



The Regulation and
Quality Improvement
Authority



Announced Care Inspection Report 09 February 2017



Glenshane Care Association

Type of service: Day Care Service

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced short notice inspection of Glenshane Care Association took place on 09 February 2017 from 10.30 to 16.30 hours. A telephone call was made by the care inspector to care staff and the registered person on the afternoon of 08 February 2017. They were informed RQIA would be inspecting Glenshane Care Association on 09 February 2017.

The purpose of the care inspection was to assess progress with any issues raised during and since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

On the day of the inspection the day care setting was found to be delivering safe care to service users on a practical daily basis, however significant improvements were identified during this inspection. Observations of care practices provided evidence there was a culture of ensuring service users were safe and protected from harm. The staff member responsible for Glenshane Care Association in the absence of a registered manager provided evidence there were systems in place to avoid and prevent harm to service users. Staffs were knowledgeable of their specific roles and responsibilities in relation to adult safeguarding. A general inspection of the day care setting confirmed that the premises and grounds were being well maintained. Six areas for quality improvement relating to safe care identified during this inspection. These matters regarded: policies and procedures; absence of a manager; recruitment and induction documentation; competency and capability assessments and mandatory training.

Is care effective?

On the day of the inspection it was assessed that the care in Glenshane Care Association day was effective, however three areas for quality improvement regarding documentation were identified. Observations of staff interactions with service users; discussions with a total of six service users and one relative provided evidence the care was effective. There were some arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. There was evidence of improvements in the quality of care information in service user's care files since the day care setting's previous care inspection. Three areas for quality improvement relating to effective care were made as a result of this care inspection. These areas concern the review of the centre's Statement of Purpose and Service Users' Guide and service user's general assessments.

Is care compassionate?

On the day of the inspection the day care setting was found to be delivering compassionate care. Observations of care delivery provided evidence that service users were treated with kindness and patience; were encouraged to be as independent as possible and their dignity was respected. Staffs were observed responding to service users' needs and requests promptly and professionally. Discussions with a relative and six service users provided evidence they were listened to, valued and communicated with in an appropriate manner. There was one area identified for improvement in this domain as the result of this inspection. This concerns an annual service users' survey.

Is the service well led?

The culture in Glenshane Care Association was focused on the needs of service users. Discussions with six service users concluded they are happy with the day to day running of the centre. There is currently no manager in Glenshane Care Association. There are plans to recruit another manager. On the day of this inspection the review of a random sample of documentation provided evidence that significant improvements are needed regarding this domain. The areas for immediate improvement concern effective leadership, management and governance arrangements in Glenshane Care Association. Four areas were identified for quality improvement in this domain during this inspection. These matters concern the formal supervision of staff; monthly monitoring visits; an annual quality review report and the complaints record.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	7

At the request of Margaret Grieve, registered person; details of the Quality Improvement Plan (QIP) within this report were emailed to her on 10 February 2017 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.

1.2 Actions/enforcement taken following the most recent care inspection on 19 November 2015

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 19 November 2015. The completed and returned QIP was processed by the care inspector.

2.0 Service details

Registered organisation/registered person: Glenshane Care Association Ltd/Ms Margret Grieve	Registered manager: There has been no registered manager from 30 January 2017
Person in charge of the service at the time of inspection: Mrs Margaret O'Connor, care staff (from 10.30 to 14.30 hours) Mrs Margaret Grieve, registered person (from 14.30 – 16.45 hours)	Date manager registered: There are plans to recruit a new manager

3.0 Methods/processes

Prior to inspection the following records were analysed:

- The registration details of the day centre
- Written and verbal communication received since the previous care inspection
- Previous care inspection report
- Records of notifiable events received by RQIA from 20 November 2015 to 09 February 2017.

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

- Discussion with the registered person
- Discussion with six service users
- Discussion with one relative
- Discussion with three care staff
- Examination of records
- File audits
- Evaluation and feedback.

Care staff were provided with 12 questionnaires to distribute to five randomly selected service users not attending the centre on the day of inspection; two staff members and five representatives for their completion.

The questionnaires asked for service user, staff and representative's views regarding the service, and requested their return to RQIA. One staff questionnaire was returned. The content of the questionnaire is discussed in the main body of the report.

The following records were examined during the inspection:

- Compliments record (three were randomly sampled)
- Accident/untoward incident record (four were randomly sampled)
- Elements of three service users care files
- Review of two identified policies and procedures (stated in main body of report)
- Minutes of three staff meetings
- Minutes of three service users' meetings
- Staff training information
- Three monthly monitoring reports.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection dated 19 November 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 18.5 Stated: Second time	The registered provider should ensure that all revised or new policies and procedures are ratified.	Not Met
	Action taken as confirmed during the inspection: Two policies and procedures were reviewed by the inspector during this inspection, these had been reviewed by the registered manager but were not dated, signed or ratified by the registered person. This will be stated in the QIP of this report for a third and final time.	
Recommendation 2 Ref: Standard 21.4 Stated: First time	The registered persons should ensure that management and day care staff receive training on continence promotion.	Met
	Action taken as confirmed during the inspection: Continence promotion training was provided to care staff on 15 June 2016.	
Recommendation 3 Ref: Standard 5.2 Stated: First time	The registered manager should ensure that care/support plans provide detail of the specific assistance or support each member requires regarding their continence care needs in a step by step plan which is regularly reviewed and evaluated to ensure it remains effective.	Met
	Action taken as confirmed during the inspection: Three service user's care plans were randomly reviewed by the inspector during this inspection. These were current, person-centred and reflected the specific assistance or support the individual needed.	

<p>Recommendation 4</p> <p>Ref: Standard 22.2</p> <p>Stated: First time</p>	<p>The registered persons should confirm that those supervision sessions which are due/overdue have been completed.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Formal supervision has taken place since the previous care inspection. Review of three care staff supervision dates for the previous year were examined during this inspection. Further information regarding this is specified in section 4.3 of this report.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 17.11</p> <p>Stated: First time</p>	<p>The registered persons should ensure that an annual report is completed for 2014-15 year in compliance with regulations and standards.</p>	<p>Not Met</p>
<p>Upon completion, a copy of the annual report should be submitted to RQIA.</p> <p>Action taken as confirmed during the inspection:</p> <p>An annual report for Glenshane Care Association had not been completed. This will be stated for a second time in the QIP of this report.</p>		

4.2 Is care safe?

Most of the policies and procedures specified in Appendix 2 of the Day Care Settings Minimum Standards (January 2012) were in place in Glenshane Care Association in a large lever arch file in the office. Refer to section 4.1, recommendation one for details. Three care staff said they can easily access policies and procedures in the day care setting. The following three policies and procedures were randomly requested during this inspection:

- Recruitment
- Safeguarding Vulnerable Adults
- Whistle Blowing

There was a Safeguarding Vulnerable Adults policy and procedure in place, this needs to be reviewed and updated to reflect the current regional guidance 'Adult Safeguarding Prevention and Protection in Partnership, (July 2015). There was no Recruitment policy and procedure contained in the centre's file. A discussion took place with the registered person about her responsibilities to ensure all of the policies specified in Appendix 2 of the Minimum Standards are in place, dated and signed by her. Policies and procedures are an identified area for improvement.

On the day of the inspection no restrictive care practices were observed.

There has been no manager in Glenshane Care Association since 30 January 2017. The member of staff responsible for the day care setting during this care inspection said there are usually three care staff in the centre on a daily basis. She said they each take turns to be the person in charge in the absence of a manager but stated they work as a team. Care staff are also responsible for the cleaning of the centre; driving the buses, undertake bus guide duties regarding the collection and return of service users to their home and are responsible for the preparing, cooking and serving of meals.

Staff member's certificates in Food Hygiene were current and staff had received training in the Control of Substances Hazardous to Health (COSHH).

A discussion took place with the registered person that competency and capability assessments are to be completed with staff who are responsible for the centre in the absence of a manager. This is an identified area for improvement.

There have been no new staff employed in Glenshane Care Association since their previous care inspection on 19 November 2015, however new volunteers have been recruited. The recruitment records of one identified volunteer were reviewed during this inspection. Evidence of the person's identity, including a recent photograph was not in place. This is an identified area for improvement.

The individual's induction documentation was in place but had not been signed by the registered manager or the volunteer. This is an identified area for improvement.

With the exception of safeguarding vulnerable adults training; review of the staff training record concluded staff had received all other mandatory and other training relevant to their roles and responsibilities. Infection, Prevention and Control training and Fire training were provided on 15 June 2016. Training records showed most of the training is provided to care staff online. Staff attended safeguarding vulnerable adults training on 16 October 2014. Minimum Standard 13.10 states safeguarding training for staff and managers is updated at least every two years. Care staff informed the inspector Glenshane Care Association will be closed on 15 February 2017 so care staff can undertake training. Staff were unsure what training is planned for this day.

A review of four accidents and untoward incident records which had occurred since the centre's previous care inspection showed these had been responded to and managed appropriately. Care staff stated there were no current or ongoing adult safeguarding concerns and they are aware of the current reporting procedures.

Inspection of the internal and external environment identified that the day care setting was appropriately heated, tidy, clean, suitable for and accessible to service users, staff and visitors. There were no other obvious hazards to the health and safety of service users, visitors or staff. Positive comments were shared with care staff about the quality of art and craft displays, photographs and colourful information displayed on walls and notice boards in the centre.

Observations and discussions with six service users concluded they felt safe in Glenshane Care Association.

Review of one completed staff RQIA questionnaire verified that the staff member was satisfied that the care provision in Glenshane Care Association was safe.

Areas for improvement

Six areas for improvement were identified during the inspection regarding this domain. These matters concern:

1. Policies and procedures.
2. Absence of a manager.
3. Competency and capability assessments.
4. Updated safeguarding training.
5. Recruitment.
6. Induction documentation.

Number of requirements	4	Number of recommendations:	2
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4.3 Is care effective?

Review of Glenshane Care Association's Statement of Purpose and Service Users' Guide showed the names of the previous registered manager and people on the committee who are no longer part of the organisation. These documents need to be reviewed to accurately reflect the current situation. The Service User's Guide does not contain all of the specified matters stated in Minimum Standard 1.2. This document also needs to be reviewed. These are identified areas for improvement.

Discussions with care staff and the registered manager established the day care setting had responded appropriately to and met the assessed needs of the service users.

Consent was given by three identified service users during this inspection for the care inspector to review information in their care files. There were photographs of each service user in their respective care file. Copies of written agreements were not retained in their care file, however discussions with care staff concluded these had been completed and were stored in a filing cabinet in the office. RQIA received an email on 13 February 2017 stating the service user's written agreements had been re-inserted into the respective service user's care files.

With regards to Minimum Standard 4, each service user has an up to date assessment of their needs, the assessment in one identified care file was dated 25 September 2013. There was no evidence this had been kept under continual review (Minimum Standard 4.4) and there were no general assessments in the other two service user's care files. This is an identified area for improvement. All three service user's care files contained current risk assessments for example: transport and moving and handling which were compliant with Minimum Standard 4 and 12. There was evidence that the one general assessment and the risk assessments informed the care planning process and were integrated into the service user's care plans.

All three care plans reflected the support and assistance needed from staff to encourage service users' to be as independent as possible. They had been signed by either the service user' or their representative, the staff member completing the care plan and the previous registered manager. All three care plans had been reviewed in the previous year and were compliant with Minimum Standard 5.

Service users' progress care notes were randomly sampled, these were qualitative, factual, objective and compliant with Minimum Standard 7.

Review of three service user's care records confirmed annual reviews of the individual's day care placement had taken place in the previous year. The respective service user's annual review reports contained relevant information and were compliant with Minimum Standard 15.5.

Discussions with six service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process.

It was observed during this inspection that records were stored safely and securely in line with data protection.

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, multi-professional reviews, regular service users and staff meetings. Discussion with the staff member confirmed management operated an open door policy in regard to communication within the day care setting.

There was information displayed on notice boards for staff, service users and representatives in relation to advocacy services.

One RQIA staff questionnaire was returned and provided evidence that the staff member was very satisfied that the care provision in Glenshane Care Association was effective.

Areas for improvement

Three areas for quality improvement were identified during the inspection regarding this domain. These matters concern:

1. Review of the Statement of Purpose.
2. Review of the Service Users Guide.
3. Service user's general assessments.

Number of requirements	0	Number of recommendations:	3
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4.4 Is care compassionate?

Discussions with six service users described they are treated with compassion, kindness and respect by staff. They stated they are listened to, supported, valued and communicated with in an appropriate manner. Discreet observations of care practices showed service users' are responded to in a prompt, courteous and supportive manner by care staff. Service users also said they are involved in decision making during their time in the centre.

Discussion with staff concluded they have a detailed knowledge of service users' wishes, preferences and assessed needs as identified within their care plan. Relationships between staff and service users were observed to be relaxed and friendly.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them via informal one to one meetings; service users' meetings, annual service user satisfaction surveys and annual review meetings.

Service users' meetings take place every few months in Glenshane Care Association. The minutes of three meetings were reviewed during this inspection (30 June, 12 September and 02

November 2016). These contain information on the topics discussed. A discussion took place with care staff that the minutes should also contain who attended the meetings and if any action was needed as a result of queries or issues raised.

Care staff were asked to provide the most recent annual service users' quality assurance survey. An annual service users' survey for Glenshane Care Association had not been completed in the previous year. This survey should encompass all aspects of the quality of day care for example: the care; how service users' are treated by staff; their views on the provision of activities / programmes / outings; the lunch meal ; the environment and transport (Minimum Standard 8.4). An evaluation report should be completed containing the outcomes of this survey. If improvements are needed in specific areas, the evaluation report should contain an action plan with timescales (Minimum Standard 8.5). This is an identified area for improvement.

The individual undertaking the monthly monitoring visits of Glenshane Care Association said he asks service users three questions during each visit. These are as follows:

- What are the main benefits to you of coming to the centre?
- What improvements would make it better?
- What are your overall comments about the quality of the service?

Service user's qualitative responses are then recorded in the monthly monitoring reports. Positive comments were shared about the quality of information in the reports regarding interviews with service users.

RQIA had individual discussions with a total of six service users. The inspector assessed through observation and general discussions that the service users are happy with the quality of care provision in Glenshane Care Association. Examples of some of the comments made by service users are:

- "I'm very happy coming here. I like to listen to my songs. I like meeting everybody and seeing my friends."
- "It's very good for disabled people. The staff look after us very well and I enjoy coming here. Everyone is very friendly, I feel safe here."
- "I like it here, it's very good and passes the day in for me. I enjoy it and I like the hot lunch here."
- "I like to meet friendly people here and I enjoy what I do. I won bingo the other day. We do a lot of activities and exercises. They are good to us all."
- "I love it here. I like to play pool."
- "I'm very happy coming here. It's helped me a lot and I've made friends. Everyone supports each other."

Discussions with a visiting relative during this inspection concluded they are very satisfied with the quality of care provision in Glenshane Care Association. The relative stated: "the staff are very attentive and do a brilliant job. I've no concerns whatsoever. Their communication is excellent and they would always ring me if something happened to my son or he was unwell. The staff are very approachable and have service users' best interests at heart."

The completed staff RQIA questionnaire stated the staff member was very satisfied that the care in Glenshane Care Association was compassionate.

Areas for improvement

There was one area identified for improvement in this domain during this inspection and regarded the service users' annual survey.

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

There has been no registered manager of Glenshane Care Association since 30 January 2017. The registered person had provided written notification of this to RQIA of this but did not state the name of who is responsible for the day to day running of the day care setting until a new manager is appointed. Assurances were given by the registered person another absence of manager form would be completed and forwarded to RQIA specifying this information. This is an identified area for improvement.

Refer to section 4.2 for information regarding policies and procedures that should direct the quality of care and services in Glenshane Care Association. These are essential in order to effectively lead a staff team to support and promote the delivery of quality care services to vulnerable service users. Discussion with the registered person during this inspection concluded they had not read or had a copy of the day care Regulations and Minimum Standards, nor were they aware of the centre's policies and procedures. This is concerning and a situation that must immediately change so that care staff receive the guidance, support and information necessary to ensure compliance with Regulations and Minimum Standards.

Discussions with care staff concluded all three are registered with the Northern Ireland Social Care Council (NISCC) and have some understanding of their role and responsibilities under the legislation and Minimum Standards. Staff had a clear understanding of the organisational structure and stated they would have no hesitation in contacting the registered person or members of the committee. The staff were able to describe their roles and responsibilities and were aware of their individual responsibility in relation to raising concerns.

RQIA's registration certificate of the day care setting was displayed on a wall in the reception area of the centre.

Discussion with one care staff confirmed that staff meetings are held every three months in Glenshane Care Association and a random sample of the minutes of three staff meetings (29 June, 08 September and 02 November 2016) verified this. The minutes of these meetings were compliant with Minimum Standard 23.8. Staff stated that there was effective teamwork and are aware of their role and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered person. Staff consulted with clearly demonstrated their ability to communicate effectively with other healthcare professionals.

Monthly monitoring visits were not undertaken as required under Regulation 28. Review of a file containing Glenshane Care Association's monthly monitoring reports showed monthly monitoring visits had not taken place in April, June, October, December 2016 and January 2017. Monthly monitoring visits are undertaken by a Glenshane Care Association's committee member who is also a part time service user and volunteer in the centre. Three monthly monitoring reports were randomly reviewed during this inspection (28 July, 15 September and 17 November 2016). These reports were produced and made available for service users, their representatives, staff, respective HSC Trust representatives and RQIA. These were partly

qualitative regarding a summary of interviews with service users, relatives, visitors and a checklist of the audits undertaken. The reports also contained action plans identifying improvements needed and the outcome/s of these. Positive comments were shared with the individual regarding this. However, discussions concluded the individual relies on the manager to review sensitive and confidential information during these monthly monitoring visits for example: complaints records; accident and untoward incident records; service user's care documentation etc. In practice, this could be viewed as the registered manager assessing their own work. There was no supplementary documentation provided to RQIA of evidence of these audits and if they were measured against identified minimum standards. The registered person was asked during this care inspection to review the monthly monitoring arrangements and ensure full compliance with Regulation 28 and Minimum Standard 17.10. Monthly monitoring visits are an identified area for improvement.

The registered person and care staff were asked for Glenshane Care Association's most recent annual quality report. Care staff and the registered person were unsure if an annual report had been completed and it was not made available during this inspection. A discussion took place regarding Regulation 17(1) as the centre's annual report must contain all of the relevant matters specified in Schedule 3. This is an identified area for improvement.

Discussions with three care staff and review of the dates they received formal supervision showed this is not compliant with Minimum Standard 22.2. Formal supervision for three care staff occurred in April and November 2015, April and August 2016. Formal supervision should occur at least every three months. This is an identified area for improvement.

Evidence was provided that care staff received an annual appraisal in 2016.

The day care setting's complaints record was requested viewed during this inspection, however care staff were unable to locate this. RQIA's Complaints return form completed by the registered manager for the inspection year 2015 – 2016 stated there had been no complaints received by the day care setting. An email from care staff on 13 February 2017 stated the complaints record was found and the last recorded complaint was 25 March 2013. The day care setting's record of complaints containing areas of dissatisfaction, concerns etc. must be made available for inspection purposes. This is an identified area for improvement.

A random review of three compliments concluded positive comments about the quality of care provision in Glenshane Care Association.

The completed staff RQIA questionnaire stated the staff member was satisfied that the service was well led.

Based on the findings of this care inspection and the current absence of a registered manager, there was limited evidence of effective leadership and governance arrangements to support and promote the delivery of quality care services in Glenshane Care Association. Improvements are needed to ensure full compliance with Minimum Standards and Regulations.

Areas for improvement

There were four identified areas for improvement during the inspection in this domain. These matters concern:

1. Annual quality review report.
2. Monthly monitoring visits and reports.

3. Formal staff supervision.
4. Complaints record.

Number of requirements	3	Number of recommendations:	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were emailed to Margaret Grieve, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to day.care@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2017</p>	<p>The registered person must ensure policies and procedures as identified in Appendix 2 of the Day Care Settings Minimum Standards (January 2012) are in place and in accordance with statutory requirements; minimum standards and current good practice guidance. The registered person must have a working knowledge of policies and procedures and ensure these are adhered to at all times.</p> <p>Policies and procedures must be:</p> <ul style="list-style-type: none"> • robust and direct the quality of care and services • there are arrangements in place to ensure that policies and procedures are developed with input from staff and where appropriate service users • dated and ratified by the registered person when issued, reviewed or revised (two recommendations had been made about this as a result of the previous two care inspections). <p>A recruitment policy and procedure must be devised and the Adult Safeguarding policy must be reviewed to reflect the current regional guidance (dated July 2015).</p>
	<p>Response by registered provider detailing the actions taken: <i>Recruitment policy and procedures in progress. Safeguarding policy to be reviewed.</i></p>
<p>Requirement 2</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered person shall establish and maintain a system for monitoring the matters specified in Schedule 3. An Annual Quality report must be completed each year regarding Glenshane Community Association. The report should be dated and signed by the registered provide and a copy forwarded to RQIA.</p>
	<p>Response by registered provider detailing the actions taken: <i>Annual Quality Report to be completed and submitted as above.</i></p>
<p>Requirement 3</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2017</p>	<p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users:</p> <p>(c) ensure that the persons employed to work in the day care setting (i) receive mandatory training and other training appropriate to the work they are to perform.</p> <p>The registered person must ensure all staff and volunteers receive training in safeguarding vulnerable adults. Minimum Standard 13.10 states this is updated at least every two years.</p>
	<p>Response by registered provider detailing the actions taken: <i>Policy in place to be updated and renewed every 2 years. All staff and volunteers will receive training as required above.</i></p>

<p>Requirement 4</p> <p>Ref: Regulation 20(2)</p> <p>Stated: First time</p> <p>To be completed from: 10 February 2017</p>	<p>The registered person shall ensure care staff receive recorded individual, formal supervision sessions according to the day care settings procedures and no less than every three months.</p> <p>Response by registered provider detailing the actions taken: <i>Completed since inspection - appraisals done March 2017. Appraisals /supervision to be completed every three months - next session due on 2nd Aug 2017.</i></p>
<p>Requirement 5</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed from: 10 February 2017</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>Response by registered provider detailing the actions taken: <i>on file in secure cabinet available for inspection on request.</i></p>
<p>Requirement 6</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed from: 10 February 2017 and ongoing</p>	<p>The registered person must ensure:</p> <ul style="list-style-type: none"> (a) monthly monitoring visits of Glenshane Care Association occur (Regulation 28(3)) (b) review the current monthly monitoring arrangements to ensure the day care setting's complaints; accidents and untoward incident records and service user's care documentation is measured against minimum standards and regulations. The registered manager should not be undertaking this during a monthly monitoring visit. If the nominated person is a service user, they should not be reviewing sensitive, confidential information which concern other service users. (c) Ensure all matters stated on the quality improvement plan are monitored and action is taken to comply with regulations and minimum standards. (d) The monthly monitoring reports of Glenshane Care Association must be forwarded to RQIA from February until September 2017. <p>Response by registered provider detailing the actions taken: <i>Monitoring will be completed as outlined above.</i></p>

Requirement 7 Ref: Regulation 30(2) Stated: First time To be completed by: 25 February 2017	The registered person must notify RQIA of: (a) the name, address and qualifications of the person who will be managing Glenshane Care Association until another manager is appointed. (b) The arrangements made to appoint another manager to manage Glenshane Care Association, including the proposed date by which the appointment is to be made.
	Response by registered provider detailing the actions taken: <i>Complete</i>

Recommendations	
Recommendation 1 Ref: Standard 4 Stated: First time To be completed by: 10 May 2017 and ongoing	The registered provider should ensure: (a) each service user has an up to date person-centred assessment of his or her needs. This should include, as appropriate: <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. (b) Assessments are dated, signed by the service user, the member of staff completing it and the registered manager. (c) The identified service user's assessment needs to be reviewed and updated so it fully and accurately reflects their needs.
	Response by registered provider detailing the actions taken: <i>Information on file - assessments to be updated now following appointment of new acting manager.</i>

<p>Recommendation 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2017 and thereafter annually</p>	<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 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>(b) 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>Response by registered provider detailing the actions taken: <i>Survey forms in progress - reports will be available as per point (b) above.</i></p>
<p>Recommendation 3</p> <p>Ref: Standard 14</p> <p>Stated: First time</p> <p>To be completed from: 10 February 2017 and ongoing</p>	<p>The registered provider should ensure the Glenshane Care Association's complaints record is made available for inspection purposes.</p> <p>Response by registered provider detailing the actions taken: <i>Complaints record available on request. Complaints record monitoring info sent to HHSCT on a quarterly basis - next return due June 2017.</i></p>
<p>Recommendation 4</p> <p>Ref: Standard 17.6</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2017</p>	<p>The registered provider should ensure the Glenshane Care Association's Statement of Purpose is reviewed to reflect all of the matters stated in Regulation 4(1)(c), Schedule 1. This includes details of the name of who is managing the day care setting in the absence of a manager. The Statement of Purpose should be dated and forwarded to RQIA.</p> <p>Response by registered provider detailing the actions taken: <i>Statement of purpose currently being finalised to be forwarded to RQIA in due course</i></p>
<p>Recommendation 5</p> <p>Ref: Standard 17.8</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2017</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> <p>Response by registered provider detailing the actions taken: <i>Review in progress to be forwarded to RQIA on completion.</i></p>

<p>Recommendation 6</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be completed from: 10 February 2017 and ongoing</p>	<p>The registered provider should ensure staff that are newly appointed, volunteers and students complete structured orientation and induction to Glenshane Care Association. The records are to be signed by both the individual and registered manager.</p> <p>Response by registered provider detailing the actions taken: <i>Interim acting manager has received induction. Any future appointed staff will complete same records signed off as above.</i></p>
<p>Recommendation 7</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 10 March 2017</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>Response by registered provider detailing the actions taken: <i>To be completed in due course.</i></p>

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

