



The **Regulation** and
Quality Improvement
Authority

Primary Unannounced Care Inspection

Name of Establishment: Foreglen Community Association
Establishment ID No: 11005
Date of Inspection: 26 March 2015
Inspector's Name: Suzanne Cunningham
Inspection No: IN020064

The Regulation And Quality Improvement Authority
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Name of centre:	Foreglen Community Association
Address:	267 Foreglen Road Dungiven Co Londonderry BT47 0BF
Telephone number:	028 7133 8347
E mail address:	anne.hegarty@btinternet.com
Registered organisation/ Registered provider:	Foreglen Community Association Ms Anne Hegarty
Registered manager:	Mr William Somerville
Person in Charge of the centre at the time of inspection:	Mr William Somerville (Known as Norman)
Categories of care:	DCS-I
Number of registered places:	25
Number of service users accommodated on day of inspection:	22
Date and type of previous inspection:	27 March 2014
Date and time of inspection:	26 March 2015 10:00 – 14:00 21 April 2015 (feedback) 10:30 – 13:00
Name of inspector:	Suzanne Cunningham

Introduction

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

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

Purpose of the Inspection

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

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

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

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

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

Methods/Process

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

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

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

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

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

Consultation Process

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

Service users	10
Staff	2
Relatives	0
Visiting Professionals	0

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

Issued To	Number issued	Number returned
Staff	5	3

Inspection Focus

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

- **Standard 7 - Individual service user records and reporting arrangements:**
Records are kept on each service user's situation, actions taken by staff and reports made to others.
- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**
- **Theme 2 - Management and control of operations:**
Management systems and arrangements are in place that support and promote the delivery of quality care services.

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

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

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

Profile of Service

Foreglen Community Association Day Care was established in 1996. The premises used are a community hall situated five or six miles from the village of Dungiven.

Day Care is provided on two days each week, with an additional group which meets twice monthly. The provision of day care is contracted by the Western Health and Social Care Trust. Attendance is usually about 20 people each Tuesday and Thursday and a similar number, from different areas, on two Wednesdays per month.

The overall aim is to provide a service for persons over 65 years who remain living in the community. The facility provides social contact for persons who otherwise may be isolated in their own homes.

Referrals to the service are through Community Social Work Departments of the Western H&SC Trust.

Summary of Inspection

A primary inspection was undertaken in Foreglen Community Association Day Care Centre on 26 March 2015 from 10:00 to 14:00. This was a total inspection time of four hours. The inspection was unannounced. Due to the outcome of the inspection the inspector returned to the setting to review progress made since the inspection and give additional feedback regarding improvements that must be made on 21 April 2015 10:30 to 13:00, this makes a total inspection time of six hours and 30 minutes.

Following this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector referred to the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the manager, and support worker staff in the setting during the inspection regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records which are updated on an ongoing basis by all staff.

Five staff questionnaires were given to staff during the inspection and three were returned. The questionnaires reported satisfactory arrangements were in place with regard to supervision; staff training; staffing; management arrangements; responding to service user's behaviour; confidentiality and recording. The staff members praised the quality of care provided within the returned questionnaires and the following comments were made: "Very good"; "I am very proud to be a member of staff at Foreglen Day care. I feel staff and management are very good at providing a high standard of care, and client's needs are met

with total approval, reflected in comments to us. No complaints ever received”; “We provide an excellent service at our centre with various activities being introduced during the year, we also provide a three course meal of excellent standard. The overall care provided is to a very high standard and appreciated from all clients”.

The inspector observed all of the service users in the setting during the inspection and spoke to 10 of the service users about the setting and their awareness of records kept about them. The service users confirmed they were aware the setting has records about them and they said the staff deal with that. Service users made positive comments throughout the discussions such as: “we couldn’t do without it (day centre), first class”; “I am glad to get out”; “very friendly staff, brilliant and the foods excellent”; “the standards are superb and we are treated the same”; “couldn’t complain”; “the girls (staff) are good to me”. These comments with the inspector’s observations demonstrated to the inspector this setting is a lifeline for these service users who told the inspector if they didn’t come to this setting they would not get out of the house for a social outing.

The previous announced inspection carried out on 27 March 2014 had resulted in one requirement regarding the statement of purpose which had not been improved which is in contradiction to what was stated in the returned quality improvement plan. Seven recommendations were made regarding establishing a policy and procedure for assessment, care planning and review; pre review service user consultation work and report; the review report; monthly monitoring reporting; signing and dating of care plans; general improvement of the regulation 28 reporting; training for staff regarding Parkinson’s disease and dementia. The inspector noted on the returned quality improvement plan the response was “implemented” however inspection revealed none of these had been implemented or indeed improved. The registered manager agreed with the inspector that there was no evidence of improvement. The registered manager stated his intention was to address these matters but time and opportunity had not allowed for this in his role as day care manager. The inspector explained the importance of accurately reporting improvements made on the returned Quality Improvement Plan (QIP). The non-compliance evidenced regarding the last QIP has resulted in this QIP being restated, it was made clear to the manager and responsible person at the next inspection compliance will be required.

Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user’s situation, actions taken by staff and reports made to others.

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. One of the criteria was assessed as not compliant; four of the criteria inspected were assessed as moving towards compliance and one criterion was assessed as substantially compliant. One recommendation is made to establish the policies and procedures for this setting. Two requirements are made regarding improving informing service users that a record is kept about them which also details how they can access this record; processes should also promote the service users involvement in the record and information held regarding each service user must be consistent with Schedule 4 and the manner in which these are kept and maintained should meet the minimum standards 3; 4; 5 and 7.

Observations of service users and discussion provided evidence that the centre is delivering a range of activities in a large community hall that service users report gets them out of the house and provide them with social opportunity. Service users also commented the staff meet their needs and they let staff worry about their individual records. The inspector concluded the

centres process of maintaining and updating service users' records presents as requiring a full review to improve and standardise processes to ensure they are consistent with the day care setting regulations and standards.

Based on the evidence reviewed the inspector assessed the centre as moving towards compliance in this standard. Two requirements and one recommendation are made regarding this standard.

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

The manager reported no restraints, restrictions or seclusions are used in practice in this setting and therefore this theme was not inspected.

Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. Two of the criteria were assessed as moving towards compliance and one criterion was assessed as not compliant. One requirement is made to improve the supervision provided for staff and one recommendation is made to improve the training delivery and records for staff.

Based on the evidence reviewed the inspector has assessed the centre as moving towards compliance and the setting do need to improve their compliance in this regard to ensure there is evidence staff are competent, knowledgeable and supported to deliver care in compliance with the day care setting regulations and standards.

Additional Areas Examined

The inspector reviewed the complaints record and examined a sample of regulation 28 reports from October 2014 to February 2015. Improvements were identified with regard to the regulation 28 monitoring and reporting, a requirement is made in this regard.

The inspector wishes to acknowledge the staff and service users who welcomed the inspector to their centre and engaged with her during the inspection.

As a result of the inspection four requirements and eight recommendations are made. The four requirements focus on improvement in the statement of purpose (this is a restated issue); informing and involving service users in their care; service user individual records; and regulation 28 reporting. The eight recommendations (seven are restated in part or full) focus on improvement of the settings policies and procedures; the service user review; the review report; audit of the reviews completed; review and updating of care plans; monitoring of the setting; staff training; and the training record. This was reported to the management team at the conclusion of the inspection.

Follow-Up on Previous Issues

No.	Regulation Ref.	Requirement	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Regulation 4 (c)	Information on the review process and the role of RQIA in relation to management of complaints needed to be further developed in the statement of purpose.	This change had not been made, and the inspector noted the same concern in the settings service user guide. This is restated as well as integrating improvement in the service user guide.	Not Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	15.4	The centre should have a policy and procedure for assessment, care planning and review.	Inspection revealed there is no Policy or Procedures for staff reference that are compliant with Appendix 2 including the procedure for assessment, care planning and review. No improvement was noted; therefore this is restated.	Not compliant
2	15.4	The staff member should prepare a written report in conjunction with the service user prior to review.	The inspection revealed no reviews had been held in the setting since 25 March 2014, no improvement was noted therefore this is restated.	Not compliant
3	15.5	The review report should be further developed to include all aspects as in the standard.	The inspection revealed no reviews had been held in the setting since 25 March 2014, no improvement was noted therefore this is restated.	Not Compliant
4	15.5	The monthly monitoring should include an audit of reviews held.	The monthly monitoring reports were sampled for this inspection and presented as a tick list. They lacked detail regarding the conduct of the day care setting; the reports did not monitor the reviews held or due. No improvement noted therefore this is restated.	Not compliant
5	15.6	All care plans should be reviewed and signed off in	The inspector sampled three care	Not compliant

		accordance with guidance.	plans and there was no evidence they had been reviewed or signed off since the last inspection. No reviews had been held in the setting since 25 March 2014. No improvement noted therefore this is restated.	
6	17.10	The monitoring visit should be further developed to include a regular audit of all working practises to ensure compliance with the standard.	The monthly monitoring reports were sampled for this inspection and presented as a tick list. They lacked detail regarding the conduct of the day care setting; the reports did not demonstrate evidence of working practices being audited. No improvement noted therefore this is restated.	Not compliant
7	21.4	Training to be provided on Parkinson's Disease and Dementia.	This training had not been delivered to the staff group. No improvement noted therefore this is restated.	Not compliant

Standard 7 - Individual service user records and reporting arrangements:	
Records are kept on each service user’s situation, actions taken by staff and reports made to others.	
<p>Criterion Assessed:</p> <p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p> <p>All records in respect of service users personal information are held and maintained in secure storage, with access by authorised staff only</p>	Compliant
<p>Inspection Findings:</p> <p>The inspector reviewed three service users individual files and other records to be kept in a day care setting, as described in schedule 5. The inspector identified this setting does not have a set of policies and procedures that is consistent with Appendix 2, therefore despite the manager reporting policies and procedures were in place, arrangements for confidentiality was not reported on within the statement of purpose, service users guide or policies and procedures. This setting must establish a full set of policies and procedures for the day care setting including access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement. The last inspection identified the setting must have policies and procedures and this recommendation is in addition to the restated issue to ensure all policies and procedures are available for staff reference and are kept in accordance with standard 18.</p> <p>Service user information is kept in a locked cabinet in the manager’s office, information is updated as necessary and at least weekly.</p> <p>Discussion with staff confirmed they understood the need to keep information confidential and their role and responsibility regarding the need to record.</p>	COMPLIANCE LEVEL Moving towards compliance

<p>Criterion Assessed:</p> <p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>Service users have sight of case records during reviews, or other occasions when changes, or discussions, deem it appropriate. Assess requests noted in file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The manager and staff reported service users can see their records however, most of them had decided they wanted staff to write their plans and they were happy with this. This was confirmed in the three individual service user files the inspector viewed which contained a signed form stating they wanted staff to write their care plan. Whilst this presented as a consultative process the inspector is concerned the opportunity for service users to be involved in the development of their plan and setting of personal objectives is not being promoted in this setting. This is significant because the key principle of the day care setting standards is service users will experience quality care and support when they are fully informed and enabled to participate to the fullest extent in decision making affecting their lives, and in the planning and evaluation of services. In conclusion measures do need to be put in place to inform service users a record is kept about them, how they can access this record and processes should promote the service users involvement in the record. A requirement is made in this regard.</p> <p>Discussion with staff working in the centre discussed they work together with service users to provide activities and respond to service users interests.</p> <p>Discussion with service users confirmed they are aware that records are made about them and they said they leave the staff to deal with that.</p>	<p>Moving towards compliance</p>

<p>Criterion Assessed:</p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> • Assessments of need (Standards 2 & 4); care plans (Standard 5) and care reviews (Standard 15); • All personal care and support provided; • Changes in the service user’s needs or behaviour and any action taken by staff; • Changes in objectives, expected outcomes and associated timeframes where relevant; • Changes in the service user’s usual programme; • Unusual or changed circumstances that affect the service user and any action taken by staff; • Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user; • Contact between the staff and primary health and social care services regarding the service user; • Records of medicines; • Incidents, accidents, or near misses occurring and action taken; and • The information, documents and other records set out in Appendix 1. 	<p>COMPLIANCE LEVEL</p>
<p>Provider’s Self-Assessment:</p>	
<p>All criteria are recorded appropriately in narrative reports and care plans in service users personal file.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The examination of a sample of three service user individual records identified the assessment, care plan and review information was in each file however, they were out of date and the content was not compliant with the standards in this regard. Recording regarding attendance and significant information was inspected; the inspector found there was no reference of where information came from or what information meant in terms of the service users care plan and their time spent in day care. A requirement is made for the information held regarding each service user to be consistent with Schedule 4 and the manner in which these are kept and maintained should meet the minimum standards 3; 4; 5 and 7.</p>	<p>Moving towards compliance</p>

Criterion Assessed: 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Regular comments made in service user's file weekly or monthly, as appropriate.	Compliant
Inspection Findings:	
A sample of three service user care records were reviewed to evidence if individual care records have a written entry at least once every five attendances for each individual service user. The inspector evidenced this was being achieved but gave advice regarding the quality of information recorded and referencing where information has come from. Information should also be used to inform the care plan and amendments to the service user's assessment.	Substantially compliant
Criterion Assessed:	
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> • The registered manager; • The service user's representative; • The referral agent; and • Other relevant health or social care professionals. 	COMPLIANCE LEVEL
Provider's Self-Assessment:	
Manager and staff engage in regular discussion on case files and aspects of service users health, needs and care experience. Action is agreed appropriately, recorded, and effected.	Compliant
Inspection Findings:	
There are no policies or procedures in this regard for staff to access and the inspector concluded practice is guided by what staff have always done. Staff do require guidance in this regard and a recommendation is made.	COMPLIANCE LEVEL Not compliant

<p>Criterion Assessed: 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.</p>	
<p>Provider’s Self-Assessment:</p>	
<p>Yes .</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The inspector examined a sample of three service user individual records and found records were written and some entries were not easily legible, they were not up to date, had not been signed routinely by staff, the manager, any professionals involved in the placement or the service user. There was no evidence of the registered manager reviewing and signing off the records. This improvement is contained in the same requirement made in criterion 7.4</p>	<p>Moving towards compliance</p>

<p>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Compliant</p>
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<p>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL Moving towards compliance</p>
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Theme 1: The use of restrictive practice within the context of protecting service user’s human rights	
Theme of “overall human rights” assessment to include:	
Regulation 14 (4) which states:	COMPLIANCE LEVEL
The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.	
Provider’s Self-Assessment:	
No occasion to use, or experience of, restraint. However, staff fully aware of essential procedures and safeguards.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Not Inspected	Not inspected
Regulation 14 (5) which states:	COMPLIANCE LEVEL
On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.	
Provider’s Self-Assessment:	
Fully conversant with essential procedures, as stated.	Compliant
Inspection Findings:	COMPLIANCE LEVEL
Not inspected	Not inspected

PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant
INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Not inspected

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p>Provider’s Self Assessment:</p>	
<p>Clearly defined management structure in place,with highly experienced staff appropriate to care delivered.</p>	<p>Compliant</p>
<p>Inspection Findings:</p>	<p>COMPLIANCE LEVEL</p>
<p>The manager and the two care workers have completed the city and guilds certificate level 3 in induction into adult social care in NI. The inspector noted the qualification covers, amongst other subject matters, safeguarding and the role of social care worker. The qualification was delivered by the college in Limavady in Dungiven. Therefore all staff are trained to the same level. The training record did not detail the training done in last 12 months, for example this qualification. The record should identify courses they did that were service specific. There must also be a training plan for staff which details staff training needs and how they will be met. Finally staff training records need to include detail of the content of training, who delivered the training, staff competency after the training and the amount of time on each subject. A recommendation is made to generally improve the training in this regard.</p>	<p>Moving towards compliance</p>

<p>The inspector observed the staff to service user ration during this unannounced inspection and this did not identify any concerns.</p>	
<p>Regulation 20 (2) which states:</p> <ul style="list-style-type: none"> • The registered person shall ensure that persons working in the day care setting are appropriately supervised 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Long-time Supervisor/Manager with equally experienced staff ensures properly supervised, disciplined, quality care.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>The inspector asked for the supervision records for staff however there was none in place. The registered manager explained the staff meet as a group regularly however, there is no evidence available of the meetings taking place because they are informal. This is not consistent with day care setting regulations or standards and a requirement is made in this regard.</p>	Not compliant
<p>Regulation 21 (3) (b) which states:</p> <ul style="list-style-type: none"> • (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless – • (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work 	COMPLIANCE LEVEL
<p>Provider’s Self-Assessment:</p>	
<p>Appropriate training in place for all care staff, together with long-term skills and experience.</p>	Compliant
<p>Inspection Findings:</p>	COMPLIANCE LEVEL
<p>As described in the first criteria for this theme the evidence of training requires improvement and a recommendation is made in this regard.</p>	Moving towards compliance

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

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Moving towards compliance

Additional Areas Examined

Complaints

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded.

Monthly Monitoring Reports

The inspector reviewed a sample of regulation 28 reports from October 2014 to February 2015. The reports do not describe the visit or give any view as to the conduct of the setting, compliance with regulations or standards. This must be improved and a requirement is made in this regard.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr William Somerville, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

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

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Primary Announced Care Inspection

Foreglen Community Association

26 March 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr William Somerville (**registered manager/ person receiving feedback**) either during or after the inspection visit.

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

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

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

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

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 (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	7 (4 (c))	<p>The registered manager must ensure information on the review process; and the role of RQIA in relation to management of complaints is further developed in the settings statement of purpose and service users guide.</p> <p>The revised statement of purpose and service user guide must be submitted to RQIA with the completed QIP.</p>	Second	<p>These changes to the statement of purpose and service users guide are currently being actioned, but yet incomplete.</p> <p>(I have had to give priority to the current WHSCT consultation on future of day care, and our and service users response by notified deadline)</p>	21 May 2015
2	13 (2) & (3)	<p>The registered manager must ensure and evidence the service users are informed regarding the record that is kept about them in the setting, how it is kept confidential, secure and what the record is used for.</p> <p>Service users should be enabled to be involved and make decisions regarding the care they receive and their wishes and feelings should be taken into account regarding the care they receive.</p> <p>Evidence of the improved consultation and service user involvement must be clearly stated in the returned QIP and available at the next inspection.</p>	First	<p>A new comprehensive service users personal file has been developed and introduced, specifying confidentiality, and demonstrably taking full account of clients care requirements by full consultation and notified to their records. To date 7 new - style files have been completed in priority action to introduce all such files asap.</p>	21 May 2015

3	19 (1) (a)	<p>The registered manager must ensure the individual records stored and maintained for each service user are consistent with Schedule 4 and the manner in which these are kept and maintained should meet the minimum standards 3; 4; 5 and 7.</p> <p>The returned QIP must detail measures taken to complete this task, and how many files have been reviewed and updated at the time of submitting the QIP. The QIP must also detail the timescale for completion for all service users' records.</p>	First	All files have been, and continue to be, kept in secure locked office and filing systems. It is expected to take appx.16 weeks to complete the process of introducing new style files for all our clients. (In part time working)	21 May 2015
4	28	The responsible person must ensure the regulation 28 visits reports for this setting are improved. The visits must identify the time of the visit, if the visit is announced or unannounced, monitor all of the matters as described in the day care settings standards, monitor issues identified in the RQIA guidance and report on the conduct of the setting, including compliance with regulations or standards.	First	A new monthly responsible person visiting docement has implented with effect May 2015 incorporating details as specifed	21 May 2015

2	15.4	<p>The registered manager should ensure that prior to each care review held in day care, the staff member prepares a written report in conjunction with the service user.</p> <p>At the next inspection the inspector will inspect a sample of reviews held that evidence pre review consultation has been undertaken in a meaningful and planned way.</p>	Second	Service users care reviews are being given prime priority to ensure all have up to date reviews over the next few months, and the process as described is underway.	21 May 2015
3	15.5	The registered manager should make improvements to the review report to ensure all aspects of this standard are described and reported on.	Second	A new review report has been adapted and action is underway as above.	21 May 2015
4	15.5	The registered person should ensure adequate arrangements are in place to audit the care reviews held in the setting during the month being monitored. The registered person must report on the conduct of the day care setting in the regulation 28 monthly visits and reports in this regard. This must commence from the receipt of this QIP.	Second	Monthly visits will include an audit on care plans on an ongoing basis with immediate effect	21 May 2015
5	15.6	The registered manager should make arrangements for all care plans to be reviewed at least annually, amended as necessary and signed off in accordance with this standard and guidance. This will mean the care plan format will need to be amended to include the signature of staff, professionals and the service user.	Second	We have implemented a system of initiating and completing reviews on time ourselves, (with notification to social workers) with appropriate standards.	21 May 2015

6	17.10	<p>The responsible person should improve the monitoring visit to include a regular audit of all working practises which evidences compliance with the standard.</p> <p>By the next inspection the responsible persons monitoring visits must be appropriately detailed regarding the date, time and if the inspection is announced or unannounced. The report should be consistent with RQIA guidance and clearly report on the conduct of the day care setting.</p>	Second	The new inspection form introduced incorporates these requirements	21 May 2015
7	21.4	The responsible person must make appropriate arrangements for staff to receive training regarding Parkinson's Disease and Dementia which are areas of practice that are relevant to the service user group in this setting.	Second	We are currently seeking to access appropriate training in this area	21 May 2015

8	21.4; 21.8 & 21.9	<p>The registered manager must maintain a training record that clearly details the training done in last 12 months. For example the level 3 qualification.</p> <ul style="list-style-type: none"> • The record should identify courses staff have completed including mandatory training and service specific courses. • A training plan should be maintained for staff which details staff training needs and how they will be met. The staff training record should include detail of the content of training, who delivered the training, staff competency after the training and the amount of time on each subject. <p>The inspector will inspect this record in its entirety at the next inspection.</p>	First	A revised training record has yet to be actioned due to time constraints, but will be actioned as required over the next month.	21 May 2015
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

Name of Registered Manager Completing Qip	Norman Somerville
Name of Responsible Person / Identified Responsible Person Approving Qip	Anne Hegarty

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Suzanne Cunningham	12/06/15
Further information requested from provider			