> <ul style="list-style-type: none"> • information on the service user’s physical health; • mental health; • awareness and decision making skills; • emotional well-being; • capacity for the activities of daily living and self care; • if there are any dietary needs; • mobility; • communication and sensory functioning abilities; • lifestyle including their current living arrangements; • social needs including where relevant any cultural or spiritual needs. <p>(b) assessments are dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>(c) risk assessments must also be in place for each service user.</p> <hr/> <p>Response by registered person detailing the actions taken: All applications and referrals into Foreglen Community Association Daycare will include either a NISAT or Non NISAT. The Trust presently screens all our applications and the trust has responsibility for these. A Western Trust Manager will ensure that NISAT/ Non NISAT referrals are in order before they reach Foreglen Community Association Daycare. A robust system is now in place for referrals and non - statutory referrals. We are currently reviewing Daycare Assessment plans and individual Care Plans to ensure they incorporate all relevant information and assessment of needs. These will be reviewed with a review process and a Risk Assessment completed.</p>

<p>Recommendation 2</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed by: 13 May 2016</p>	<p>The registered manager should ensure service user's care plans:</p> <p>(a) comprehensively reflect all relevant areas specified in standard 5.2.</p> <p>(b) with regards to continence promotion; where relevant, care plans should reflect:</p> <ul style="list-style-type: none"> • How the service user is approached • If a preferred bathroom or toilet is used • If aids or equipment is used • The name and size of continence product used and where this is stored • The number of staff needed to provide assistance • The level of staff support and assistance needed • If a change of clothes is available and where these are located. <p>Response by registered person detailing the actions taken: The Interim Manager, and the future Registered Manager will ensure Care Plans are in place in each individual Service User file and signed by the Service User, a member of staff and the Registered Manager. These will be updated annually or if there are any changes to the Service User throughout the year Service Users have an individual Continence care plan, where appropriate, which will reflect all relevant information as stated.</p>
<p>Recommendation 3</p> <p>Ref: Standard 8.5</p> <p>Stated: Second time</p> <p>To be completed by: 13 May 2016</p>	<p>The registered person should ensure an evaluation summary report:</p> <p>(a) is completed regarding completed Foreglen Community Association annual service user and relative surveys. The report should identify the methods used to obtain the views and opinions of service users, incorporate the comments made and issues raised by service users and their relatives and any actions to be taken in response.</p> <p>(b) A copy of this report is made available to service users and their representatives and records made of when this occurred.</p> <p>Response by registered person detailing the actions taken: The Registered Person has obtained the template for the annual Service Users Survey and in line with this template will create and collate future Summary Evaluation reports. These will contain all necessary information which will be shared with RQIA, The Western Health and Social Care Trust and service users.</p>

<p>Recommendation 4</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2016</p>	<p>The registered person should ensure Foreglen Community Association's:</p> <p>(a) complaints procedure meets the requirements of the HSC Complaints Procedure and is in accordance with the relevant legislation and DHSSPS guidance and ensure details of this are contained within the centre's Statement of Purpose and Service Users Guide.</p> <p>(b) Complaint records should be removed from the table in the main hall and stored appropriately.</p> <p>Response by registered person detailing the actions taken: A new Complaints procedure has been adopted to relevant legislation standards in accordance with DHSSPS guidance and a copy of the same has been given to Service Users and their representatives. Complaints Records are now kept in a locked cabinet in the manager's office.</p>
<p>Recommendation 5</p> <p>Ref: Standard 17.10</p> <p>Stated: Second time</p> <p>To be completed by: 14 April 2016 and ongoing</p>	<p>The registered person should ensure Foreglen Community Association's monthly monitoring visits and subsequent reports contain details of the centre's progress and compliance on all of the identified areas specified in this QIP.</p> <p>Response by registered person detailing the actions taken: With guidance from the Western Trust the Registered Person will complete the monthly monitoring visits template and will ensure that subsequent reports contain details of the centres progress and compliance on all of the identified areas specified in this QIP.</p>
<p>Recommendation 6</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed from: 15 April 2016 and ongoing</p>	<p>The registered manager should ensure staff who are newly appointed, agency staff, volunteers and students complete structured orientation and induction to Foreglen Community Association. Records are to be retained of the induction programme and the individual's completion of same.</p> <p>Response by registered person detailing the actions taken: There is a new Induction process in place and relevant information and documents relating to induction will now be maintained in an induction file within the Day Care setting.</p>

<p>Recommendation 7</p> <p>Ref: Standard 21.8</p> <p>Stated: Second time</p> <p>To be completed by: 13 May 2016</p>	<p>The registered manager should maintain a staff training record that clearly details the training provided to staff. The record should specify:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date of the training; • The name and qualification of the trainer or the training agency • Summary of the content of the training programme. <p>Response by registered person detailing the actions taken: The Registered Manager will ensure that staff records will clearly contain the details referred to in Recommendation 7. All future training will have this in place and all training records can now be accessed from the new training file set up.</p>
<p>Recommendation 8</p> <p>Ref: Standard 21.9</p> <p>Stated: First time</p> <p>To be completed by: 30 May 2016</p>	<p>The registered manager should ensure a written training plan is in place for staff which details:</p> <ol style="list-style-type: none"> (a) each staff member's individual training needs; (b) how they will be met (c) the aims and objectives of the Association. (d) the effect of training on practice and procedures is evaluated as part of quality improvement. <p>Response by registered person detailing the actions taken: The Registered Manager has identified the mandatory requirement training needs as outlined by RQIA. The Manager will first of all ensure that all staff mandatory training is up to date. (See attached updated training template). The Manager will identify future training needs through individual Supervision processes to ensure the needs of all service users are met. All training that takes place will be evaluated. Evaluation sheets will be given to staff to evaluate training to feed back to Manager to ensure training is appropriate.</p>

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



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