

# Day Care Inspection Report 01 and 10 November 2016



## SCA Montague Centre Broadway

Type of service: Day Care Service  
Address: 2 Fallswater Street, Belfast, BT12 6BZ  
Tel no: 028 90235350  
Inspector: Priscilla clayton

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of SCA Montague Centre Broadway took place over two days, 01 November 2016 between 10.10 until 15.30 hours and 10 November 2016 between 10.30 and 14.00 hours.

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

### **Is care safe?**

There was supporting evidence from staff and service users that staffing levels were satisfactory and that the care provided was safe in meeting the identified needs of service users in attendance.

It was a matter of concern that a number of records which require to be retained were not available for inspection.

Requirements made related to the retention of staff selection and recruitment records, staff duty rosters and addressing the recommendations reflected within the centre's fire risk assessment dated 11 April 2016.

Recommendations for improvement related to retention of a staff duty roster, recording of mandatory training including staff induction records, competency and capability assessment, review and revision of adult safeguarding policy/procedure and domestic cleaning schedule of the internal environment (One recommendation, restated for a second time from inspection conducted on 09 March 2016 related to review and revision of the Continence Promotion policy).

### **Is care effective?**

Service users and staff who spoke with the inspector gave positive feedback on the care provided by staff. Care records examined were maintained in line with legislation and minimum care standards for day care. Systems were in place for regular review of service users' placement of care within the centre. Service users' meetings were being held and annual quality assurance undertaken through service users' satisfaction survey with positive responses received.

One recommendation identified for improvement within this domain related to review and revision of the statement of purpose to ensure that the registered provider's name and the current staffing complement is included.

### **Is care compassionate?**

Discussion with service users, staff and observation of interactions provided evidence that service users were treated with dignity and respect while promoting their independence. Positive responses were reflected within the day centre's annual satisfaction survey conducted during June 2016. The evaluation of this survey was displayed on the centre's notice board.

No requirements or recommendations were made for improvement within this domain.

## Is the service well led?

The registered manager's post is currently vacant. Marie Murray, a senior care worker, is "acting" manager until an appointment is made.

Staff confirmed that staffing levels were satisfactory and that working relationships within the team was very good. Staff supervision, annual appraisal and staff meetings were provided with records retained. The senior care assistant/acting manager confirmed that mandatory training was scheduled to take place during November 2016. No recorded evidence of previous mandatory training was available for inspection.

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

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	4	8

Details of the Quality Improvement Plan (QIP) within this report were discussed with Marie Murray, Senior Care Worker/Acting Manager and Terry M' Neill, General Manager, as part of the inspection process.

Following this inspection a serious concerns meeting was held at RQIA to provide opportunity to further discuss the outcome of the inspection and consider the action necessary to ensure compliance with regulations and minimum care standards. Gerald O'Neill, Registered Provider and Terry McNeill, General Manager were in attendance. Sufficient assurance was given at this meeting by the registered provider and general manager in regard to the improvement issues discussed. Several of the required documents were presented to RQIA by the registered provider.

A further unannounced monitoring inspection of SCA Montague Centre Broadway will take place to review the action taken to address the improvement issues as reflected within the appended QIP.

### 1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent estates inspection on 31 March 2016.

## 2.0 Service details

<b>Registered organization /registered person:</b> Springfield Charitable Association/Mr Gerard O'Neill	<b>Registered manager:</b> Post vacant (Marie Murray, senior care worker/acting manager)
<b>Person in charge of the service at the time of inspection:</b> Marie Murray, Senior Care worker/Acting Manager	<b>Date manager registered:</b> This post is currently vacant

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection reports dated 09 March 2016 and 22 June 2015
- Correspondence
- Notifications.

During the inspection the following records were inspected:

- Registration certificate
- Indemnity Insurance
- Statement of Purpose
- Service user guide
- Selected policies and procedures
- Accident and Incident records (3)
- Complaints register
- Minutes of staff meetings
- Minutes of service user meetings
- Three care records
- Audits conducted
- Monthly monitoring reports
- Menus
- Food Hygiene certificate
- Food fridge temperature records
- Fire risk assessment
- Cleaning Schedule.

An inspection of the internal environment was undertaken.

During the inspection the inspector met with all service users, senior care worker, three care staff, cook and general manager. No visiting professionals or visitors/representative came to the centre during the inspection.

Fifteen satisfaction questionnaires were given to the acting manager for distribution to service users, relatives and relatives. Twelve questionnaires were completed and returned to RQIA within the timescale requested.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection care inspections dated 22 June 2015 and 09 March 2016.

The most recent inspections of the service were two unannounced care inspections undertaken on 09 March 2016 and 22 June 2015. The completed QIP's were returned and approved by the care inspector. Both QIP's were discussed with the senior care worker/acting manager and general manager during this inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 22 June 2015

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulation 14 (1)(c) <b>Stated:</b> First time	In accordance with Control of Substances Hazardous to Health (COSHH), the manager and registered persons must ensure all cleaning solutions, bleach etc. are appropriately stored in locked cupboards.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The cleaning items were being stored within a locked cupboard.	
<b>Requirement 2</b> <b>Ref:</b> Regulation 15 <b>Stated:</b> Second time	The manager must ensure general assessments are completed on all service users and that these are reviewed yearly or sooner if the service user's needs change.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Three care records examined contained current, completed general assessments.	

Last care inspection recommendations dated 22 June 2015.		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 8.3 <b>Stated:</b> First time	The manager should ensure service users' meetings occur more frequently and on at least a monthly basis as per the centre's policy.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the senior care worker in charge, service users and examination of minutes retained confirmed that service user meetings were being held monthly	
<b>Recommendation 2</b> <b>Ref:</b> Standard 15.5 <b>Stated:</b> First time	The manager should ensure service user's annual review reports state their views and opinions regarding the quality of the day service. If the service user is unable to verbally express their views and opinions, this should be stated and other methods should be used for example: a summary of their general demeanour, behaviour, facial expression and where appropriate the views and opinions of their representative/s recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The template used for annual reviews had been reviewed and revised to include a section for service user views.  Examination of two care records confirmed that views and opinions of service users were reflected.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 18 <b>Stated:</b> First time	The manager should amend SCA Montague Centre Broadway's Service User Involvement and Continence Promotion policies. The Continence Promotion policy should reflect: <ul style="list-style-type: none"> <li>(a) More respectful wording.</li> <li>(b) Where a service user requires continence products, how and where these are to be stored.</li> <li>(c) Include the provision of Personal Protective Equipment (PPE) and the location for the storage of these.</li> <li>(d) Details of the specific training provided to staff for example: Infection Prevention and Control training; core values etc.</li> </ul>	<b>Partially Met</b>

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with the senior care worker/acting manager was held regarding the policy dated June 2015 and joint examination of the policy was undertaken with the senior care worker / acting manager.</p> <p>(a) Wording to include, for example “continence care”.</p> <p>(b) Service users who met with the inspector advised that it was their wish to hold their own continence products and that storage was not necessary. The senior care worker / acting manager explained that should service users want to have continence products stored provision would be made within a storage area. This arrangement should be included within the policy.</p> <p>(c) Personal protective clothing location and storage was not included.</p> <p>(d) Reference to infection prevention and control training; core values were not reflected within the policy.</p>	
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> Second time</p> <p>31 January 2016</p>	<p>With regards to continence promotion, the manager should:</p> <p>Amend the identified service user’s care plans to reflect the type of continence product used and where these are located.</p> <p>(a) Review the current storage of service user’s continence products so that identified individuals who are independently able to manager their continence needs can access these without needing to approach staff. Continence products should be stored in a closed box which is identifiable to the service user. With regards to confidentiality, the box should not state their name.</p> <p>(b) Ensure the terminology/wording in care plans regarding continence support is more respectful. The use of the words ‘toileting, toileted or toileting programme’ should be avoided wherever possible.</p>	<p><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b></p> <ul style="list-style-type: none"> <li>(a) Service users care plans examined reflected the continence product used.</li> <li>(b) Service users who met with the inspector advised that it was their wish to hold their own continence products and did not want to have these stored anywhere.</li> <li>(c) Should they ever wish to have products stored provision has been made within an identified storage area.</li> <li>(d) Care plans examined reflected appropriate terminology as agreed with the service user.</li> </ul>	
<p><b>Recommendation 5</b>  <b>Ref:</b> Standard 17.14  <b>Stated:</b> Second time</p>	<p>The manager should ensure for inspection and auditing purposes a central record is retained of all accidents, untoward incidents and near misses.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  A central record had been established and was available for inspection.</p>	<p><b>Met</b></p>
<p><b>Recommendation 6</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time</p>	<p>With regards to infection prevention and control and best practice guidelines the manager should ensure:</p> <ul style="list-style-type: none"> <li>(a) there is soap and appropriate hand drying towels or equipment in the female staff toilet on the first floor.</li> <li>(b) Replace the pull cord from the light switch in the identified bathroom.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  The staff toilet on the first floor contained appropriate hand drying paper. The pull cord from the light switch had been replaced.</p>	<p><b>Met</b></p>

### 4.3 Review of requirements and recommendations from the care inspection dated 09 March 2016

Last care inspection statutory requirements		Validation of compliance
<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 18(2)(d)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall having regard to SCA Montague Centre Broadway and the number and needs of service users; after consultation with the Environmental Health Department of the District Council; make suitable arrangements for maintaining satisfactory standards of hygiene and associated recording in the centre. This includes:</p> <ul style="list-style-type: none"> <li>(a) A deep clean of the kitchen.</li> <li>(b) Defrosting of the two identified freezers.</li> <li>(c) Ensuring all food stored in the fridge and freezers are appropriately labelled and dated.</li> <li>(d) Recommencing and maintaining daily temperature records of cooked food served to service users.</li> <li>(e) Recording the cleaning completed as per the centre's daily, weekly and monthly kitchen cleaning rota.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Inspection of the kitchen, freezer and contents, daily temperature records and cleaning had all been actioned following unannounced inspection visit from Belfast City Council.</p> <p>Food hygiene certificate issued was rated as 5.</p>	
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 29(1)(g)</p> <p><b>Stated:</b> First time</p>	<p>The registered persons shall retrospectively give notice to the Regulation and Quality Improvement Authority without delay of the two identified untoward incidents discussed on 09 March 2016.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>Two notifications referred to within this requirement were received at RQIA as required.</p>	

Recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time	The manager should ensure:  (a) In consultation with service users, SCA Montague Centre's Broadway's menu plan is reviewed. Menus should be rotated over a three week cycle and are revised at least six monthly, taking into account seasonal availability of foods and service users' views (standard 10.7).  (b) A record is kept of the choices of lunch served to service users and of any variations made to it (standard 10.8).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following a service user food satisfaction survey a new three weekly rotating menu was developed and reviewed on a seasonal basis. Menus were displayed in the dining room on the day of inspection (a) A recording of choices/meals served were retained.	
<b>Recommendation 2</b>  <b>Ref:</b> Standard 10  <b>Stated:</b> First time	The manager should ensure:  (a) The menu offers a choice of meal to service users, including those on therapeutic or specific diets (standard 10.2).  (b) The daily menu is displayed in a suitable format and in an appropriate location (standard 10.3).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Menus which were displayed in three locations reflected choice of meal for the day. Therapeutic or special diets are displayed. Preferred meal choices were recorded within dinner sheets.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p>	<p>The manager should ensure additional information is obtained and recorded regarding the identified recruitment matter discussed during the inspection.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The general manager explained that this matter had been addressed and that the information required was obtained.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 27.7</p> <p><b>Stated:</b> First time</p>	<p>The manager should ensure advice is sought from the local Environmental Health Department of the District Council.</p> <p>Staff undertakings catering duties in SCA Montague Centre Broadway is provided with and wear appropriate protective clothing suitable for the job to prevent of infection to themselves or others.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Following advice from Belfast City Council environmental health officer the senior care worker in charge reported that disposable aprons gloves and hairnets would be sufficient. These items were worn by the cook on the day of inspection.</p>		

#### 4.4 Is care safe?

The senior care worker/acting manager and staff confirmed that staffing levels were satisfactory for the number and dependency of service users in attendance each day, statement of purpose, the size and layout of the day care centre and fire safety requirements.

Staffing levels and interactions observed during organised therapeutic activities was considered to be appropriate and were undertaken in a safe manner with service users' requests for assistance responded by staff in a timely manner.

Staff and service users who spoke with the inspector confirmed they were satisfied with the current staffing levels and that all care and attention provided was safe and of a high standard. No issues or concerns were expressed or indicated.

All thirteen completed questionnaires returned to RQIA indicated that staffing was satisfactory. No issues or concerns were recorded.

The senior care worker/acting manager explained that staff employed work the same shift each day. One requirement was made in relation to the development of daily staff duty rosters to

reflect the names of staff on duty each day, capacity in which they work and actual times worked.

The senior care worker explained that there was always a competent, capable person in charge of the centre in the absence of the manager. No recorded competency and capability assessments were available for inspection, one recommendation was made in this regard.

The senior care worker/acting manager confirmed that all new staff undertakes a period of induction which was appropriate to their specific jobs and in keeping with Northern Ireland Social Care Council (NISCC) standards. The senior care worker and general manager were unable to locate the induction records. One recommendation for improvement was made in this regard.

Records of staff training were examined and discussed with the senior care worker and general manager as it was noted that training recorded was not up to date and did not reflect the dates when staff had attended. Staff who spoke with the inspector stated that mandatory training had been provided with update training planned for November 2016 over two and a half days. One recommendation was made in regard to the retention of staff training records.

Notifications of accidents and incidents forwarded to RQIA and records held in the centre were examined and discussed with the senior care worker. These were being recorded and managed satisfactorily. One recommendation made related to review and revision of the accident/incident policy to include notification to RQIA within three working days.

The centre had a policy on adult safeguarding. Questionnaires received from staff following the inspection reflected that staff had received training in adult safeguarding and that they had a working knowledge of the day centre's policy and procedures.

It was recommended that the policy/procedure held is reviewed and revised to include details in keeping with Department of Health (DOH) new policy entitled Adult Safeguarding Prevention Protection and Partnership, July 2015. The centre's policy should include the named Champion for adult safeguarding. An information leaflet in this regard was provided to general manager. Staff training in the new policy/procedure was recommended.

The senior care worker/acting manager confirmed that no adult safeguarding issues or allegations had been received since the previous inspection.

The centre had a whistle blowing policy in place. One recommendation for improvement was made in relation to the inclusion of whistleblowing to RQIA.

Service user agreements were signed and filed within care records retained.

The recruitment information and documents of staff employed within the centre could not be located by the senior care worker/acting manager or general manager. Additionally, there was no availability of reference to staff Access NI serial/reference checks. One requirement was made in this regard as records must be retained in the centre at all times.

An inspection of the day centre's environment was undertaken on the first day of inspection. All areas were appropriately heated with adequate lighting. However, unclean floors were observed within the domestic cleaning room and plant room. Additionally several items were being inappropriately stored within the domestic room, plant room, hall, one bathroom, reminiscence room and library. On the second day of inspection the inspector observed that all

of stated rooms had been cleaned and items appropriately stored. It was recommended that the registered person undertakes regular audits on the standard of cleanliness and general organisation of storage within the centre. Reference to this should be included within the monthly monitoring visit reports.

The large notice board in the corridor requires attention as the central area for the attachment of notices was detached from the wall. One recommendation was made in regard to repair or replacement of the notice board.

The staff cleaning schedule displayed did not include side rooms as discussed and the schedule was not signed to indicate cleaning was undertaken. One recommendation was made in this regard.

The centre's fire risk assessment examined was dated 11 April 2016. Recommendations made related to several high risk areas. This was discussed with the RQIA estates inspector who visited the centre on the second day of inspection to discuss with the general manager the fire risk assessment and storage of items, including a washing machine and tumble dryer within the plant room. One requirement was made in regard to addressing recommendations made by the fire safety officer within the fire risk assessment. Recommendations made for improvement by the fire safety officer should be monitored by the registered person during monthly monitoring visits to ensure compliance with fire safety.

Thirteen satisfaction questionnaires returned to RQIA following the inspection indicated that staff and service users were very satisfied that the care provided to service users was safe.

Comments made by service users during the inspection included:

- "The care is very good".
- "We can have a choice at lunch time and the cook is great".
- "The centre is always nice and warm".
- "love coming here to meet up with friends, wouldn't meet anyone if I didn't come".
- "I see my care plan and the staff explains everything so I agree".

### Areas for improvement

Two requirements and eight recommendations for improvement were identified during the inspection. Requirements made relate to retention of staff information and documentation and addressing the recommendations within the fire risk assessment dated 11 April 2016. Recommendations made relate to retention of a staff duty roster, recording of mandatory training including induction records, competency and capability assessment, policy review and revision of adult safeguarding and cleaning schedule of the internal environment. (One recommendation relating to review and revision of the Continence Promotion policy was stated for a second time).

<b>Number of requirements</b>	3	<b>Number of recommendations</b>	8
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### 4.5 Is care effective?

The centre had a statement of purpose and service user guide. Examination of the statement of purpose evidenced that review and revision was required as the registered provider is not

included within the organisational chart and the staffing levels reflected within section 4 did not reflect the current staffing provision.

Three care records were selected and examined. Records contained comprehensive assessments which were complemented with risk assessments including moving and handling, fall risk and dysphasia. Care plans reflected identified needs and planned interventions. Daily progress notes were being recorded and maintained. There was evidence of multi-professional collaboration in planned care. Care reviews were being held with notes recorded.

Service user meetings were being held on a monthly basis with minutes recorded which included service users in attendance.

A service user satisfaction survey was conducted during June 2016. The survey included meals and meal times, efficiency, helpfulness of staff, activities, cleanliness of the environment and transport. Overall responses were noted to be positive. A summary report had been developed reflecting responses which were displayed in the hallway for residents and visitors to view. This is to be commended.

Service users who spoke with the inspector were aware of who to contact if they wanted advice or had any concerns.

There was evidence of several effective modes of communication, for example; staff meeting minutes, service user meeting notes, care records, health and social care leaflets displayed and monthly monitoring visit reports.

The senior care worker/acting manager has commenced an audit of care records. A template for this audit had been redesigned to ensure all documentation and standard of record keeping was included.

Monthly monitoring visits were being undertaken with reports held on file. These were observed to include positive views and comments made by service users and staff. In view of the findings of this inspection reference in regard of the standard of cleanliness and general tidiness of the internal environment and other areas identified for improvement should be reflected.

Satisfaction questionnaires returned to RQIA following the inspection reflected positive responses with all respondents indicating they were very satisfied that the care provided was effective.

### Areas for improvement

One recommendation identified for improvement within this domain related to review and revision of the statement of purpose to ensure that the registered provider's name and current staff complement.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 4.6 Is care compassionate?

Discussions with service users, staff and observation of interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining independence.

Service users confirmed they were enabled and supported to engage in meaningful activities, social events, hobbies and interests. Staff support and service user engagement was observed during the inspection.

Service users confirmed that their views and opinions were always sought in all matters affecting them. Service user meeting minutes examined and menu choice reflected consultation.

Positive responses were made by service users in annual satisfaction questionnaires conducted by the centre during 2015/16.

Satisfaction questionnaires returned to RQIA following the inspection reflected positive responses with all respondents indicating they were very satisfied that the care provided was compassionate.

### Areas for improvement

No areas were identified for improvement in this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.7 Is the service well led?

The registered manager's post is currently vacant. Marie Murray, Senior Care Worker, has been acting as manager since August 2016. Written notification of this arrangement was received by RQIA on 07 November 2016.

The centre's RQIA registration certificate and indemnity insurance was displayed in a prominent position within the centre.

The senior care worker/acting manager confirmed that staffing levels for the centre was satisfactory and that these were now subject to regular review to ensure that service user identified needs were met. However, as reflected within section 4.4 of this report no staff duty rosters were in place to show the names of staff on duty each day, in what capacity and actual hours worked.

The senior care worker/acting manager and staff confirmed there were effective working relationships within the care team and that the door to the senior care worker/acting manager and general manager was open to everyone.

Staff spoken with confirmed that they were familiar with the organisational and management structure and their lines of accountability. Staff were aware of their roles and responsibility in relation to raising concern. Service users confirmed they were aware of whom to report issues or concerns. Discussion with staff confirmed they were aware of whistleblowing policy/procedure and that support to whistle blowers would be provided by senior management.

Staff supervision, appraisal and staff meetings were being held. Records were being retained and were available for inspection. This was also confirmed within staff questionnaires returned to RQIA

There was a range of policies and procedures to guide and inform staff. Policies were noted to be centrally indexed and readily available to staff. Review and revision of the adult safeguarding policy, whistle blowing and accident and incident policies were recommended as stated within section 4.4 of this report.

The senior care worker/acting manager confirmed that there were no adult safeguarding issues arising since the last inspection. Discussion with the senior care worker/acting manager confirmed that any adult safeguarding issues would be notified to the commissioning trust safeguarding officer without delay and managed in accordance with the centre's policy. Recommendation for review and revision of the policy was made under section 4.4 of this report. Staff training in this regard was recommended.

The centre had a complaints policy to guide and inform staff. Service users were made aware of the process on how to make a complaint by way of the service user guide. The complaints policy held in the centre was considered to be in compliance with DOH guidelines. Discussion with staff confirmed they were knowledgeable about how to receive and deal with complaints.

Review of complaints records retained established that there was arrangements for the management of complaints from service users or other interested parties. Complaints received during the period 01 April 2015 to date were recorded and discussed with the senior care worker/acting manager. Records retained included details of investigation, communication with complainants, investigation outcome and action taken.

The senior care worker/acting manager advised that audits arrangements undertaken during the past year included; service user satisfaction survey which included meals and meal times, facilities available, cleanliness of the centre, transport, range of activities, transport, staff efficiency/helpfulness/courtesy. The summary report reflected the analysis of responses ranging from delighted/satisfied in the majority of areas. One of the twenty two respondents indicated dissatisfaction with the range of activities and facilities provided.

Satisfaction questionnaires returned to RQIA following the inspection reflected positive responses from staff and service users who indicated they were very satisfied that the care provided was well led. No issues or concerns were recorded.

### Areas for improvement

No requirements or recommendation were made for improvement within this domain however the registered provider must ensure that areas identified for improvement as cited within domains entitled "Is care safe" and "Is care effective"( sections 4.4 and 4.5) are addressed.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Marie Murray, senior care worker/acting manager and Terry M 'Neill general manager, as part of the inspection process. The timescales commence from the date of inspection.

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

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

### **5.1 Statutory requirements**

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

### **5.2 Recommendations**

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

### **5.3 Actions to be taken by the registered provider**

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

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

## Quality Improvement Plan

### Statutory requirements

#### Requirement 1

**Ref:** Regulation 19 (2)  
Schedule 5

**Stated:** First time

**To be completed by:**  
Immediate and ongoing

The registered provider shall retain a record of all persons employed in the day care setting, including in respect of each person employed –

- (a) a record of his full name, address, date of birth, qualifications, experience;
- (b) a copy of his birth certificate and passport (if any);
- (c) a copy of each reference obtained in respect of him;
- (d) the dates on which he commences and ceases to be employed;
- (e) the position he holds in the day care setting, the work that he performs and the number of hours for which he is employed each week;
- (f) correspondence, reports of disciplinary action and any other records in relation to his employment including the recruitment process under which he was appointed;
- (g) the training and development activities completed by him

**Response by registered provider a record taken:**

A separate folder for each employee has been created containing information with reference to (A-G). Many of the employees had been in employed for as many as 17 years and provision is underway to gather references. We have indicated that January 31<sup>st</sup> 2017 for completion of all details is suitable. This will include copies of birth certificates or passport. Copies of disciplinary. Much of this information will be displayed on Staff Profile sheet.

#### Requirement 2

**Ref:** Regulation 26 (4)  
(b)

**Stated:** First time

**To be completed by:**  
8 December 2016

The registered provider shall ensure that action is taken to address recommendations recorded by the fire safety officer within the fire risk assessment dated 11 April 2016. The assessment should be signed and dated when recommendations are addressed.

**Response by registered provider detailing the actions taken:**

All actions have been completed. One issue concerning the location of the tumble dryer is still being queried.

#### Requirement 3

**Ref:** Regulation 17 (1)  
Schedule 3 11

**Stated:** First time

**To be completed by:**  
14 November 2016

The registered provider shall ensure that duty rosters of persons working in the day centre are retained and that these are actually worked.

**Response by registered provider detailing the actions taken:**

Completed and ongoing. A monthly signing in/out sheet has been implemented

<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 20 (1) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016.</p>	<p>The registered provider shall ensure that staff receives mandatory training and other training appropriate to the work they are to perform.</p> <p><b>Response by registered provider detailing the actions taken:</b> All staff had received mandatory training. The problem was in evidencing this. The administration function was seriously flawed and now all signing in sheets/ certificates are held centrally. A 3 yearly training programme is displayed in Manager's office too. This will provide a visual illustration of impending mandatory training requirements.</p>
<p><b>Recommendations</b></p>	
<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The manager should amend SCA Montague Centre Broadway's Service User Involvement and Continence Promotion policies. The Continence Promotion policy should reflect:</p> <p>(a) Where a service user requires continence products, how and where these are to be stored. (b) Include the provision of Personal Protective Equipment (PPE) and the location for the storage of these. (c) Details of the specific training provided to staff for example: Infection Prevention and Control training; core values etc.</p> <p><b>Response by registered provider detailing the actions taken:</b> Infection Prevention and Control training has been completed. Policy has been updated and staff have been informed of changes</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016.</p>	<p>The registered provider should ensure that a competency and capability assessment is completed for any person in charge of the centre in the absence of the manager.</p> <p><b>Response by registered provider detailing the actions taken:</b> An indepth assessment of key staff is underway to ascertain the exact capabilities of the team and ensure effective leadership and management whilst registered manager is unavailable. The initial CCA was completed in December 2016. Additional CCA will be completed by 31 January 2016</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 21.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016.</p>	<p>The registered provider should ensure that records of all staff training, including induction, and professional development activities undertaken by staff are retained within the centre and are available for inspection.</p> <p><b>Response by registered provider detailing the actions taken:</b> All files have now been centralised.</p>

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 18.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2016</p>	<p>The registered provider should ensure that the following policies are reviewed and revised:</p> <ul style="list-style-type: none"> <li>(a) Adult safeguarding to ensure this is in keeping with the new DOH policy entitled Adult Safeguarding Prevention and Protection in Partnership, July 2015. The organisation's named Champion should be included.</li> <li>(b) Staff training in the new Adult safeguarding policy/procedure is recommended.</li> <li>(c) The policy entitled accidents/incidents should reflect, where appropriate, detail in regard to notification to RQIA within three working days.</li> <li>(d) The policy on whistle blowing should be reviewed and revised to include notification of allegations to RQIA.</li> </ul> <p><b>Response by registered provider detailing the actions taken:</b> Training on POVA has been completed. Policy has been updated to reflect Adult Safeguarding Champion in line with DoH rec's and Whistleblowing Policy has been updated accordingly. Staff update and dissemination is underway.</p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 December 2016</p>	<p>The registered provider should ensure that regular audit is undertaken on the standard of cleanliness and general organisation / storage of items within the centre. Reference to this should be made by the registered provider within monthly monitoring visit reports.</p> <p><b>Response by registered provider detailing the actions taken:</b> Monthly Audits now include extra rooms. Specifically storage room and boiler room had been omitted from initial inspections .</p>
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2016</p>	<p>The registered provider should ensure that the loose notice board positioned on the corridor wall is made secure.</p> <p><b>Response by registered provider detailing the actions taken:</b> Recommendation is being addressed</p>
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 January 2016</p>	<p>The registered provider should ensure that the staff cleaning schedule includes all rooms within the centre and that the schedule is signed when cleaning completed.</p> <p><b>Response by registered provider detailing the actions taken:</b> Completed and ongoing</p>

<p><b>Recommendation 8</b></p> <p><b>Ref:</b> Standard 17.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 November 2016</p>	<p>The registered person should undertake a review and revision of the statement of purpose to ensure that the named registered provider is included and that the current staffing levels are reflected within section 4.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Completed</p>
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*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

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