

Unannounced Care Inspection Report 4 June 2018



Glenshane Care Association

Type of Service: Day Care Service

Address: 50 Glenshane Business Park, Legavallon Road, Dungiven,
BT47 4QL

Tel No: 02877742948

Inspector: Jim McBride

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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 problems and learning difficulties. The day care setting opens on Monday, Wednesday and Thursdays.

3.0 Service details

Organisation/Registered Provider: Glenshane Care Association	Registered Manager: Stephanie Hilditch (Acting)
Responsible Individual: Margaret Grieve	
Person in charge at the time of inspection: Day Care Worker	
Number of registered places: 20	

4.0 Inspection summary

An unannounced inspection took place on 4 June 2018 from 09.00 to 14.00.

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

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

Evidence of good practice was found in relation to staff knowledge and competency in regard to safe care, risk management; the day care setting environment; service users individual care records; providing the right care, in the right place, at the right time; activities; the ethos of the day care setting; acting on service user's views and preferences, maintaining good working relationships.

The following areas requiring improvement were identified and or restated:

1. Standard (23.3) the competency and capability assessments required for staff undertaking management responsibility in the absence of the manager were unavailable for inspection. (Restated)
2. Standard (25.1) the evidence of environmental issues highlighted during the last inspection could not be verified as documentation was not in place. (Restated)
3. Standard 24.1 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.
4. Regulation 21.1 (b) staffing records were not made unavailable for inspection. (Restated)

The findings of this report will provide the establishment 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	3

Details of the Quality Improvement Plan (QIP) were discussed with the day care worker, 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 19 October 2017

Further actions are required to be taken following the most recent inspection on 4 June 2018.

5.0 How we inspect

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded both as met, and not met. Three areas for improvement have been restated.

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

- record of notifications of significant events
- record of complaints
- the previous inspection report including the quality improvement plan (QIP)
- the RQIA log of contacts with, or regarding the day centre

During the inspection the inspector met three day care staff. The inspector had the opportunity to meet with all service users whilst observing them during their activities.

In the absence of the manager the staff available gave a comprehensive overview of the centre. From discussion with staff it was evident they had a good person centred approach to service users. This area of good practice is to be commended.

No visiting professionals or visitors/representatives were available on the day of the inspection.

At the request of the inspector, staff were asked to display a poster within the day care setting's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The inspector provided questionnaires to staff for circulation to service users/relatives seeking their views on the service. Five questionnaires were returned.

The following records were examined during the inspection:

- Statement of Purpose (2017)
- Service User's Guide (2017)
- Minutes of service users' meetings held in 2017/18
- Minutes of staff meetings held in 2017/18
- Reports of Quality Monitoring Visits 2017/18
- Annual Review Report (2018)
- Fire risk assessment
- Fire safety checks
- Whistleblowing Policy (2017)
- Recruitment and selection policy (2017)
- Safeguarding policy (2017)
- Data Protection Policy (2017)
- Complaints Policy (2017)
- Confidentiality Policy (2017)
- staff training records including:
 - safeguarding
 - fire safety
 - health and safety
 - incidents
 - complaints management
 - challenging behaviour
 - risk assessment
 - management of records
 - recruitment and selection
 - adult safeguarding champion
 - first aid at work
 - person centred care
- Record of complaints
- Record of incidents and accidents
- Six service users' files and risk assessment records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met, three areas for improvement have been restated.

The inspector would like to thank the staff and service users for their support and co-operation throughout the inspection process.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 October 2017

The most recent inspection of the establishment was an announced 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 19 October 2017

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 Ref: Regulation 13(1)(a) Stated: Second time	The registered person must ensure that a recruitment policy and procedure is devised. Ref: section 6.4	Met
	Action taken as confirmed during the inspection: The inspector noted that the recruitment policy was updated by the service on the 20 November 2017. The document in place was satisfactory.	
Area for improvement 2 Ref: Regulation 17(1) Stated: Second time	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 Glenshane Community Association. The report should be dated and signed by the registered provide and a copy forwarded to RQIA.	Met
	Action taken as confirmed during the inspection: The inspector noted that the annual report was completed and forwarded to the RQIA as requested. The document in place was satisfactory.	
Area for improvement 3 Ref: Regulation 28 Stated: Second time	The registered person must: <ul style="list-style-type: none"> (a) review the current monthly monitoring arrangements to ensure the day care setting's service user's care documentation is measured against minimum standards and regulations. 	Met
	Action taken as confirmed during the inspection: The inspector noted a number of quality monitoring reports had been completed. The documents in place were	

	satisfactory.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: Second time	<p>The registered provider 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) The identified service user's assessment needs to be reviewed and updated so it fully and accurately reflects their needs.</p> <p>Ref: section 6.5</p>	Met
	<p>Action taken as confirmed during the inspection: The inspector noted six person centred assessments in place and the staff explained that this was an on-going review. The current documents in place were satisfactory.</p>	
Area for improvement 2 Ref: Standard 8 Stated: Second time	<p>The registered provider should ensure:</p> <p>(a) an annual quality assurance survey is completed by service users or their representatives at least once per year, preferably by an organisation or person independent of the service (Minimum Standard 8.4). The survey should</p>	Met

	<p>encompass all aspects of day care, e.g. quality of:</p> <ul style="list-style-type: none"> • care • programmes/activities/outings • transport • meal provision • environment <p>A evaluation report is completed that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by them and any actions taken in response and outcomes of same. A copy of this report is made available to service users and their representatives (Minimum Standard 8.5).</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that the annual report was completed and forwarded to the RQIA as requested. The document in place was satisfactory. The document shows evidence of discussion with and independent assessor who met with service users and staff. The report has been made available to service users.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 14</p> <p>Stated: Second time</p>	<p>The registered provider should ensure the Glenshane Care Association's complaints record is made available for inspection purposes.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that the complaints record format was available for inspection.</p>	
<p>Area for improvement 4</p> <p>Ref: Standard 17.8</p> <p>Stated: First time</p>	<p>The registered provider should ensure the Glenshane Care Association's Service Users' Guide is reviewed to reflect all of the matters stated in Minimum Standard 1.2. The revised Service Users' Guide should be dated and forwarded to RQIA on completion.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector noted that the members guide was undated in November 2017 and was available for inspection. The document</p>	

	reflects all of the matters stated in Minimum Standard 1.2.	
Area for improvement 5 Ref: Standard 23.3 Stated: Second time	<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: section 6.4</p> <p>Action taken as confirmed during the inspection: These highlighted documents were not unavailable for inspection and the area for improvement has been restated.</p>	<p>Not met Carried forward to the next care</p>
Area for improvement 6 Ref: Standard 23.7 Stated: First time	<p>The registered person shall ensure that the duty roster reflects the staff working each day and the capacity in which they worked. The manager's hours should also be recorded.</p> <p>Ref: section 6.4</p> <p>Action taken as confirmed during the inspection: The inspector was presented with the current duty rota showing all staffs working days/hours. The document in place was satisfactory.</p>	<p>Met</p>
Area for improvement 7 Ref: Standard 25.1 Stated: First time	<p>The registered provider should ensure that staff are provided with training in first aid.</p> <p>Ref: section 6.4</p> <p>Action taken as confirmed during the inspection: The inspector noted the date of all staffs first aid training. Training was completed in 2017.</p>	<p>Met</p>
Area for improvement 8 Ref: Standard 25.1 Stated: First time	<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: section 6.4</p>	<p>Not Met Carried forward to the next care inspection</p>

	<p>Action taken as confirmed during the inspection: These verification/notification documents were unavailable for inspection and the area for improvement has been restated.</p>	
<p>Area for improvement 9 Ref: Standard 28.1 Stated: First time</p>	<p>The registered provider should ensure that the recommendations identified in the fire risk assessment are addressed. Ref: section 6.4</p> <p>Action taken as confirmed during the inspection: The inspector noted that all fire risk assessments requirements were up to date. The documentation in place was satisfactory.</p>	Met
<p>Area for improvement 10 Ref: Standard 5.2 Stated: First time</p>	<p>The registered provider should ensure that care records contain an individual comprehensive care plan. Care plans should also reflect supplementary risk assessments from the relevant professionals. Ref: section 6.5</p> <p>Action taken as confirmed during the inspection: The inspector noted six care plans that included risk assessments. The staff explained that this was an on-going review. The current documents in place were satisfactory.</p>	Met

This regulation was not reviewed as part of the previous inspection therefore is carried forward.

<p>Area for improvement 1 Ref: Regulation 21(1)(b) Stated: First time</p>	<p>The registered person shall not employ a person to work in the day care setting unless - subject 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: section 6.5</p> <p>Action taken as confirmed during the inspection: These documents were unavailable for</p>	Not met Carried forward to the next care inspection
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	inspection and the area for improvement has been restated.	
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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.

The staff confirmed the planned daily staffing levels for the day care centre, and that these levels were subject to regular review to ensure the assessed needs of the service users were met. A review of the staffing roster evidenced that the planned staffing levels were adhered to.

The inspector noted that the centres recruitment and selection policy had been updated in (2017). However staffing records could not be made unavailable for inspection. This area for improvement has been restated.

Staff described the use/roles of volunteers within the day centre, it was noted that no volunteer records could be made available for inspection. An area for improvement has been made to ensure that the registered person should confirm that a procedure for the involvement of volunteers detailing the arrangements for their recruitment, vetting, training and management is developed.

Discussion with service users evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care at the time of inspection provided evidence that service users' needs were met by the number of staff on duty. The inspector observed various staff members providing services to service users in a number of areas.

The settings training records demonstrated that staff had received mandatory training and training relevant to their roles and responsibilities. Staff had received training that had assisted them to provide safe and effective care.

The staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the centre for any period in the absence of the registered manager. However these records were not available for inspection this area for improvement has been restated.

The examination of the settings incidents, accidents and notifications forwarded to RQIA found safety issues and risks had been identified and managed. Assessments and care plans had been reviewed and updated as necessary to ensure practice was safe and effective.

A review of documentation confirmed that any potential safeguarding concern would be managed appropriately in accordance with the regional safeguarding protocols and the Trust policies and procedures and RQIA were notified appropriately. If any shortcomings were to be identified safeguards would be put in place. It was identified that the setting has reviewed and updated their policy and procedures to reflect information contained within the DHSSPS regional policy 'Adult Safeguarding Prevention to Protection in Partnership' issued in July 2015

and the Operational Procedures. There is a clear pathway to follow to refer any safeguarding concerns to the appropriate professionals and the organisation has an identified Adult Safeguarding Champion (ASC).

The staff confirmed that no restrictive practices were undertaken within the day care setting and on the day of the inspection none were observed.

The staff on duty on the day of inspection discussed the needs of the service users they were responsible for. They gave a clear description of their needs and how those needs are to be met.

The staff stated that the main priorities were to ensure the service users were safe and enjoying their day care experience. The staff confirmed that if staff had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as accessible and supportive. Service users are encouraged to give their views, opinions and preferences.

The service users were asked if they felt safe in day care and they said they felt safe and enjoyed coming to the day centre and this was attributed to the support and help from staff.

Observations of the environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed. The fire risk assessment available had been reviewed on 2 October 2017 and was satisfactory.

Some areas of environmental issue that were raised during the previous inspection could not be verified as actioned due to lack of documentation. This area for improvement has been restated.

Service user comments received:

- “I feel safe here with the staff.”
- “I have no complaints here.”
- “The staff are all excellent.”

Staff comments received:

- “Induction prepares you for the role.”
- “Our main objective is the support and safety of the members.”

Five returned questionnaires from service users indicated that a safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns
- The environment is safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and competency in regard to safe care and the day care setting environment.

Areas for improvement

1. Standard (23.3) the competency and capability assessments required for staff undertaking management responsibility in the absence of the manager were unavailable for inspection. (Restated)
2. Standard (25.1) the evidence of environmental issues highlighted during the last inspection could not be verified as documentation was not in place. (Restated)
3. Standard 24.1 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.
4. Regulation 21.1 (b) staffing records were not made unavailable for inspection. (Restated)

	Regulations	Standards
Total number of areas for improvement	1	3

6.5 Is care effective?

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

Six service users' care files were inspected; they contained the service user's individual assessments and care plans which described their physical, social and emotional needs. The individual written plans/agreements were found in the service user individual records, these documents confirmed the day service was suitable and appropriate to meet the service user's needs, and set out the arrangements to do this.

The inspection of the care records found they were maintained in line with the legislation, the assessments of need, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Records were stored safely and securely in line with data protection. The staff confirmed they use the service user's individual records daily to guide their practice and recognised the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' needs and respond to them effectively.

Service users reported they had taken part in a number of activities for example, arts and crafts and games. They were happy that their choices and needs were being met. Service users confirmed that they knew staff in the setting; they could talk to staff or the manager if they were worried, or had a concern about their care and staff would help them resolve their concern.

Records were made available for inspection concerning audits of care records, accidents/incidents, complaints and evidenced that actions identified for improvement had been completed.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, care reviews, service users and staff meetings. The staff confirmed that staff and service user meetings were held regularly. The minutes of the meetings were shared with service users who were unable to attend.

Discussion with service users confirmed that management operated an open door policy in regard to communication within the day care setting. This was evident during the inspection. The staff stated that there was effective teamwork and each staff member knew their role, function and responsibilities.

The centre facilitates service user meetings that allow service users to comment on any areas relating to them or the centre. The inspector noted some of the areas recently discussed during meetings:

- policies and procedures
- staffing
- transport
- safety
- Activities

The centre also facilitates staff team meetings at which the following areas are discussed:

- training
- activities
- reviews
- equipment
- NISCC
- supervision/appraisal

The evidence indicates that the care provided in Glenshane Care Association is effective in terms of promoting each service user's involvement, development, enjoyment and wellbeing.

Service user comments received:

- "We mix well with each other."
- "The bus picks me up at home and I love the work I have."

Staff comments received:

- "I have good supervision with the manager and find it helpful."
- "The staff communicate well with each other."

Five returned questionnaires from service users indicated that an effective service meant:

- You get the right care, at the right time in the right place.
- The staff know your care needs.
- You are kept aware of your care plans.
- Your care meets your expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to service users individual care records; providing the right care, in the right place, at the right time; and activities.

No areas for improvement were identified 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.

Discussion with service users and staff and observations of interactions demonstrates that service users are treated with dignity and respect while promoting and maintaining their independence.

Service users spoken with confirmed they were asked their opinion regarding what they like to do in day care and their ideas and preferences were sought for the activity plan. The inspector noted the annual quality survey completed by the centre in which service users, staff, volunteers and relatives had the opportunity to comment on the quality of the service:

Some of the comments received following the annual quality review:

Relatives:

- "I'm very happy with the staff and the manager."
- "My son loves coming to the centre and we are happy and glad to have it."
- "Thanks to all the brilliant staff."

Staff/volunteers:

- "Well run centre."
- "The standard of care is excellent."
- "Good energy in the centre."

Service users:

- "I can talk to the staff if I need to."
- "I'm very happy with the care I receive."
- "I feel very safe and I can talk to the staff and the manager."

Service users were asked if care in the setting was compassionate, fulfilled their expectations and encouraged them to be involved. Service users replied they liked day care and looked forward to coming, and staff were very kind and helpful. Overall the feedback revealed all service users spoken to felt involved and cared for by staff that knew them well and had been responsive to their needs.

Discussions with the staff regarding the activities they were delivering confirmed the activities were tailored to meet the needs of the service users, as well as promoting their strengths and providing choice. Service users were enabled and supported by staff to engage and participate in meaningful activities and outings. They discussed the range of activities they could take part in including arts and crafts. The activity programme was noted as developing social opportunities for service users as well as their hobbies and interests. The inspector noted that the centre had completed an annual quality feedback was sought across a number of broad areas of service quality and people including service users, staff, volunteers and carers. These areas included:

- Environment: Centre cleanliness/upkeep
- Transport
- Activities/outings
- General management
- Food
- Standard of Care
- Staffing
- Communication
- Staffing
- Estate management (centre cleanliness / upkeep)
- Care
- Meals
- Transport
- Activities

Some of the comments received form service users:

- “Homely; Friendly; Brilliant staff; Very clean and warm; would like it open more days; Food very good; Opportunities to learn new skills; IT Course.”
- “Activities: Good range.”
- “Excellent; Friendly; They (Staff) listen and do things for you.”
- “Every member has different needs; Staff are very good at looking after us; If you are feeling unwell you can sit out and the staff will look after you; It’s a home from home.”
- “Very approachable staff; you can say anything; It’s a happy family; Staff are very helpful; There is a good relationship between staff and members; Volunteers are great.”

Some of the comments received form carers:

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- “We are happy and glad to have it (the centre) and all the support they give out over the years. Thanks to all the brilliant staff.”
- “What can I say – Glenshane Care just gets better and better!”
- “Very happy with manager and staff.”
- “No complaints.”
- “The centre has undergone a very positive transformation over the past few months – a credit to the new manager and staff.”
- “Brilliant staff and great centre.”

Some of the comments received form Volunteers:

- “I’ve spent four years volunteering.”
- “The standard of care is excellent.”
- “The centre is like a family.”
- “There is a good range of activities, they are very interactive and all members take part.”
- “Staff are excellent.”
- “There is a good routine.”
- “The new manager has changed things positively.”
- “We are very aware of the needs of members.”

Some of the comments received form staff:

- “Well –qualified Staff and up to date training completed including MIDAS, First Aid and E-learning.”
- “There’s good energy in the centre.”
- “Each (member of staff) has skills to help with members’ activities.”
- “Staff, members and volunteers are totally connected.”
- “I am very happy and content working in the centre.”
- “It’s a very homely centre.”

Discussion with service users confirmed that they felt their views and opinions were taken into account in all matters affecting them. Service users described feeling informed and involved regarding activity planning and outings through service user meetings, informal discussions and their individual review meetings. The inspector noted some of the comments made by service users during their annual review:

- “I’m happy with the staff and my programmes.”
- “I’m very happy here.”
- “I really enjoy the social outings.”
- “The staff are very helpful and supportive to me.”

Staff interactions with service users were observed to be compassionate, caring and timely. During discussion, staff presented as knowledgeable and informed regarding each service user’s needs and preferences.

The evidence presented at this inspection confirms that compassionate care is provided consistently in Glenshane Care Association.

Service user comments received:

- “All the staff are helpful and listen to me if I have any problems.”

Staff comments received:

- “Training is very helpful and gives good support.”
- “The recent first aid and mental health training was excellent.”

Five returned questionnaires from service users indicated that a compassionate service meant:

- Staff treat you with kindness.
- Staff ensure you are respected and that your privacy and dignity is maintained.
- Staff inform you about your care.
- Staff support you to make decisions about your care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, dignity and privacy, listening to and valuing service users and taking account of the views of service users.

No areas for improvement were identified 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 registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they use to guide and inform their practice.

No complaints had been recorded since the previous care inspection. Discussion with the staff confirmed that no complaints had been received.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the registered provider. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions, the reports commented on the conduct of the setting and did not reveal any concerns that were outstanding.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) details of individual staff member's registration status are retained by the day care setting. Discussions with the staff provided assurances that the day care setting has a process for monitoring the registration status of staff.

Monthly quality monitoring reports were examined and were found to address all of the matters required by regulation. Each report contained reflections from discussions with service users and with staff members. Following quality monitoring any resulting necessary improvements were clearly set out in an action plan. This structured and detailed approach to monthly monitoring aligns well with the centre's commitment to the provision of a high quality service

The inspector noted some of the comments made during the monthly quality monitoring:

Service user comments:

- “If it’s not broke don’t fix it.”
- “They are very good with my personal care.”
- “I enjoy coming to the centre.”
- “I’m happy here.”
- “No improvements needed.”
- “Without coming to the centre I would become depressed.”
- “I like coming to the centre and having a hot meal.”

Overall the inspection showed the management team are providing good examples of leadership that is promoting improvement in this setting.

The staff were able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users some of whom have complex needs.

Discussions with service users and staff highlighted evidence that supports service user equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- safeguarding
- advocacy
- equal care and support
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended. Overall, the evidence available at this inspection confirmed that Glenshane care association service is well led.

Service user comments received:

- “The manager is good.”
- “The centre activities are good.”
- “I’m very happy here.”

Staff comments received:

- “The manager is very approachable and supportive to all staff.”
- “We have a small team and we support each other.”

Five returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed

- Your views are sought about your care and the quality of the service
- You know how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

No areas for improvement were identified 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 the day care worker, 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	
Area for improvement 1 Ref: Regulation 21.1(b) Stated: Second time To be completed by: 4 August 2018	<p>The registered person shall not employ a person to work in the day care setting unless - subject 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>Response by registered person detailing the actions taken: Complete - All employee files are stored securely within a locked HR cabinet and a recent photo (2018) of each employee is contained within their individual folder.</p>
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
Area for improvement 1 Ref: Standard 25.1 Stated: Second time To be completed by: 4 August 2018	<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>Response by registered person detailing the actions taken: Complete - The light fixture was repaired following previous inspection. In progress - Quotes are currently being sought for the above repair work (damp and leaking frood), which will be carried out when funds are in place to do so.</p>
Area for improvement 2 Ref: Standard 23.3 Stated: Third time To be completed by: 4 August 2018	<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>Response by registered person detailing the actions taken: Complete - Competency and capability assessments have been completed for all staff and copies of these are stored securely within a locked HR cabinet.</p> <p>An absence of manager policy and procedures is in place.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 24.1</p> <p>Stated: First time</p>	<p>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.</p> <p>Ref: 6.4</p>
<p>To be completed by: 4 August 2018</p>	<p>Response by registered person detailing the actions taken: Contact has been made with Volunteer NOW with regards recruitment, vetting, training and management. Volunteers have supervision on a quarterly basis and their contribution is acknowledged on an annual basis at a celebration event in the day centre.</p>



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