

Unannounced Care Inspection Report 29 April 2019



Glenshane Care Association

Type of Service: Day Care Service
**Address: 50 Glenshane Business Park, Legavallon Road,
Dungiven, BT47 4QL**
Tel No: 028 7774 2948
Inspector: Jim McBride

www.rqia.org.uk

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 that provides care and day time activities for up to 20 service users with physical health needs and learning difficulties. The day care setting opens on Monday, Wednesday and Thursdays.

3.0 Service details

Organisation/Registered Provider: Glenshane Care Association Ltd Responsible Individual: Margaret Grieve	Registered Manager: Stephanie Hilditch Awaiting registration
Person in charge at the time of inspection: Stephanie Hilditch	Date manager registered: Awaiting registration, application received 22 March 2019
Number of registered places: 20	

4.0 Inspection summary

This inspection was underpinned by the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003, 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of day care have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. All day care settings should safeguard and promote service user choices and freedoms as they relate to the range of services being provided.

Evidence of good practice was found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. The culture and ethos of the day centre promoted treating the service users with dignity and respect and maximising their independence. There was evidence of good governance and management systems in place.

It was evident that the day care setting promoted the service users' human rights particularly in relation to the areas of consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

One area for improvement was restated during this inspection. The inspector reviewed work completed to date in relation to competency and capability assessments. Although in place these need to be reviewed to ensure all areas of competency are covered.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Stephanie Hilditch, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 4 June 2018

Other than those actions detailed in the QIP no further action was required to be taken following the most recent inspection on 4 June 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- Previous RQIA inspection report and quality improvement plan (QIP)
- All correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the centre. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Five responses were received.

Staff survey comments:

- “As a small charity, we are continuously working within our staff and volunteer team to improve service delivery and to ensure a safe, welcoming environment for our service users and visitors.”
- “Very happy and satisfied in my place of work.”
- “Glenshane centre is a very friendly and family environment.”

Ten questionnaires were also provided for distribution to the service users and/or their representatives. The questionnaires invited individuals to comment on their satisfaction levels relating to the service providing safe, effective, compassionate and well led care. Five were returned.

Comments included:

- “I feel comfortable here with the staff.”

- “I love coming here.”
- “Excellent, good care from management and staff.”
- “I don’t know what I would do without the centre.”

During the inspection process the inspector spoke with the manager and one staff member. As the inspection was being completed service users were observed in discussions with each other following their Easter break on their first day back at the centre.

Staff comments during inspection:

- “Excellent outcomes for service users.”
- “The manager has an open door policy.”
- “Good supervision, appraisal and training.”
- “We listen to the service users and plan actions accordingly.”
- “The centre is for the service users so we concentrate on person centred development.”
- “Good communication between staff and service users.”
- “Both service users and staff are learning Makaton sign language to enable us all to communicate appropriately with those who require alternative types of communication.”

A range of documents and policies and procedures relating, to the service were reviewed during the inspection and are referred to within the body of the report.

Areas for improvement identified at the last care inspection were reviewed an assessment of compliance was recorded as partially met, or met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

An unannounced inspection took place on 29 April 2019 from 08.50 to 11.45.

6.1 Review of areas for improvement from the most recent inspection dated 4 June 2018

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

6.2 Review of areas for improvement from the last care inspection dated 4 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1	The registered person shall not employ a person to work in the day care setting unless - subject	Met

<p>Ref: Regulation 21.1(b)</p> <p>Stated: Second time</p> <p>To be completed by: 4 August 2018</p>	<p>to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2.</p> <p>Proof of the person's identity, including a recent photograph must be in place, stored securely and made available for inspection purposes.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: All employee files are stored securely within a locked cabinet and a recent photo (2018) of each employee is contained within their individual folder.</p>	
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 25.1</p> <p>Stated: Second time</p> <p>To be completed by: 4 August 2018</p>	<p>The registered provider should ensure the following environmental issues observed in the conservatory are addressed:</p> <ul style="list-style-type: none"> • Repair the leaking roof • Address the damp area observed at the back door • Repair the identified light fixture <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector noted that all repairs had been completed and a feasibility report was in place for a full roof repair in the future.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23.3</p> <p>Stated: Third time</p> <p>To be completed by: 4 August 2018</p>	<p>The registered provider should ensure competency and capability assessments are completed with each care staff responsible for Glenshane Care Association in the absence of a registered manager.</p> <p>Ref: 6.4</p> <p>Action taken as confirmed during the inspection: The inspector reviewed work completed to date in relation to competency and capability assessments. Although in place these need to be reviewed in relation to the absence of the manager section.</p>	<p>Partially met</p>

Area for improvement 3 Ref: Standard 24.1 Stated: First time To be completed by: 4 August 2018	The registered person should ensure that a procedure for the involvement of volunteers detailing the arrangements for their recruitment, vetting, training and management is developed. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector reviewed the records in place for a number of volunteers that include new induction procedures that were comprehensive and satisfactory.	

6.3 Inspection findings

6.4 Is care safe?

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

At the time of the inspection, the day care setting had a manager in post. The manager is supported by three other day care staff. On the date of inspection there was sufficient staff to meet service the user's needs safely.

A review of records confirmed that a robust system is in place to monitor the registration status of staff in accordance with the Northern Ireland Social Care Council (NISCC). All current staff are registered with (NISCC). Staff were supported by a system of induction, training, one-to-one supervision and appraisals to ensure they were effective in their role.

New staff and volunteers receive a structured induction programme in line with the timescales outlined within the regulations. Discussion with the manager and staff and a review of records confirmed that this included a shadowing period with other experienced staff.

A review of the training records confirmed that training had been provided in all mandatory areas and that the records were kept up to date. It was good to note that additional training in Makaton is being provided that will enable staff to communicate more effectively with individuals who require nonverbal communication.

The inspector noted some of the comments made by staff following their evaluation of training:

- "I learned how to identify triggers of challenging behaviour."
- "I learned to provide a better quality of care."
- "I now know the signs of abuse."
- "A good quality of care and how to focus on outcomes."
- "Training helped me to engage better and keep people safe."
- "Safer working practices."

Arrangements were in place to embed the regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that the manager holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. It was noted that the adult safeguarding champions' position report was being formulated and would be completed by the end of May 2019. From the date of the last care inspection there had been no incidents referred to the relevant HSCT in relation to safeguarding.

During the inspection the inspector reviewed the day care setting's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users and were appropriate their' representatives. Risk assessments included details of the potential risk and the level of risk; they were personalised and included information specific to each person and their needs. The records evidenced that the centre had achieved an appropriate balance between promoting autonomy and maintaining safety.

There were comprehensive risk assessments in relation to safety issues. For example, fire risk assessments, fire safety training and a number of fire drills. All staff received up-to-date safeguarding and safety training appropriate to their role.

The service monitored and reviewed daily activity. This helped staff understand risks and gave a clear, accurate and current picture of assessed need.

Service user care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Safeguarding and whistleblowing policies and procedures (2017) were in place to help protect service users and help minimise the risks of abuse. These were accessible to all staff.

Individual care records were written and managed in a way that kept service users safe. The care records reviewed showed that information needed to deliver safe care and support was available to relevant staff in an accessible way.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff, training and development, adult safeguarding and risk management.

Areas for improvement

One area for improvement has been restated during the inspection. The inspector reviewed work completed to date in relation to competency and capability assessments. Although in place these need to be reviewed in relation to the absence of the manager section.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

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

Staff had completed relevant training to enable them to care for service users. Staff were supervised and felt well supported by management. Evidence reviewed highlighted that individual care needs and choices were assessed and responded to.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide (2018). The centres arrangements for appropriately assessing and meeting the needs of the service users were examined during the inspection.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans included information about service users' preferred communication support needs. Care and support plans had been signed by service users or their representatives to indicate that they had been involved in their care and had agreed to it. It was noted that where care and support plans had been reviewed the updated documents had been signed.

Care reviews in conjunction with the service users and/or their relatives HSC Trust representatives were held annually or as required and care and support plans were updated to reflect changes agreed at the review meeting. Reviews aim to give the centre an opportunity to ensure people's needs were continually being met and to assess and monitor whether there had been any changes in need.

The inspector noted some of the comments made by service users during their annual reviews:

- "I'm well supported by staff and happy with my activities."
- "I'm happy with my keyworker."
- "I'm happy with my care and support."

The service had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

The day care setting's systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. The evidence of effective communication supports the protection and promotion of individualised and person centred care for service users. This was verified by staff during discussions.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, day care staff and other key stakeholders.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

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.

Discussions with the manager and the review of training records indicated that values such as choice, dignity and respect were embedded into the culture of the organisation; this was verified by the staff who met the inspector. Both the staff and manager identified the need to continually communicate with service users and to ensure staff were respectful toward them.

The manager stated that the annual quality review was being completed and would be forwarded to RQIA in May 2019.

Upon commencement of a day care placement, service users are provided with a copy of the day care setting's service user guide which informs service users of the standards and core values required to be maintained by care staff and highlights how service users can raise a concern or complaint if necessary, regarding the quality of care. It was evident from records viewed and staff discussion that the centre organised and delivered services to meet individual needs and took account of individual preferences.

Service users are provided with the details for making a complaint should they wish to raise a concern. In addition, the guide provides the service user with details of advocacy groups and the Northern Ireland Public Service Ombudsman (NIPSO).

The inspector noted that staff communicated with service users in a way that they could understand, for example, communication aids and easy read materials were available.

The service respected and promoted service users privacy and dignity. Written guidance was available for staff to follow that helped to maintain confidentiality for example, the confidentiality policy (2017).

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the centres ethos of encouraging feedback from service users.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 service was well-led and had systems in place to check and monitor various aspects of the service provided. The service had a clear structure in place with a team of staff, including the manager and day care staff. Records in place including supervision etc. evidenced how staff were being supported by management.

The inspection assessed the day care setting's arrangements and governance systems in place to meet the needs of service users and drive quality improvement such as/outlined within previous inspections.

Discussion with the manager confirmed that she had a good understanding of her role and responsibilities under the legislation. Discussion with the staff evidenced that there was clear leadership provided by the manager and responsible person which resulted in a shared team culture, the focus of which was how they could do things better for service users. Staff spoken with stated they were able to raise concerns and were encouraged to do so. They had confidence that these concerns would be addressed. Acting management arrangements have been in place since 2017. RQIA approved these current arrangements. Since the 22 March 2019 an application has been received for a permanent manager position, this is currently going through RQIA registration process.

The manager has a system to monitor compliance with the timescales for staff supervision and there was evidence that staff had received supervision and where applicable appraisal.

As part of the day centres review of compliance with the new General Data Protection Regulation (GDPR) the manager confirmed that the day centre is seeking further advice regarding their GDPR responsibilities.

The manager advised there were a range of policies and procedures in place to guide and inform staff. A review of a sample of policies and procedures evidenced that they had been updated within required timescales. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of service users. These addressed matters such as complaints, safeguarding, whistleblowing, data protection and confidentiality. Policies were maintained in a manner that was easily accessible by staff.

The day care setting maintained a complaints and compliments record, which was audited on a regular basis. The manager demonstrated good awareness of the day care setting's complaints procedure. A review of the day care setting's complaints records since the last inspection evidenced that the day care setting had received no complaints.

The manager discussed her commitment to driving improvement in the service through consistency of the staff group to support service users. The manager described the importance placed on supporting and valuing staff to develop and improve their skills and knowledge base.

Discussions with the manager confirmed that staff and service users meetings are facilitated by the centre. A review of meetings noted the following agenda items for regular discussion:

Service user meetings:

- Policies and procedures
- Activities
- Reporting illness
- Staff changes
- Outings

Staff meetings:

- Training
- Activities
- Complaints
- Reviews
- Member updates

Monthly quality monitoring reports were available for review from the last care inspection. Some of the comments from service users included:

- “Very happy and content here.”
- “I enjoy the activity and the centre.”
- “Such a friendly environment, everybody is happy and safe.”
- “The staff are excellent in every way.”
- “Very good no complaints.”
- “Staff are very supportive and communicate well with my family.”

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral process. The data provided is used with individual service user consent to help provide care in a person centred manner.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult safeguarding
- Advocacy
- Equity of care and support
- Individualised person centred care
- Disability awareness

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, quality monitoring and service user communication.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	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 Stephanie Hilditch, manager, 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.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23.3</p> <p>Stated: Second time</p> <p>To be completed from the inspection date: 29 April 2019.</p>	<p>The registered provider should ensure competency and capability assessments are completed with each staff member responsible for Glenshane Care Association with particular reference to the absence of the manager.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Competency and Capability assessment has been completed by staff members responsible re: absence of manager policy and associated tasks. Signed copy sent to RQIA Inspector by email on 15/05/19.</p>
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