



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment:	Glenshane Care Association
Establishment ID No:	11054
Date of Inspection:	12 February 2015
Inspector's Name:	Dermott Knox
Inspection No:	20311

The Regulation And Quality Improvement Authority
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Name of centre:	Glenshane Care Association
Address:	50 Glenshane Business Park Lezavallon Road Dungiven BT47 4QL
Telephone number:	(028) 7774 2948
E mail address:	glenshanecare@gmail.com
Registered organisation/ Registered provider:	Ms Margaret Grieve
Registered manager:	Ms Amanda Kelly
Person in Charge of the centre at the time of inspection:	Ms Amanda Kelly
Categories of care:	DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)
Number of registered places:	20
Number of service users accommodated on day of inspection:	18
Date and type of previous inspection:	12 March 2014 Primary Announced Inspection
Date and time of inspection:	12 February 2015 10:15am–5:00pm
Name of inspector:	Dermott Knox

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	10
Staff	3
Relatives	1 (volunteer)
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	4 on day of inspection	0

Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

Records are kept on each service user's situation, actions taken by staff and reports made to others.

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

Management systems and arrangements are in place that support and promote the delivery of quality care services.

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

Glenshane Day Care Centre was established to provide personalised, community based, inclusive day opportunities for people in the local area, who have a disability. Members have a choice of recreational, vocational and life skills activities and training, covering a wide range of interests, to help them gain greater independence and empower them to have better control over a number of aspects of their day to day lives. The centre currently operates for members on Mondays, Wednesdays and Thursdays. The Registered Manager is employed in the centre for 30 hours per week. The centre is funded partly by the Western Health and Social Care Trust, and partly by the local community through various fund raising initiatives.

The centre operates in purpose built, single storey premises, on the outskirts of Dungiven. It has an open plan layout with a large activity/kitchen/dining area, a smaller room where members can go for individual, or small group time with a staff member, an office and a range of toilets and bathroom facilities. The centre also has a large conservatory from which there is access to the garden area.

The building is designed to be easily accessed by people in wheelchairs or with other mobility aids and has level flooring throughout. Transport to and from the centre is normally provided by the centre's mini bus, although alternative arrangements were in place at the time of this inspection, as the mini-bus was no longer serviceable.

The centre is registered to provide support for a maximum of 20 people per day.

Summary of Inspection

A primary, unannounced inspection was carried out at Glenshane Care Association Day Centre, on Thursday 12 February 2015, by an inspector from the Regulation and Quality Improvement Authority. The focus of the inspection was to assess the centre's compliance with one standard and two themes selected from the Day Care Settings Minimum Standards 2012. The manager completed a self-assessment of the centre's compliance with these standards and submitted it to RQIA within a few days of the inspection visit. An overview of the inspection findings can be found below.

The inspector was introduced to many of the service users, ten of whom met for discussions during the inspection visit. Service users were engaged in a range of activities, including computer use and making Valentine Cards, either individually or in groups with centre staff. Discussions were also held with three staff members and one community nurse who was attending to routine service users' needs. Time on the inspection visit was divided more or less equally between meetings with service users, relatives and staff, discussions with the manager, and examination of selected records.

A warmly welcoming, purposeful and supportive atmosphere was evident throughout the centre and there was both written and verbal evidence of good staff team morale and positive relationships with and amongst service users. Overall, there was good evidence to indicate that Glenshane Care Association Day Centre was operating in compliance with the majority of the criteria in the standards which were the focus of this inspection. Five recommendations for improvement were identified and these are set out in the accompanying Quality Improvement Plan, along with a timescale for their implementation.

The constructive participation of service users, staff and the manager in the inspection process is gratefully acknowledged.

Standard 7: Individual service user records and reporting arrangements.

Four service user's files were examined during the inspection and were found to be well organised and up to date. Files contained records of the involvement of service users and/or their carer/s, at all stages, from the referral, to the review processes. While assessment information was detailed and well organised, individual care plans presented broad objectives in a narrative format, making it difficult to establish clear connections to the assessment information. It is recommended that the care plan format should be revised, taking account of the matters specified in Standard 5.2.

Review reports were prepared by keyworkers, involving the relevant service users and there was written evidence to show that review decisions were carried forward into the care plans. The centre has suitable, secure arrangements in place to ensure the safety and confidentiality of service users' personal information and staff confirmed their awareness of the importance of this aspect of their duties. While there had not been any notifiable events since the previous inspection, staff demonstrated their awareness of the reporting procedures and the necessity for keeping accurate, legible, dated and signed records.

The centre was judged to be substantially compliant with this standard.

Theme 1: The use of restrictive practice within the context of protecting service user's human rights

Glenshane Care Association Day Centre provides a service to a number of people who have assessed care and health needs, some of whom are heavily reliant on others for their personal care and mobility. There is input to these service users' care by community based professionals such as nurses, requiring good communication and cooperation between the services. One visiting nurse confirmed that cooperation from the day centre staff was excellent.

Planned care for any individual's needs is reviewed regularly and action plans are discussed with the service user, representative/s and relevant professionals to ensure that interventions remain necessary and proportionate and do not infringe a service user's human rights.

There was evidence from the provider's self-assessment and from discussions with the manager and staff members, to confirm that no restrictive practices were used in the centre. Records relating to each service user's needs and the plans to meet these needs were available and service users in the centre confirmed that they were well involved in decision making with regard to their own care plan and the ways in which their safety might best be assured. There was no evidence in the records examined, of restraint having been used in the centre and this finding concurs with the provider's self-assessment.

Staff discussed the use of restraint or seclusion, including how service users' human rights are protected and they demonstrated an understanding of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance.

Glenshane Care Association Day Centre was judged to be operating in compliance with the criteria in this theme.

Theme 2 – Management and Control of Operations

Glenshane Care Association Day Centre has a small complement of staff, all of whom have worked in the centre for several years. On the day of this inspection, staff were employed in

sufficient numbers to meet the needs of the service users. Staffing of the centre is supplemented by a number of volunteers who play a valuable part in supporting and motivating service users. Staff training records showed that mandatory training was up to date and that staff were also provided with training in specific areas of interest as necessary.

There was evidence of good leadership and organisation under the current management arrangements, with staff expressing positive views of the inclusive management style and the good level of information sharing. The manager kept well-detailed records of supervision sessions, management communications and staff training. Formal staff meetings were not being recorded as frequently as is required, though there was evidence to verify that a staff briefing with the manager was held every morning, ensuring that staff were always kept up to date with developments. The registered manager should ensure that formal, recorded staff meetings are held at least quarterly, in keeping with Standard 23.8.

Staff, who met with the inspector, confirmed that formal supervision was regular and supportive, exceeding the minimum standard requirements, and that annual appraisals were carried out in a constructive and developmental manner.

Monitoring visits and report preparation were carried out by a member of the Board of Management for the centre. Monitoring arrangements were satisfactory in terms of their regularity and the numbers of service users and staff members who were consulted on their views. Monitoring reports should be expanded slightly, to include comment on the centre's record of events and any audits carried out within the centre that contribute to the overall quality assurance.

Glenshane Care Association Day Centre was moving toward compliance with the standards in this theme.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 19(1)(b)	The registered person must arrange for service users' records to be kept in file systems that ensure the security of documents within them.	File systems had been introduced which ensured the safety of service users' personal information.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 17.10	It is recommended that monthly monitoring reports should include summarised views of service users and other content in accordance with this standard.	Monitoring reports that were examined included the summarised views of service users.	Compliant
2	Standard 22	The policy for staff supervision and appraisal should be revised to make it more specifically suited to Glenshane Care Association, taking account of the relevant standards.	The policy for staff supervision and appraisal was satisfactory.	Compliant
3	Standard 18.1	The registered person should ensure that the centre has the full range of policies and procedures, in accordance with Appendix 2 of the DHSSPS Minimum Standards for Day Care Settings (January 2012)	The manager had developed a number of new policies and procedures but more remained to be added to the manual. This recommendation is restated.	Moving toward compliance

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user's situation, actions taken by staff and reports made to others.	
Criterion Assessed:	COMPLIANCE LEVEL
7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.	
Provider's Self-Assessment:	
Information agreed in the multi-disciplinary review of the service provided at the centre to an individual is also forwarded to attendees of that review once signed by the service user and manager. These records are kept in a locked cabinet in the Centre Office. Information is available to the service user and with his or her consent another person acting on his or her behalf, unless information contains confidential information about other people, it was provided by another agency and their permission to share has not been obtained or a care professional thinks that access to the information would cause serious harm to the service user or someone else's physical or mental well-being. The service user and/or family member or carer attending multi-disciplinary reviews is given a copy of the paperwork to sign that they agree that it is an accurate record of what was agreed in the review meeting.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified through examination of a sample of service users' records and from discussions with service users and staff. Two service users spoke at length about their involvement in the decision making process about care plans and participation in the centre and they expressed confidence in the manager and staff with regard to the safety of records and personal information.	Compliant

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	COMPLIANCE LEVEL
Provider's Self-Assessment:	
The service user and/or family member or carer attending multi-disciplinary reviews is given a copy of the paperwork to sign that they agree that it is an accurate record of what was agreed in the review meeting.	Compliant
Inspection Findings:	
There were numerous examples of service users or their representatives having contributed to assessments, care plans and reviews and the centre's standard practice is to involve each service user in maintaining an understanding of his or her care plan, activities programme and the associated records. No formal requests for access to records had been made but there was evidence to indicate that records were discussed openly with the relevant person and/or a representative.	Compliant

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p> <p>These records are held in the Centre Office. Weekly diaries are kept by the Day Care Workers for their key service users.</p>	<p>Compliant</p>
<p>Inspection Findings:</p> <p>Four service user’s files and associated records were examined during this inspection and all were found to contain the written records required by this standard. The current format in use for care plans did not provide sufficient clarity on the goals or objectives for the individual’s participation in the centre’s programmes, although the person’s needs were identified in assessment documents. The registered person should review and revise the care plan format and content to improve the clarity in this regard.</p>	<p>COMPLIANCE LEVEL</p> <p>Substantially compliant</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Weekly diaries are kept by the Day Care Workers for their key service users.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
There was written evidence of regular, weekly recording with regard to each service user's participation in the centre's programmes. Records were kept by keyworkers, who spoke confidently about their responsibilities for this work.	Compliant
Criterion Assessed: 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
The staff team is very small and a handover takes place every morning the centre is open, where any need to contact individuals in connection with the service user's support needs would be discussed. Staff have an excellent ongoing relationship with all the important people, including professionals in each service users' life and have access to the Day Care Setting RQIA Minimum Standards and all policies and procedures held in the office. The registered manager is also very accessible concerning any queries or concerns about such protocols.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider's self-assessment was verified. The small, closely knit team's members normally have daily briefings in the morning, before service users begin to arrive at the centre. Staff members confirmed their awareness of matters that need to be reported and the ready availability of the manager, should they require consultation on any issue. One visiting community-based professional confirmed that there was an excellent working relationship with the manager and staff in the centre and that any matters that might require her involvement were routinely brought to her attention.	Compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment: All the care plans, reviews and risk assessments, information pertaining to service users kept on file are legible, accurate, up to date, signed and dated by the person making any entry and signed-off by the registered manager.</p>	Compliant
<p>Inspection Findings: Records examined in the course of this inspection were found to be legible, up to date, signed and dated. Factual accuracy was confirmed in discussions with the manager and staff members. There is recommendation in the Quality Improvement Plan with regard to developing a clear representation of identified needs, objectives, actions and outcomes in care plans.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Substantially compliant</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	
Provider’s Self-Assessment:	
The service users are never restricted in any way; verbally, physically or in terms of use of the facilities. There are no barriers to their free movement in the centre environment.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
The provider’s self-assessment was verified from written statements on the philosophy and practice of care in the centre and from discussions with service users and staff members. A number of service users have relatives who are involved in volunteer helper roles in the centre and there is also a staff member who is on the management board. One service user has been appointed to be a lay assessor for RQIA inspections of other registered care facilities and demonstrated a good awareness of issues relating to service users’ rights. The breadth of roles and responsibilities amongst those who attend and who work in the centre provides assurance that human rights will be promoted.	Compliant
Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider’s Self-Assessment:	
No occasions	Compliant

Inspection Findings:	COMPLIANCE LEVEL
There was both documentary and oral evidence to verify that restraint was not ever used in the Glenshane Care Association Day Centre.	Compliant

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</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>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider's Self Assessment:</p>	
<p>There is a clear organisational structure and an organisation chart is displayed in the office and main centre notice board. However, discussion with the inspector on his unannounced inspection 12/02/15 has led to a notice recently being put up on this notice board stating, " Amanda Kelly - Centre Manager Out of Office Mrs Margaret O'Connor is the nominated person in charge in the Manager's Absence" when Amanda has been out recently. The nominated Day Care Worker will generally be Margaret as she is the most senior staff member.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The organisational and management structure is clearly set out in the statement of purpose and the organisational chart is displayed in the office. Members of the small staff team confirmed that they were very familiar with management arrangements and with their roles and responsibilities. Formal, minuted staff meetings had not been held as frequently as is required by the minimum standards and the registered person should ensure compliance with Standard 23.8.</p>	Moving toward compliance

<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> • The registered person shall ensure that persons working in the day care setting are appropriately supervised 	<p>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>The centre is open plan and the manager's office can look out onto most of the centre environment. There is a staff rota that designates staff members' responsibilities during the day and at least one day care worker will be with the service users at all times during all activities during the day and to oversee the work of volunteers and students. In the manager's absence a notice will now be put up on the notice board and service users and volunteers will be made aware of the designated Day Care Worker in charge when the manager is absent.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>There were excellent records of staff supervision sessions and of each staff member's annual appraisal. Staff members confirmed that they have regular, formal supervision sessions in addition to the daily interaction with the manager and discussions in daily briefings on a varied range of practice issues.</p>	<p>Compliant</p>

<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (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>COMPLIANCE LEVEL</p>
<p>Provider's Self-Assessment:</p>	
<p>All Day Care staff have or are working towards their QCF Level 3 Diploma in Health and Social Care. The Manager is completing the Level 5 Diploma in Leadership for Health and Social Care Services (Adults Management), utilising the recognised prior learning she has from her English L4 Registered Manager (Adults) qualification. She was a registered manager of three sites in a residential mental health scheme in England for eight years and Deputy Manager for 2 years prior to that.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	
<p>The provider's self-assessment, above, was verified through examination of the records of staffs' employment, qualifications and training. Mandatory training was up to date and additional training, on areas of specific interest, was arranged as the needs were identified. All staff had either gained, or were working toward an appropriate qualification for the position held.</p>	<p>COMPLIANCE LEVEL Compliant</p>

<p>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving toward compliance</p>
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Additional Areas Examined

Complaints

The record of complaints was available for inspection and was satisfactory. There had not been any complaints in the period since the previous inspection.

Statement of Purpose

A draft copy of the recently revised statement of purpose was provided by the manager and this was found to address all of the required matters identified in Schedule 1 of The Day Care Settings Regulations (NI) 2007.

Monthly Monitoring Reports

Monthly monitoring reports had been improved since the previous inspection and it is recommended that reports should be expanded slightly, to include comment on the centre's record of events and any audits carried out within the centre that contribute to the overall quality assurance.

Audits of working practices

The registered manager should develop a system for regularly auditing the centre's working practices and keep records of the findings and of actions taken to address any identified matters for improvement.

Policies and procedures

The registered person should ensure the centre develops the full range of written policies and procedures, in accordance with Standard 18.1.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Ms Amanda Kelly, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Dermott Knox
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

Primary Unannounced Care Inspection

Glenshane Care Association

12 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Amanda Kelly, Registered Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	Standard 5.2	It is recommended that the care plan format should be revised, taking account of the matters specified in Standard 5.2.	One	<i>Staff and Manager already in discussion and working with members on revision of Care Plans.</i>	31 March 2015
2	Standard 23.8	The registered manager should ensure that formal, recorded staff meetings are held at least quarterly, in keeping with Standard 23.8.	One	<i>Records are now being taken when we meet Meeting called end March.</i>	31 March 2015
3	Standard 17.10	Monitoring reports should be expanded slightly, to include comment on the centre's record of events and any audits carried out within the centre that contribute to the overall quality assurance.	One	<i>Forms under review & discussion with provider has taken place.</i>	31 March 2015
4	Standard 17.9	The registered manager should develop a system of regular auditing of the centre's working practices and keep records of the actions taken to address any identified matters for improvement.	One	<i>Format of form to be investigated and will be in place by 30/4/15.</i>	30 April 2015
5	Standard 18.1	The registered person should ensure the centre develops policies and procedures, in accordance with Standard 18.	Two	<i>Discussion with Inspector very helpful - now know fully achievable by 30/6</i>	30 June 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	<i>Amanda Kelly</i> AMANDA KELLY.
Name of Responsible Person / Identified Responsible Person Approving Qip	<i>Margaret Grievé</i> MARGARET GRIEVE

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	YES	NO	7/4/15
Further information requested from provider			