

Unannounced Care Inspection Report 19 October 2017



Glenshane Care Association

Type of Service: Day Care Setting

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

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Inspectors: Laura O'Hanlon and Bronagh Duggan

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Assurance, Challenge and Improvement in Health and Social Care

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 Ltd Responsible Individual: Margaret Grieve	Registered Manager: Stephanie Hilditch (acting)
Person in charge at the time of inspection: Stephanie Hilditch	Date manager registered: Stephanie Hilditch – application not yet submitted
Number of registered places: 20 - DCS-LD, DCS-LD(E), DCS-PH, DCS-PH(E)	

4.0 Inspection summary

An unannounced inspection took place on 19 October 2017 from 10.30 to 16.15.

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 activity provision, communication between service users and staff and the culture and ethos of the service.

Areas requiring improvement were identified in regards to the recruitment policy, annual quality review report, the monthly monitoring visits, recruitment, assessments, care plans, the record of complaints, competency and capability assessments, mandatory training, fire safety risk assessment and the environment.

Service users said they enjoyed coming to the day centre and were praising of the food and activities provided for them.

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	3	9

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

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

4.2 Action/enforcement taken following the most recent care inspection dated 9 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 9 February 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the registration details of the day centre, written and verbal communication received since the previous care inspection and the previous care inspection report and quality improvement plan (QIP).

During the inspection the inspectors met with 14 service users, three staff, the acting manager and the responsible person. A total of 15 questionnaires were provided for distribution to service users, relatives/representatives and staff for completion and return to RQIA. No questionnaires were returned within the required timeframe.

The following records were examined during the inspection:

- staff duty rota
- staff training schedule
- one induction record
- four service user care files
- minutes of recent staff meetings
- accident/incident/notifiable events register
- minutes of service users' meetings
- monthly monitoring reports
- fire safety risk assessment
- fire drill records
- maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- a sample of policies and procedures
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met. One area for improvement identified at the last care inspection was not reviewed as part of this inspection and is carried forward to the next care inspection.

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 6 April 2017

The most recent inspection of the establishment was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 09 February 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
<p>Area for improvement 1</p> <p>Ref: Regulation 13(1)(a)</p> <p>Stated: First time</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>Partially met</p>

	<p>Action taken as confirmed during the inspection:</p> <p>A review of the policies and procedures file confirmed that there was a number of policies devised as identified in Appendix 2 of the Day Care Settings Minimum Standards (January 2012). These included the complaints policy and the whistleblowing policy. The policies reviewed were dated and signed by the registered person.</p> <p>Discussion with the acting manager confirmed that where appropriate, input was sought from staff and service users. The acting manager advised that any outstanding policies would be completed in due course.</p> <p>There was an adult safeguarding policy in place dated October 2017 which reflected the new regional guidance.</p> <p>At the time of the inspection the policy on recruitment was not devised. This element of the area for improvement will be stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Regulation 17(1)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Discussion with the acting manager confirmed that the annual quality review report had not been completed. This area for improvement will be stated for the second time.</p>	<p>Not met</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 20(1)(c)(i)</p> <p>Stated: First time</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</p> <p>(i) receive mandatory training and other training appropriate to the work</p>	<p>Met</p>

	<p>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>Area for improvement 4</p> <p>Ref: Regulation 20(2)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of the schedule for supervision confirmed that supervision was last completed in August 2017 for all staff members.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 21(1)(b)</p> <p>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>Action taken as confirmed during the inspection: Discussion with the acting manager confirmed that no new staff were recruited to the service since the last inspection therefore action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to</p>	<p>Carried forward to the next care inspection</p>

	the next care inspection.	
<p>Area for improvement 6</p> <p>Ref: Regulation 28</p> <p>Stated: First time</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>Action taken as confirmed during the inspection:</p> <p>Discussion with the acting manager and a review of the records of the monthly monitoring visits confirmed these were completed monthly. The reports of these visits captured information on the day care setting's complaints; accidents and untoward incident records and the matters stated on the quality improvement plan.</p> <p>However the report did not record any information on service user's care documentation. This element of the area for improvement will be stated for the second time.</p>	<p>Partially met</p>

<p>Area for improvement 7</p> <p>Ref: Regulation 30(2)</p> <p>Stated: First time</p>	<p>The registered person must notify RQIA of:</p> <p>(a) the name, address and qualifications of the person who will be managing Glenshane Care Association until another manager is appointed.</p> <p>(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.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and review of RQIA records confirmed that RQIA were notified of the acting manager arrangements. The acting manager advised that she is currently completing her QCF Level 5 in management and when completed she will submit her full application to RQIA for registration.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<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) Assessments are dated, signed by the</p>	<p>Partially met</p>

	<p>service user, the member of staff completing it and the registered manager.</p> <p>(c) The identified service user's assessment needs to be reviewed and updated so it fully and accurately reflects their needs.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and review of four care records confirmed that each service user's assessment was dated, signed by the service user, the member of staff completing it and the registered manager.</p> <p>However the records did not have an up to date person-centred assessment as outlined above of his or her needs.</p> <p>This element of the area for improvement will be stated for the second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</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 style="text-align: center;">Not met</p>

	<p>Action taken as confirmed during the inspection: Discussion with the acting manager confirmed that the annual quality assurance survey and evaluation was not been completed. This area for improvement will be stated for the second time.</p>	
<p>Area for improvement 3 Ref: Standard14 Stated: First time</p>	<p>The registered provider should ensure the Glenshane Care Association's complaints record is made available for inspection purposes.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager confirmed that there were no complaints received from the last inspection. However the record of complaints was not available for inspection. This area for improvement will be stated for the second time.</p>	Not met
<p>Area for improvement 4 Ref: Standard 17.6 Stated: First time</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>Action taken as confirmed during the inspection: A review of the Statement of Purpose confirmed that it was reflective of the matters stated in Regulation 4(1)(c), Schedule 1. This included details of the management arrangements of the day centre.</p>	Met
<p>Area for improvement 5 Ref: Standard 17.8 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> <p>Action taken as confirmed during the inspection: Discussion with the acting manager identified that the Service Users' Guide was not reviewed and update accordingly.</p>	Not met

	This area for improvement will be stated for the second time.	
Area for improvement 6 Ref: Standard 21.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of one record of a volunteer induction confirmed this was signed by both parties.	
Area for improvement 7 Ref: Standard 23.3 Stated: First time	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.	Not met
	Action taken as confirmed during the inspection: Discussion with the acting manager confirmed that competency and capability assessments were not completed. This area for improvement will be stated for the second time.	

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 acting manager confirmed the staffing levels for the day centre and that these were subject to regular review to ensure the assessed needs of the service users were met. No concerns were raised regarding staffing levels during discussion with service users and staff.

The duty roster was reviewed. This contained the names of the staff working in the day centre and the specific tasks they were assigned that day. However it did not reflect the grades of staff, the hours worked and the acting manager's hours were not recorded. Discussion took place with the acting manager in regard to the duty roster in that a record should be maintained of the staff working each day and the capacity in which they worked. The manager's hours should also be recorded. This was identified as an area for improvement under the standards.

Discussion with the acting manager confirmed that there is always a competent and capable person in charge of the day centre. However there were no competency and capability assessments completed by the acting manager. This area for improvement was stated for the second time.

Discussion with the acting manager confirmed that she had completed an orientation and induction when she commenced her post as acting manager. The acting manager advised this would be provided for all new staff commencing in the centre. A review of one record of a volunteer induction confirmed this was signed by both parties.

At the time of the inspection there was no recruitment policy in place. This element of the requirement was stated for the second time. Discussion with the acting manager confirmed that no new staff were recruited to the centre following the last inspection. Therefore the area for improvement identified at the last inspection in regard to recruitment was carried forward for review at the next inspection.

Discussion with staff confirmed that mandatory training and other professional development training was provided. A review of the training matrix confirmed that as correct. Staff training in safeguarding vulnerable adults was completed on line on 15 February 2017. The acting manager advised that face to face training on adult safeguarding will be completed on 10 November 2017. Training in fire safety was completed on 30 August 2017. However staff training in regard to first aid was last completed on 28 October 2015. Discussion took place with the acting manager in regard to the need for annual updates to be provided. This was identified as an area for improvement under the standards.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA confirmed that these were appropriately managed and reported. Discussion with staff confirmed the importance of keeping service users safe in the setting and staff were aware of potential risks for each individual.

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

There was an adult safeguarding policy in place dated October 2017 which reflected the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). Discussion with staff confirmed that they were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that whilst there was no current safeguarding investigations within the day centre, any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records retained.

The staff confirmed that if they had any concerns regarding safe practice they would discuss this with their colleagues and/or the management team who they described as very supportive. Staff confirmed service users are encouraged to give their views, opinions and preferences.

A general inspection of the day centre was undertaken and was found to be fresh smelling, clean and appropriately heated. There were environmental issues observed in the conservatory namely; the roof was leaking, a damp area was observed at the back door and a light fixture needed covered. Discussion with the acting manager confirmed that this area was not used by the service users. In addition these issues were already identified and the acting manager was trying to source funding to address this. This was identified as an area for improvement.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels in place. Notices promoting good hand hygiene were displayed in bathroom areas.

The day centre had an up to date fire risk assessment in place dated 16 May 2017. However it was noted that the recommendations were not addressed. This was identified as an area for improvement.

Review of staff training records confirmed that staff completed fire safety training annually. A fire drill was last completed in September 2017 and records were retained of staff and service users who participated. Fire safety records identified that fire exits, equipment and emergency lighting were checked monthly.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding and infection prevention and control.

Areas for improvement

Six areas for improvement were identified. Two areas for improvement were stated for the second time in relation to the recruitment policy and competency and capability assessments. Four areas for improvement were stated for the first time in regards to the duty roster, the need for updated first aid training, the environment and the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	1	5

6.5 Is care effective?

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

Discussion with the acting manager established that staff in the day care setting responded appropriately to and met the assessed needs of the service users.

A review of the Statement of Purpose confirmed that it was reflective of the matters stated in Regulation 4(1) (c), Schedule 1.

Four care records were reviewed during the inspection. These included an individual written agreement. There were assessments in place which were signed and dated by the appropriate persons. However the assessments were not reflective of the area for improvement identified at the last inspection. This element of the area for improvement was stated for the second time.

The four records reviewed included risk assessments for example moving and handling and a regular statement of health and well-being of the service user.

The care records contained care plans. The care plans were observed to be appropriately signed. However the care plans were not reflective of the care and support required, nor did they reference supplementary risk assessments from relevant professionals. This was identified as an area for improvement to ensure that an individual comprehensive care plan is in place.

Care records contained advice and guidance from multi-professionals in regard to the service users' health and social care needs.

Discussion with service users about what they were doing in the centre provided assurances they knew what activity they were going to take part in, who would help them and they were happy that their choices and needs were being met in the day centre.

Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. This was evidenced through the staff knowledge in regards to the individual needs and behaviours of each resident.

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

The acting manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings and staff meetings. The acting manager, service users and staff confirmed that management operated an open door policy in regard to communication within the home.

Staff stated that there was effective teamwork and if they had any concerns, they could raise these with the acting manager. Service users spoken with, observation of practice and review of care records evidenced that staff were able to communicate effectively with the service users, their representatives and other key stakeholders.

Areas of good practice

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

Areas for improvement

One area for improvement in regard to assessments was stated for the second time. A second area for improvement was identified in regard to care plans.

	Regulations	Standards
Total number of areas for improvement	1	1

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.

The acting manager confirmed that staff in the day care setting promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of the service users.

Discussions with 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. On the day of the inspection a number of the service users were engaged in painting portraits. The service users commented on how much they were enjoying this activity. In the afternoon storytelling activities were facilitated. Observations of service users taking part in activities showed participation was good.

The service users advised that they usually go out on a trip on Wednesdays. The activity programme was noted as developing social and education opportunities for service users as well as their hobbies and interests.

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, opportunities for outings through service user meetings, informal discussions and their individual review meetings.

During the observation and discussions, staff were observed checking service users were comfortable, that their needs and preferences were being met. Overall staff were observed supporting service users in a compassionate way, encouraging service users to be involved in their care and promoting their independence.

Staff were aware of each service user's individual needs and were observed to respond positively and warmly. During discussion, staff presented as knowledgeable and informed regarding each service user's needs.

Service users' confirmed their views and opinions were taken into account in matters affecting them. They identified that attending the setting helps them avoid loneliness, gives them structure to their week and is a place where they are encouraged to be independent.

The inspectors met with 14 service users during the inspection. The service users reported that they were happy with the day centre and their relationship with staff. Service users were observed to be comfortable and at ease in their environment and interactions with staff were found to be positive.

Comments made by service users were:

- "I love it here. The food is great. The staff are excellent."

- “We always get a choice of activity, if I didn’t want to do something it wouldn’t be a problem. I know who the manager is and I could approach any of the staff.”
- “I love coming here, the staff are all great. We go on a trip on Wednesdays. This is a great place for getting me out of the house. Everyone is so happy.”
- “We love it here, they are all very good, we get to do different things.”
- “I love coming here, it couldn’t be better. Staff are all so good, it gives me something to do on Monday and Thursday. The food is lovely.”
- “I am very happy to come here.”
- “I like it here, everyone is very good.”

Comments made by staff members were:

- “This is the best place to work. We are like a family. There is good communication and Stephanie is brilliant. She is very responsive, we have a meeting every morning and we agree what we are going to do. Anything I suggest would be taken on board. There is good team work.”
- “Coming here has made a big impact on their lives (service users) otherwise they could become isolated. It’s like a family. Staff feel involved, the manager includes staff in everything there is good communication.”
- “There is a nice relaxed atmosphere, service users have choices in what they do. The manager has great ideas involving members of the local community and groups. Service users help shape activities each month.”

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, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

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 certificate of registration issued by RQIA was displayed in a prominent position in the day care setting.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

Discussion with staff confirmed that they knew how to respond to issues such as an adult safeguarding concern. The day centre had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this.

The acting manager confirmed that staff could access line management to raise concerns they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the day centre and that management were responsive to suggestions and/or concerns raised.

Discussion with the acting manager and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. A review of supervision records confirmed that supervisions were completed for staff on a quarterly basis, or more frequently if required. Further discussion identified that the acting manager had not completed training in this area and they expressed a need to further develop this area.

Discussion with the acting manager confirmed that staff meetings were held one to two monthly and records were retained. The last meeting was held on 21 August 2017 and minutes were available. Previous staff meetings had been undertaken on 15 June 2017. Advice was given to the acting manager to ensure that the list of attendees and any follow up action was recorded on the minutes.

As stated within the QIP there was no record of complaints available for inspection. During discussion with the acting manager she confirmed that no complaints had been received since the last care inspection. This area for improvement was stated for the second time to ensure that the record of complaints is made available for inspection.

A monthly monitoring visit was undertaken as required under Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007; a report was produced and made available for the service users, their representatives, staff, trust representatives and RQIA to read. The reports for the period 01 June to 30 September 2017 were reviewed and found to be satisfactory. Advice was given to the registered manager regarding the template used to record the monthly monitoring visits and they were referred to the template devised by RQIA.

As stated in the QIP the reports of the monthly monitoring visits referenced the complaints; accidents and untoward incident records. However it did not refer to the service user's care documentation and how it measured against minimum standards and regulations. This part of the area for improvement was stated for the second time.

Areas of good practice

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

Areas for improvement

Two areas for improvement were stated for the second time in regards to the monthly monitoring visits and the record of complaints.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Stephanie Hilditch, acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13(1)(a) Stated: Second time To be completed by: 30 November 2017	<p>The registered person must ensure that a recruitment policy and procedure is devised.</p> <p>Ref: section 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Recruitment policy and procedure now on file.</p>
Area for improvement 2 Ref: Regulation 17(1) Stated: Second time To be completed by: 19 December 2017	<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> <hr/> <p>Response by registered person detailing the actions taken: Annual Quality Report complete based on surveys carried out by an Independent interviewer with service users, staff and volunteers. Additional info collated from survey sent to service users' relatives/carers. Report available in day centre at reception area for easy access by service users. Schedule 3 matters identified for regular monitoring by registered person as required, and highlighted within Annual Quality Report.</p>
Area for improvement 3 Ref: Regulation 28 Stated: Second time To be completed by: 31 October 2017	<p>The registered person must:</p> <p>(e) 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.</p> <hr/> <p>Response by registered person detailing the actions taken: Monthly monitoring questionnaire updated so that standard of care is included to reflect Regulation 28 and Minimum Standard 8.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</p>	<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> <p>Response by registered person detailing the actions taken: Most recent care reviews in August 2017. Since then the person-centred assessment form has been updated to reflect Minimum Standard 4. Template to be sent to individual service users' Social Workers for info and support re: carrying out up to date needs assessment of each individual service user in 2018.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 8</p> <p>Stated: Second time</p> <p>To be completed by: 19 December 2017</p>	<p>The registered provider should ensure:</p> <p>(c) 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>(d) 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 person detailing the actions taken:</p> <p>(c) Annual Quality Assurance Surveys completed with service users, staff and volunteers by an independent interviewer using updated survey template related to Minimum Standard 8.4. Surveys completed with service users' relatives/carers.</p> <p>(d) Annual Quality Report complete and letter sent to service users and their families outlining its availability and methods used to obtain views/opinions of service users etc., as per Minimum Standard 8.5.</p>
<p>Area for improvement 3</p> <p>Ref: Standard14</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 2017</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 person detailing the actions taken: Complaints record on file. Communications book also includes info that may relate to complaints. Complaints procedure info circulated to all Members in August / September 2017.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 17.8</p> <p>Stated: First time</p> <p>To be completed by: 30 November 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 person detailing the actions taken: Service User Guide (Members' Guide) complete, dated and forwarded to RQIA as per Minimum Standard 1.2.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 23.3</p> <p>Stated: Second time</p> <p>To be completed by: 30 November 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>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: Competency and capability assessments to be complete January 2018.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 23.7</p> <p>Stated: First time</p> <p>To be completed by: 23 October 2017</p>	<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>Response by registered person detailing the actions taken: Duty roster updated to include manager's hours, staff working each day and capacity in which they worked as per Standard 23.7.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 21.3</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered provider should ensure that staff are provided with training in first aid.</p> <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: 4 staff to complete First Aid training on 12 Dec 2017 at North West Volunteer Centre.</p>
<p>Area for improvement 8</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 30 December 2017</p>	<p>The registered provider should ensure the following environmental issues observed in the conservatory are addressed:</p> <ul style="list-style-type: none"> • Repair the leaking roof • Address the damp area observed at the back door • Repair the identified light fixture <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: Leaking Roof request for repair sent to local contractor. Damp area at back door request for repair sent to local contractor. Identified light fixture repaired.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</p>	<p>The registered provider should ensure that the recommendations identified in the fire risk assessment are addressed.</p> <p>Ref: section 6.4</p> <p>Response by registered person detailing the actions taken: Fire Safety training for 4 staff - quotes sought from training providers to complete training in early 2018. Fire drills completed quarterly with full staff participation. Fire doors to be installed/refurbished at office, quiet room and cleaning store when funding available. Staff to ensure these are closed tight at the end of each working day. Assembly points outlined on fire action notices.</p>
<p>Area for improvement 10</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2017</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.</p> <p>Ref: section 6.5</p> <p>Response by registered person detailing the actions taken: Individual care plan template on file. These have been updated to reflect Minimum Standard 5.2 with updated risk assessment templates now on file.</p>

Please ensure this document is completed in full and returned via Web Portal

Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and is carried forward to the next care inspection.

<p>Area for improvement 1</p> <p>Ref: Regulation 21(1)(b)</p> <p>Stated: First time</p> <p>To be completed by: 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 person detailing the actions taken: All staff and volunteer files stored in secure cabinet. These include recent photo and proof of identity as per Regulation 21(1)(b).</p>
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