



The Regulation and
Quality Improvement
Authority

Glenshane Care Association
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**Unannounced Care Inspection
of
Glenshane Care Association**

19 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 19 November 2015 from 9.35 to 14.40. Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

The fore-mentioned regulations state that a “service user means a person for whom day care is provided in the day care setting”. Service users who attend this centre prefer to be referred to as members and therefore the term ‘member’ will be used throughout this report.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	5

The details of the QIP within this report were discussed with Ms Amanda Kelly, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Glenshane Care Association Ltd/Ms Margaret Grieve	Registered Manager: Mrs Amanda Kelly
Person in Charge of the Day Care Setting at the Time of Inspection: Mrs Amanda Kelly	Date Manager Registered: 27 August 2015
Number of Service Users Accommodated on Day of Inspection: 14	Number of Registered Places: 20

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Standard 5: Care Plan - where appropriate member receive individual continence promotion and support.

Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- a review of notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection.

At the commencement of the inspection, a poster was displayed in the centre informing members and their representatives that an inspection was taking place and inviting them to provide their views of the service by speaking to the inspector.

During the inspection 14 members met the inspector as a group and the registered manager and three day care workers also met to discuss the standards being inspected.

Two volunteers and one relative also met the inspector.

During the inspection the following records were examined:

- the statement of purpose
- the service user guide
- records of complaints recorded from March to November 2015
- samples of three monthly monitoring reports
- selected policies and procedures relevant to standard 5 and 8
- minutes of meetings of the service user group from March to September 2015
- file records for three service users
- staff duty rotas for November 2015
- two staff training records
- staff supervisory history.

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment of was undertaken.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an unannounced care inspection dated 12 February 2015. The completed QIP was returned and approved by the care inspector on 7 April 2015.

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.2	It is recommended that the care plan format should be revised, taking account of the matters specified in Standard 5.2.	Met
	Action taken as confirmed during the inspection: Since the previous care inspection, a training day was held with staff, and this recommendation was discussed. The registered manager in consultation with staff had devised a template for staff to use, a copy of which was provided during the inspection. Work to integrate the information into care plans had recently commenced and was still ongoing. The format included a person centred plan based on what the service user would like to do, what support they want and need to achieve their goal and the timescale for their achievement.	
Recommendation 2 Ref: Standard 23.8	The registered manager should ensure that formal, recorded staff meetings are held at least quarterly, in keeping with Standard 23.8.	Met
	Action taken as confirmed during the inspection: The inspector reviewed the minutes of staff meetings and a staff training day which had been held and was satisfied that compliance with the standard was being achieved.	

<p>Recommendation 3</p> <p>Ref: Standard 17.10</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Three monthly monitoring reports which had been completed by either the registered provider or nominated director were reviewed. There was evidence that service users and staff had been consulted.</p> <p>However, there was insufficient evidence to provide robust evidence of the overall quality assurance or that the reports were expanded upon sufficiently for example, there was limited information on the record of events, and whilst audits were evidenced during this inspection, they were not referenced in the monthly monitoring report.</p> <p>Written provider guidance was provided to the registered manager post inspection. (20 November 2015).</p> <p>On 24 November 2015, RQIA received confirmation that a revised template to reflect increased governance had been devised, and a copy was submitted to RQIA.</p> <p>Therefore on this occasion, this recommendation was not stated again.</p>	<p>Met</p>
<p>Recommendation 4</p> <p>Ref: Standard 17.9</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: The registered manager had devised a form to record the audits undertaken, the majority of which are undertaken on a quarterly basis and were due for review at the time of inspection.</p>	<p>Met</p>

Recommendation 5 Ref: Standard 18.1	The registered person should ensure the centre develops policies and procedures, in accordance with Standard 18.	Met
	<p>Action taken as confirmed during the inspection: The registered manager verbally confirmed that all of the policies and procedures recorded in standard 18 had been completed.</p> <p>A sample of specific policies and procedures which were reviewed during this inspection had been completed.</p> <p>It was noted that not all revised or new policies and procedures had been ratified by the registered provider. A recommendation was made in this report in respect of this issue.</p>	

5.2 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

Is Care Safe?

Glenshane Care Association has a continence promotion policy available for staff. The policy defined personal and intimate care and gave guidance to staff involved with members who had assessed continence needs.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment, and that they possessed sufficient knowledge, skills and experience on how to assist a member with their personal needs based on their care plan.

Observation, review of staffing levels and members' positive feedback confirmed that sufficient numbers of staff were employed in the day care setting to meet the identified needs of those members who attend.

A range of mandatory training is provided by the organisation including moving and handling training and first aid training. There was evidence that staff were up to date with all required mandatory training. Discussion with three staff confirmed that they had not received continence promotion training. A recommendation was made that continence training should be provided for the registered manager and staff.

Records examined evidenced that staff were in receipt of annual appraisals and regular formal supervision. Supervision was due for the registered manager and day care staff at the time of inspection.

On the day of inspection staff were observed to be confident in carrying out their duties and they were able to demonstrate an understanding of individuals assessed needs.

Members consulted reported that they felt safe in the day centre and were confident that staff had the skills and experience to assist them with their assessed needs.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was safe.

Is Care Effective?

Discussion with the registered manager and three day care support staff confirmed that the majority of members require no support or assistance with their continence care needs. A few members who require assistance with mobility require additional assistance with their continence needs.

Staff confirmed that members bring in their own continence protection which are retained by the members for use when needed.

The inspector sought verbal permission from three members to review their care records during this inspection and this was provided. The three care records examined confirmed that continence care needs are discussed as part of the core assessment which is completed on admission. Where there is an assessed need for continence care, the measures to be taken were recorded in a care plan as evidenced during the inspection.

A care/support plan for each member was in place and indicated the general support required. Risks were highlighted and the management of these risks recorded. It was recommended that care plans detail the specific assistance or support each member requires regarding their continence needs in a step by step plan which is regularly reviewed and evaluated to ensure it remains effective.

There was recorded evidence in one care plan examined that the service had received information in relation to the continence needs of one member. The care plan had been appropriately updated to reflect this information.

A review of the environment confirmed a number of bathrooms were available to meet the assessed needs of the members. Staff confirmed that a sufficient supply of personal protection equipment is available to them. Hand washing dispensers were also available throughout the centre.

Is Care Compassionate?

Staff interaction with members was observed throughout the inspection period and presented evidence of a high level of compassionate care being delivered.

Staff discussed with the inspector the importance of meeting members' continence care in a respectful, dignified manner.

During periods of observation it was noted that continence care was undertaken in a discreet private way.

Members consulted privately confirmed that they were each very satisfied with the care and support they received when attending the day care service. They felt their personal care needs were met in a discreet way by staff trained for their roles.

Comments made on the day of inspection were as follows:

- “I really enjoy coming here to meet with people, it is a great centre”.
- “the staff are lovely and I have no complaints about this centre”.
- “a staff member recently taught me to crochet and this has been great for me”.
- “the meals are lovely here and they look after us so well”.

As part of the inspection process RQIA distributed three questionnaires which were completed and returned by staff.

The responses reviewed post inspection confirmed that staff were either very satisfied or satisfied with:

- the training received by the organisation in core values
- communication methods
- continence management
- access to continence products
- personal protective equipment (PPE)
- how to assist and support a members with their personal care needs.

There were no issues raised about the quality of personal care or support provided in the day care centre. One staff member indicated they were unsatisfied with support provided from the multidisciplinary team, and were unsatisfied that equipment was obtained in a timely manner to meet assessed need. No other specific information was provided in respect of this dissatisfaction.

Staff consulted did indicate that whilst they received mandatory training, sourcing additional training for specialist areas did prove difficult.

Overall there was evidence that members receive individual continence promotion and support that is safe, effective and compassionate.

Areas for Improvement

Two recommendations were made regarding this theme.

One recommendation was that staff receive training on continence promotion. It was also recommended that care plans detail the specific assistance or support each member requires regarding their continence needs in a step by step plan which is regularly reviewed and evaluated to ensure it remains effective.

Number of Requirements:	0	Number of Recommendations:	2
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5.3 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

Is Care Safe?

A range of policies were available to promote members involvement in the day centre and each policy sets out the principles for involving members to ensure they have an active role in the service delivery.

A complaint procedure was available and appropriate records maintained of any complaint or expression of dissatisfaction received.

A review of the record of complaints found that no complaints were recorded. The registered manager signed and returned the complaint information requested by RQIA on the day of inspection.

Members and one relative consulted were aware that if they had any concerns or issues they could approach any of the staff or the registered manager and they confirmed they would feel comfortable speaking to them about any issues or concerns they may have.

Relevant policies regarding the protection of vulnerable adults from abuse and whistleblowing were in place and records indicated that staff training on the subject was up to date.

Care plans examined provided evidence that members are encouraged to be involved in the planning of their care and actively participate in their annual care reviews. As previously indicated the templates in use have recently been reviewed to include more person centred information and the update of care records to include this information is currently ongoing.

Staff reported that they were fully supported by management and that the training provided by the organisation enabled them to carry out their roles efficiently and effectively. Records reviewed confirmed that a team building and training day had been held for staff on 27 May 2015.

The findings of this inspection provided evidence that members views and comments shape the quality of service provided in this day care setting.

Is Care Effective

There was evidence that management and staff actively seek the views of members via monthly members meetings and whilst staff facilitate the meetings, it is members led, where everyone's ideas and opinions are listened to.

Minutes of the meetings are retained, and information agreed regarding the activity programme for each month is displayed. Records reviewed confirmed that members had recently agreed their arrangements for a Christmas dinner to be held in the centre.

Members consulted confirmed that they were consulted on a daily basis regarding their preferred activities and routines, members related that they sometimes changed their minds and decided to do something other than the organised activities.

The discussions with members confirmed that they are fully informed and enabled to participate and direct the decision making affecting their care in this centre. During the morning of inspection, members discussed a drama project/play they were considering.

Examination of three members care records provided evidence that members and their representatives are encouraged to participate in decisions about the care and support they receive in the day centre.

The records viewed and discussions with members demonstrated that members are encouraged to maintain their independence and exercise control and choice when they are in the day centre.

It was evident from discussion with staff that they were able to discuss members assessed needs and their individual likes and dislikes, and they had good knowledge of members and their needs.

The monthly report which is completed by the registered provider or delegated to a designated director incorporated the views and opinions of members.

Is Care Compassionate?

Members were observed arriving at the centre and were greeted by name in a friendly welcoming manner. Throughout the day interaction between staff and members remained professional and caring and it was evident that a good rapport had been established. Staff were observed attending to members in a discreet professional way and assisting them as and when required.

A welcoming, purposeful and supportive atmosphere was evident throughout the centre and there was evidence of good team morale.

One staff member who returned a completed questionnaire confirmed that:

- “I really enjoy working in Glenshane, I get a lot of job satisfaction supporting the needs and wishes of the members. Our manager is very supportive who always has the members’ best interest at heart. A very good hard working team of staff and volunteers who try to create an environment that is welcoming and relaxed where members can develop new skills, meet new friends, promote independence and choice to maximise their full potential”.

As part of the inspection process RQIA questionnaires were issued to five members. The responses reviewed post inspection found that members indicated they were very satisfied with the care and support provided and confirmed staff respond to their needs and that they felt safe in the centre.

The fourteen members attending the centre on the day of inspection spoke with us in small groups and four members spoke individually.

Members discussed the benefits of the centre and it was very evident that members had developed strong friendships with each other and with the staff team.

Comments on the care provided by the day centre included:

- “I really enjoy coming here and feel that it keeps me well”.
- “The meals are lovely and I enjoy them”.
- “I am very happy and content with this day care centre. I hope it stays open, as I wouldn’t know what to do with myself if it closed”.
- “We are always given choices in what we do”.

One relative met the inspector and discussed the positive benefits of the centre for their relative. The relative spoke very positively about the manager and the team of staff and volunteers.

The evidence collated during this inspection confirmed that this day centre had established a range of forums to provide members with the opportunities to be involved and influence the running of the day care service.

Areas for Improvement

There were currently no identified areas of improvement regarding Standard 8.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Additional Areas Examined

5.1.1 Management and Governance

Overall the current management arrangements provided evidence of good leadership. Since the previous inspection, the registered manager had completed a leadership and management programme in conjunction with the Western Health and Social Care Trust and in recognition of the high standard of work that had been submitted during the programme has been nominated for an award. This is commendable.

Records reviewed confirmed that annual appraisals had been completed for the registered manager and staff and supervision history confirmed that supervision sessions were being regularly completed with a session due at the time of inspection. Confirmation should be submitted that these have been completed, and a recommendation was made.

It was noted that whilst there was evidence of monthly monitoring visits being completed, a records of events and audits were not included to evidence robust governance arrangements are in place. RQIA issued guidance to the registered manager post inspection. A revised template to be used during future monthly monitoring visits has since been submitted to RQIA. On this occasion, the recommendation is not being stated again for a second time.

The registered manager presented an annual report to the directorate board however, this was more of a strategic report about service operation. There was no record of an annual report having been completed in reviewing the quality of the service and devising a year on year action plan for improvement in compliance with the standards. A recommendation was made.

A discussion was held with the registered manager in respect of these issues. RQIA guidance for providers in respect of monthly monitoring and the annual review of the day care setting was issued to the registered manager on 20 November 2015.

5.1.2 Environment

Generally the environment was satisfactory. Work to create a garden area to the rear of the premises was ongoing at the time of inspection. The conservatory area was also out of operation as a café area is being created in this space. RQIA have corresponded with the registered manager in respect of this issue and confirmation has been provided post inspection that there will be consultation with RQIA in respect of this project.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Amanda Kelly, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager 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 person/manager 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 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to day.care@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 18.5 Stated: First time To be Completed by: 31 March 2016	The registered provider should ensure that all revised or new policies and procedures are ratified. Response by Registered Person(s) Detailing the Actions Taken: <i>Registered Manager Amanda Kelly asked Provider Mrs Margaret Greave to do this on 10/12/15. Recommendation Met</i>
Recommendation 2 Ref: Standard 21.4 Stated: First time To be Completed by: 31 March 2016	The registered persons should ensure that management and day care staff receive training on continence promotion. Response by Registered Person(s) Detailing the Actions Taken: <i>Amanda Kelly Registered Manager contacts local Continence Nurse to provide a talk for the staff team before March 2016</i>
Recommendation 3 Ref: Standard 5.2 Stated: First time To be Completed by: 12 December 2016.	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. Response by Registered Person(s) Detailing the Actions Taken: <i>Amanda Kelly will put in place for each review as comes up over the year.</i>
Recommendation 4 Ref: Standard 22.2 Stated: First time To be Completed by: 31 November 2015.	The registered persons should confirm that those supervision sessions which are due/overdue have been completed. Response by Registered Person(s) Detailing the Actions Taken: <i>Standard now met - All Supervisions completed.</i>
Recommendation 5 Ref: Standard 17.11 Stated: First time To be Completed by: 31 January 2015	The registered persons should ensure that an annual report is completed for 2014-15 year in compliance with regulations and standards. Upon completion, a copy of the annual report should be submitted to RQIA. Response by Registered Person(s) Detailing the Actions Taken: <i>Will submit when completed by Registered Manager Director delegated by provider to Registered Provider complete audit forms to be signed at Board Meeting.</i>

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Registered Manager Completing QIP	<i>Anada Kelly</i>	Date Completed	<i>11/1/16</i>
Registered Person Approving QIP	<i>Margaret Greene</i>	Date Approved	<i>11/1/16</i>
RQIA Inspector Assessing Response	<i>Ravise McLeckie</i>	Date Approved	<i>13/1/16</i>

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

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