



The Regulation and
Quality Improvement
Authority

Foreglen Community Association
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**Unannounced Care Inspection
of
Foreglen Community Association
1 September 2015**

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 1 September 2015 from 10.30 to 16.30. 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.

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 | 2 | 10 |

The details of the QIP within this report were discussed with Mr William (Norman) Somerville, registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

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| Registered Organisation/Registered Person: Foreglen Community Association/Ms Anne Hegarty | Registered Manager: Mr William Somerville |
| Person in Charge of the Day Care Setting at the Time of Inspection: Mr William (Norman) Somerville | Date Manager Registered: 24 July 2009 |
| Number of Service Users Accommodated on Day of Inspection: 24 | Number of Registered Places: 25 |

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 standards have been met:

Standard 5: Care Plan - where appropriate service users 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 the inspection, the following records were examined:

- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection undertaken in the previous inspection year
- the previous care inspection report.

During the inspection, care delivery/care practices were observed by the inspector and a tour of the general environment took place. During the inspection process the inspector met with fifteen service users and had discussions with two staff.

The following records were examined during the inspection:

- Complaints record (none recorded)
- Accident/untoward incident record (none recorded)
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Minutes of two staff meetings
- Five service users care files
- Policies and procedures regarding standards 5 and 8
- Three monthly monitoring reports.

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 23 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

| Previous Inspection Statutory Requirements | Validation of Compliance |
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| <p>Requirement 1</p> <p>Ref: Regulation 7 (4 (c))</p> | <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> <p>Action taken as confirmed during the inspection: Foreglen Community Association's Statement of Purpose had been reviewed to include information on the review process and the role of RQIA regarding the management of complaints. The manager said he has not yet reviewed the centre's Service Users Guide. A recommendation is made in the QIP from this inspection to review and update the centre's Service Users Guide to include this information so it contains all of the matters stated in standard 1.2.</p> <p>Partially Met</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 13 (2) & (3)</p> | <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> <p>Action taken as confirmed during the inspection: The registered manager revised the centre's service user agreement to include the information contained in this requirement. The quality of content in service user's care files has been reviewed and new templates devised which reflected service user involvement and that their care information has been shared with them. This included the confidentiality and security of their care records. This has been completed with twenty of the fifty four service users attending Foreglen Community Association. Assurances were given this process would be completed with the remaining thirty four service</p> <p>Partially Met</p> |

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| | users. This will be monitored during the next inspection. | |
| Requirement 3 Ref: Regulation 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> <p>Action taken as confirmed during the inspection: All service user's care files are held securely in the centre. The quality of content in service user's care files had been reviewed and new templates devised which is consistent with schedule 4 and minimum standards 3, 4, 5 and 7. This was completed with twenty of the fifty four service users attending Foreglen Community Association. Assurances were given this process would be completed with the remaining thirty four service users. This will be monitored during the next inspection.</p> | Partially Met |
| Requirement 4 Ref: Regulation 28 | <p>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.</p> <p>Action taken as confirmed during the inspection: At the beginning of this inspection, none of the monthly monitoring reports were available. The reports for May – July 2015 inclusive were provided later in the inspection and were examined. The monthly monitoring reports were qualitative, reflected the date and time of the visit, whether it was announced or unannounced; contained information on the matters specified in the RQIA guidance and reported on the conduct of the centre including compliance with regulations and standards. A recommendation is made in this QIP about monthly monitoring reports being retained in the centre.</p> | Met |

| Previous Inspection Recommendations | | Validation of Compliance |
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| <p>Recommendation 1</p> <p>Ref: Standard 15.4</p> <p>18</p> | <p>The registered manager should make appropriate arrangements for this setting to have a full set of policies and procedures available for staff reference that are compliant with appendix 2 and include the policy and procedure for assessment, care planning and review.</p> <ul style="list-style-type: none"> • By the next inspection the registered manager should ensure a file of policies and procedures is set up with proper referencing, easy access and at least contains the policies and procedures stated in this inspection as well as other essential policies and procedures for the operation of this day care setting. • The registered manager should make appropriate arrangements for staff to have access to the full set of policies and procedures and these must be centrally indexed and compiled into a policy manual, which is available at the next inspection. <p>Action taken as confirmed during the inspection: A lever arch file containing an indexed list of all of the policies specified in appendix 2 is in place; however these were not specific and adapted to Foreglen Community Association, they had been copied from another registered day service. A recommendation is made in this QIP for the manager to review the policies and procedures so they are specific to Foreglen Community Association.</p> | <p>Partially Met</p> |

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| <p>Recommendation 2</p> <p>Ref: Standard 15.4</p> | <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> <hr/> <p>Action taken as confirmed during the inspection: The registered manager had stated in the previous QIP <i>“service user’s care reviews are being given prime priority to ensure all have up to date reviews over the next few months.”</i> Five service user’s care files were reviewed during this inspection. Two of the five service user’s had received an annual review of their day care placement in the previous year. The annual review reports reflected there was meaningful planned consultation with service users. A recommendation is made about annual reviews in this QIP.</p> | <p>Partially Met</p> |
| <p>Recommendation 3</p> <p>Ref: Standard 15.5</p> | <p>The registered manager should make improvements to the review report to ensure all aspects of this standard are described and reported on.</p> <hr/> <p>Action taken as confirmed during the inspection: Five service user’s care files were reviewed, two contained annual review reports which reflected standard 15.5.</p> | <p>Met</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 15.5</p> | <p>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.</p> <hr/> <p>Action taken as confirmed during the inspection: Five service user’s care files were reviewed, two contained annual review reports which reflected standard 15.5. A further recommendation is made in this QIP for all service users to have an annual review of their day care placement.</p> | <p>Partially Met</p> |

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| <p>Recommendation 5</p> <p>Ref: Standard 15.6</p> | <p>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.</p> <p>Action taken as confirmed during the inspection: The registered manager has reviewed the care plan template. Review of five service user's care plans showed four contained signatures from the staff member completing it, the service user (or their representative) and the manager, one did not contain all of the relevant signatures.</p> | <p>Partially Met</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 17.10</p> | <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> <p>Action taken as confirmed during the inspection: Review of three monthly monitoring reports detailed whether they were announced or unannounced, the date and time. The quality of information was consistent with RQIA guidance and reported on the conduct of the centre.</p> | <p>Met</p> |
| <p>Recommendation 7</p> <p>Ref: Standard 21.4</p> | <p>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.</p> <p>Action taken as confirmed during the inspection: Staff training records reflected training on the above areas took place on 8 July 2015.</p> | <p>Met</p> |

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| <p>Recommendation 8</p> <p>Ref: Standard 21.4; 21.8 & 21.9</p> | <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> | <p>Partially Met</p> |
| <p>Action taken as confirmed during the inspection:</p> <p>The registered manager stated in the previous QIP <i>“a revised training record has yet to be actioned due to time constraints, but will be actioned as required over the next month.”</i> A table with the names of some of the mandatory and other training that has been provided to staff was in place. These records were handwritten and difficult to read. They did not contain all of the information stated in standard 21.8. Copies of certificates were contained within the staff training file. A training plan regarding standard 21.9 is not yet in place. This recommendation is restated in this QIP.</p> | | |

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

Is Care Safe?

The day service has policies and procedures pertaining to:

- Assessment, Care Planning and Review
- Policy on Incontinence
- Infection Prevention and Control.

These were reviewed during this inspection and were not specific to Foreglen Community Association as they contained the name of another day centre. The assessment, care planning and review policy and procedures did not reflect minimum standards 4, 5 and 15 and need to be reviewed. The service's policy on Incontinence needs to be revised to ensure it reflects continence promotion and best practice guidelines. It should include information on:

- core values and the importance of promoting service user's to be independent as possible in the area of personal care.
- the use and storage of personal protective equipment (PPE);
- the principles of infection prevention and control regarding the provision of personal care;
- the provision of relevant training for staff;
- service user's care plans need to fully reflect the staff support or assistance individuals may need.
- who is responsible for supplying the incontinence products.
- Where continence products are stored.

Review of the identified policies and procedures are areas for improvement.

Observations of practice and discussions with service users concluded staff, where appropriate and safe, encourage and enable service users to make their own decisions and be as independent as possible. Service users were discreetly supported by staff when this was needed.

With regards to continence promotion, discussions with care staff concluded there were an identified number of service users attending the centre assessed to need staff support and assistance with their personal care.

Discussions with service users concluded staff were discreet when approaching them to provide support and assistance; they were sensitive and respectful; they preserved their dignity and that they try their best to make them feel at ease and comfortable throughout the personal care process. Service users stated care staff know them very well. No issues were raised.

It can be concluded care was safe in Foreglen Community Association, however improvements are needed with regards to the quality of policies and procedures and that these should be specific to Foreglen Community Association.

Is Care Effective?

The registered manager had reviewed the service's care plan template as a result of their most recent inspection. Of the 54 service users attending Foreglen Community Association; 20 service user's care files had been updated to reflect information as per minimum standards. Five of these 20 service user's care plans were reviewed and focused on the quality of information pertaining to continence promotion and support. The information was in the main qualitative and person centred. However further improvements are needed in identified sections so that they fully reflect the individual service user's support needs regarding anxiety (where appropriate for identified service users); information on their personal care needs and mobility. One care plan contained sections on social involvement and mental and physical wellbeing, however the recorded information did not state how the day service enhanced social involvement and how they met the individual's mental and physical wellbeing needs.

Improvements are needed in care plans to ensure full compliance with standard 5.2. Care plans should fully reflect the service user's needs and preferences for example, if the service user needs to have a nap during the day this should be stated and how the day service facilitates this. Where relevant, the revised care plans should reflect:

- The name and size of continence product used and where this is stored
- The number of staff needed to provide assistance
- The level of staff support and assistance needed
- If a change of clothes is available and where these are located.

These are areas for improvement.

Discussions with two care staff concluded staff were respectful, sensitive and diplomatic in the language used to support and assist service users. Staff described how they ensured service user's privacy and dignity were respected; and were knowledgeable about personal protective equipment (PPE) and where continence products are stored. Staff explained some service users only need minimal staff support; others need one staff member to provide assistance with personal care. Discussions with staff concluded they have a working knowledge of current best practice with regards to infection, prevention and control and have received training on this.

The inspection concluded improvements are needed in identified areas, however there was evidence to reflect care was effective in Foreglen Community Association.

Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Where appropriate service users were encouraged to make their own decisions, be independent and were supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate.

The inspector met with a total of fifteen service users, mostly in small groups around tables in the group room and individually with others in the relaxation area of the hall. Observations of interactions between service users and care staff reflected they were treated with respect and kindness. Discussions with fifteen service users concluded staff were sensitive and respectful if they need support or assistance with going to the toilet. During conversations service users said staff encouraged them to be as independent as possible and preserved their dignity.

It can be concluded care was compassionate in Foreglen Community Association.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

| Questionnaire's issued to | Number issued | Number returned |
|----------------------------------|----------------------|------------------------|
| Staff | 3 | 2 |
| Service Users | 5 | 4 |

The care inspector's review of the questionnaires evidenced all four service users had circled either the very satisfied or satisfied sections regarding the care and support they receive; that staff respond to their needs and that they feel safe and secure in the centre.

Two completed staff RQIA questionnaires stated they were either very satisfied or satisfied (where appropriate to the role and responsibilities of the staff member) with:

- the training received in core values;
- communication methods;
- mental health including dementia;
- continence management;
- access to continence products;
- personal protective equipment (PPE);
- how to assist and support a service user with their personal care needs.

The care inspector's overall assessment of this standard shows the quality of care to be compassionate, safe and effective.

Areas for Improvement

Two identified areas for improvement are needed regarding RQIA's review of standard 5. These concern:

1. Review of identified policies and procedures.
2. Care plans.

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| Number of Requirements: | 0 | Number of Recommendations: | 2 |
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5.4 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?

The day service has corporate policies and procedures pertaining to service user involvement; communication and complaints. The following policies and procedures were in place and reviewed during this inspection:

- Arrangements for Consultation with Service Users and their Representatives about Day Care Centre's Operation
- Listening and Responding to Service Users Views
- Communication with Carers and Representatives
- Service Users Complaints policy.

These were reviewed during this inspection and were not specific to Foreglen Community Association as they contained the name of another day centre. References were made in the index of policies and procedures to the page numbers of other related policies. Some of identified policies and procedures were not retained in the file. This was discussed with the registered manager. These are identified areas for improvement.

Discussions with fifteen service users, two staff and the manager reflected how service users were involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care was delivered in Foreglen Community Association.

Is Care Effective?

Discussions with the manager, fifteen service users and review of documentation show management and staff actively encouraged service user involvement in all aspects of their work.

Examples were given by service users of how staff ensured these were obtained for example: informal discussions with staff, service user meetings; annual quality assurance surveys and their annual review of their day care placement.

The minutes of the last three service users meetings were reviewed during this inspection. These had taken place on 24 March 2015; 18 September 2014 and 11 March 2014. More frequent service users' meetings are needed and these should take place on different days of the week so that all service users not attending five days per week have an opportunity to express their views and opinions. The minutes of meetings were difficult to read, were brief, contained information of the decisions agreed. They did not contain an overview of the outcomes of the action taken from the previous meeting. These areas were discussed with the registered manager and are identified areas for improvement.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Three of the five care files showed there had been no annual review of the service user's placement in the last year. This was discussed with the registered manager and that the annual review report should reflect all of the relevant areas specified in standard 15.5. These are areas for improvement.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis and should cover all aspects of day care service provision for example: the quality of transport/care/programmes and activities/lunch/environment. There was no evidence service users in Foreglen Community Association had received an annual quality assurance survey in the last two years. This was discussed with the registered manager and is an area for improvement.

Complaints

Since the previous care inspection, no complaints had been recorded in Foreglen Community Association's complaints record.

Discussions with service users concluded they were aware of the centre's complaints process. Service users said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

Monthly Monitoring Reports

Three monthly monitoring reports from March to June 2015 were reviewed during this inspection. It can be concluded the monthly monitoring reports were qualitative and informative, however these should be available in the centre at all times.

The inspector concludes the quality of care provision in Foreglen Community Association was effective.

Is Care Compassionate?

Discreet observations of care practices found that service users' were treated with respect, kindness and care.

The inspector met with a total of fifteen service users, at tables in small groups in the dining area or individually in the relaxation area of the hall. Observations of interactions between service users and care staff reflected they were treated with respect and kindness.

Discussions with fifteen service users concluded the quality of their lives has improved significantly as a result of their attendance at Foreglen Community Association. Service users said they enjoyed attending the centre and staff frequently ask them for their views and opinions. They also said staff listen to them and help them when they need it.

A sample of the comments made by service users about the day service included:

- *"I love it here, I enjoy the craic and the friendship."*
- *"The manager and staff are brilliant. Apart from helping us to get up in the morning and go to bed at night, they couldn't do enough for us."*
- *"It gets me out of the house and away from looking at four walls."*
- *"The company is fantastic, I've made friends here and I really enjoy it."*
- *"Everyone is friendly and helpful, it's a great place and I wouldn't be without it."*
- *"the homemade scones and lunches are delicious. I love coming here."*

No concerns were raised.

RQIA Questionnaires

As part of the inspection process RQIA questionnaires were issued to staff and service users.

| Questionnaire's issued to | Number issued | Number returned |
|----------------------------------|----------------------|------------------------|
| Staff | 3 | 2 |
| Service Users | 5 | 4 |

The care inspector's review of the questionnaires evidenced all of the service users had circled the very satisfied sections regarding the areas of 'is care safe, effective and compassionate' which related to the quality of care provision and that their views and opinions were sought.

It can be concluded the quality of care provision in Foreglen Community Association was safe, effective and compassionate, however improvements are needed in identified areas.

Areas for Improvement

Four areas for improvement were identified as a result of the inspector's examination of this standard. These regarded:

1. Review of policies and procedures.
2. Service users' involvement.
3. Service user's annual reviews.
4. Monthly monitoring visits and reports.

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| Number of Requirements | 1 | Number Recommendations: | 3 |
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5.5 Additional Areas Examined

5.5.1. Accidents and Untoward Incidents

The care inspector randomly sampled one accident and untoward incident forms recorded since the previous care inspection of Limavady Community Development Initiative. The service's accident and untoward incident records were being maintained in accordance with regulation 29.

5.5.2. Registration of Foreglen Community Association

Foreglen Community Association is registered with RQIA to accommodate a maximum of 25 service users on a daily basis.

Review of the monthly monitoring report on 11 June 2015 concluded there were 26 service users attending Foreglen Community Association. Discussions with the manager reflected there have been other days when the centre are over their numbers.

This is a breach of day care regulations and the registered persons must ensure the day service operates within their RQIA registration and their Statement of Purpose. This is an identified area for improvement.

5.5.3. Care Notes

Review of five service user's care notes concluded there is frequent use of "*in good form.*" This is subjective language and was discussed with the manager and two care staff. Objective and factual language should be used in care notes. This is an identified area for improvement.

5.5.4. Provision of Lunch

The registered manager was advised to review the centre's lunch menu and menu board. The menu board only reflects one meal is provided. Discussions with the manager concluded catering staff were aware of service user's likes, dislikes and preferences and that if a service user does not like the meal on that day, an alternative is provided. A clear choice of meal should be provided and the menu board should reflect this as per standards 10.2 and 10.3. This is an area for improvement.

5.5.5. Staff Meetings

The minutes of two staff meetings were reviewed. The most recent staff meeting occurred on 28 June 2015 and the meeting previous to this was held on 11 September 2014. The minutes were very brief and difficult to read. A discussion took place with the registered manager regarding standard 23.8 as staff meetings are to take place on at least a quarterly basis and the minutes should contain an agenda, the names of who attended, a summary of discussions and measurable action points identifying who is responsible. These are identified areas for improvement.

5.5.6. Returned RQIA Staff Questionnaires

Two completed staff RQIA questionnaires were returned. Review of these indicated staff were very satisfied regarding the areas of 'is care safe, effective and compassionate.' The following qualitative comments were made in the questionnaires:

- *"I feel confident and passionate about doing my job since the day I started."*
- *"Courses have been very thorough in content."*

5.5.7. Environment

The inspector undertook a tour of Foreglen Community Association. The general décor and furnishings were fit for purpose and there were displays of service user's photographs, art work and pictures on walls and notice boards around the centre. The centre was observed to be clean, tidy and well maintained.

The centre has a disabled bathroom which does not have a pull cord bell system for a service user to summon help if they need assistance from staff. Discussions with care staff concluded this would be beneficial to service user's able to independently use this bathroom. This is an identified area for improvement.

Areas for Improvement

Two areas for improvement were identified as a result of the inspector's examination of additional areas. These areas concerned:

1. Registration of Foreglen Community Association.
2. Care notes.
3. Lunch provision.
4. Staff training records.
5. Minutes of staff meetings.

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| Number of Requirements | 1 | Number Recommendations: | 4 |
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6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mr Norman Somerville, 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

Statutory Requirements

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| <p>Requirement 1</p> <p>Ref: Regulation 18(1)</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p> | <p>With regards to the daily number of service users attending Foreglen Community Association, the registered persons must ensure the numbers of service users attending the centre does not exceed the agreed daily maximum numbers as per RQIA's registration information and the service's Statement of Purpose.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Application is being made to extend the number of service users attending the centre to 30 from the present 25.</p> |
| <p>Requirement 2</p> <p>Ref: Regulation 26(2)(j)</p> <p>Stated: First time</p> <p>To be Completed by: 2 December 2015</p> | <p>The registered persons must ensure there is a call bell system in the disabled bathroom so that service users can use this if they need staff help or assistance.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: We are in process of arranging with our Electrical Contractor to install an appropriate call bell system</p> |

| Recommendations | |
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| <p>Recommendation 1</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</p> | <p>The registered manager should ensure service user's care plans:</p> <p>(a) comprehensively reflect all relevant areas specified in standard 5.2.</p> <p>(a) With regards to continence promotion; where relevant, care plans should reflect:</p> <ul style="list-style-type: none"> • How the service user is approached • If a preferred bathroom or toilet is used • If aids or equipment is used • The name and size of continence product used and where this is stored • The number of staff needed to provide assistance • The level of staff support and assistance needed • If a change of clothes is available and where these are located. <p>Response by Registered Person(s) Detailing the Actions Taken: Updated service user care plans for all our registered service users is now virtually complete.</p> |
| <p>Recommendation 2</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be Completed by: 31 March 2016</p> | <p>The registered manager should ensure:</p> <p>(a) service users' views and opinions about the running of the service and the quality of day care provision are sought on a formal basis at least once per year (standard 8.4)</p> <p>(b) An evaluation report is completed on (a) above and that identifies the methods used to obtain the views and opinions of service users, which incorporates the comments made and issues raised by service users (and where appropriate their representatives) and any actions to be taken in response (standard 8.5).</p> <p>(c) A copy of this report is made available to service users and their representatives (standard 8.5).</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A new service user survey is being commissioned in Jan 2016 that will fully comply with above requirements. This will be an annual procedure.</p> |

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| <p>Recommendation 3</p> <p>Ref: Standard 7.4</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p> | <p>The registered manager should ensure service user's care notes are objective. Subjective comments such as "<i>in good form</i>" should be avoided unless they are backed up with factual observations.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The recommendation was being implemented to ensure regular & specific comments are recored in all service user care notes by care staff.</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 10.2</p> <p>Stated: First time</p> <p>To be Completed by: 16 September 2015</p> | <p>The registered manager should ensure the lunch menu offers a choice of meal to service users, including those on therapeutic or specific diets.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The lunch menu now specifics lunch options available to all service users.</p> |
| <p>Recommendation 5</p> <p>Ref: Standard 15</p> <p>Stated: First time</p> <p>To be Completed by: 28 February 2016 for (a) Immediate and ongoing for (b)</p> | <p>With regards to the annual review of service user's day care placement, the registered manager should ensure:</p> <p>(a) All service users receive an annual review.</p> <p>(b) The service user's annual review report reflects all of the matters (where relevant) stated in standard 15.5.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: All service users will have received an annual review by end February 2016 & annually thereafter.</p> |
| <p>Recommendation 6</p> <p>Ref: Standard 17.6 and 17.8</p> <p>Stated: First time</p> <p>To be Completed by: 2 December 2015</p> | <p>The registered manager should ensure Foreglen Community Association's Statement of Purpose and Service Users Guide are reviewed to reflect schedule 1, regulation 4(1)(c) and standard 1.2 respectively.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: These have both been reviewed and keying is presently taking place.</p> |
| <p>Recommendation 7</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p> | <p>The registered manager should ensure all monthly monitoring reports are retained in Foreglen Community Association and made available for inspection purposes.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The responsible person has undertaken to ensure monthly monitoring reports are completed and files in Daycare storage.</p> |

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| <p>Recommendation 8</p> <p>Ref: Standard 18</p> <p>Stated: Second time</p> <p>To be Completed by: 2 December 2015</p> | <p>The registered manager should ensure the policies and procedures that direct the quality of care and services as identified in appendix 2 of the minimum standards are reviewed to ensure they are specific to Foreglen Community Association.</p> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: This is presently in process of completion to conform with the completion date.</p> | | |
| <p>Recommendation 9</p> <p>Ref: Standard 21.8</p> <p>Stated: Second time</p> <p>To be Completed by: 2 December 2015</p> | <p>The registered manager should maintain a staff training record that clearly details the training done in last 12 months. For example the level 3 qualification.</p> <p>(a) The record should identify courses staff have completed including mandatory training and service specific courses stating:</p> <ul style="list-style-type: none"> • The names and signatures of those attending the training event; • The date of the training; • The name and qualification of the trainer or the training agency • Summary of the content of the training programme. <p>(b) 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> <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The recommendation will be met by the stated completion date.</p> | | |
| <p>Recommendation 10</p> <p>Ref: Standard 23.8</p> <p>Stated: First time</p> <p>To be Completed by: Immediate and ongoing</p> | <p>The registered manager should ensure staff meetings are held at least quarterly. The minutes should include:</p> <ul style="list-style-type: none"> • The dates of meetings; • The names of those attending; • Minutes of discussions; • Any actions agreed with responsibility for completion assigned and time frame/s for completion. <hr/> <p>Response by Registered Person(s) Detailing the Actions Taken: The recommendation has been implemented</p> | | |
| <p>Registered Manager Completing QIP</p> | <p>WJN Somerville</p> | <p>Date Completed</p> | <p>25/10/2015</p> |
| <p>Registered Person Approving QIP</p> | <p>Anne Hegarty</p> | <p>Date Approved</p> | <p>25/10/2015</p> |
| <p>RQIA Inspector Assessing Response</p> | <p>Louise McCabe</p> | <p>Date Approved</p> | <p>28.10.15</p> |

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