



The Regulation and  
Quality Improvement  
Authority

## PRIMARY UNANNOUNCED CARE INSPECTION

**Name of Establishment:** SCA Montague Centre Broadway  
**Establishment ID No:** 11081  
**Inspector's Name:** Louise McCabe  
**Inspection No:** 20328  
**Date of Inspection:** 9 January 2015

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
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**GENERAL INFORMATION**

<b>Name of centre:</b>	SCA Montague Centre Broadway
<b>Address:</b>	2 Fallswater Street Belfast BT12 6BZ
<b>Telephone number:</b>	(028) 9023 5350
<b>E mail address:</b>	jackieMagee@scaltd.net
<b>Registered organisation/ Registered provider:</b>	Mr Gerard O'Neill
<b>Registered manager:</b>	Mrs Jacqueline Magee (Acting)
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Jacqueline Magee
<b>Categories of care:</b>	DCS-I, DCS-LD(E), DCS-PH ( E ), DCS-DE
<b>Number of registered places each day</b>	25
<b>Number of service users accommodated on day of inspection:</b>	13
<b>Date and type of previous inspection:</b>	2 December 2013 Primary Announced Inspection
<b>Date and time of inspection:</b>	9 January 2015 10.00am–4.30pm
<b>Name of inspector:</b>	Louise McCabe

## **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 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	12
Staff	5
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	8	5

### 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:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	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
<b>3 - Moving towards compliance</b>	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
<b>4 - Substantially Compliant</b>	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
<b>5 - Compliant</b>	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**

The Montague Centre Broadway first opened in September 1990 and since then it has been providing comprehensive individually packaged programmes of care for older people within the specified catchments area.

Springfield Charitable Association (SCA) support the government's policy to care for and support those who are vulnerable through age and physical disability, mental illness or other causes, to live as full, independent and enjoyable lives as possible. In conjunction with the Belfast Health and Social Care Trust, SCA provide this support to elderly people and their families through the provision of care at the Montague Centre Broadway.

SCA Montague is located in west Belfast, several miles from the town centre but approximately a mile away from local shops, businesses and the Royal Victoria Hospital. The premises are an end of terrace two storey building with ramped disabled access to the front of the centre.

There are nine rooms on the ground floor of the centre which is specifically for service users consisting of: a large reception/lobby area; a main activity room, library, lavender/relaxation room; kitchen and open plan dining area; hairdressing room; laundry room; bathroom with a malibu bath for easy access; separate female and male WC's with shower facilities and male and female WC's.

The first floor is designated for staff only. There are two rooms consisting of a manager's office; a board/training room and male and female WC's.

The centre offers twenty-five places of care each day, Monday to Friday for older people who are in need of physical, social and/or emotional support under the categories of care specified in the general information section of this report.

There is no designated SCA Montague car parking. Car parking is on the street.

A new manager Mrs Jacqueline was appointed in SCA Montague on 5 January 2015. Mrs Magee stated she will be submit her completed manager's application form to RQIA's Registration Team in the near future.

## Summary of Inspection

**10:00am–4:30pm = 6 hours 30 minutes**

A primary inspection was undertaken in SCA Montague Broadway Centre on 9 January 2015 from 10:00am to 4:30pm. This was a total inspection time of six hours and 30 minutes. The inspection was unannounced.

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. Post inspection the provider submitted a self-assessment of the one standard and two themes inspected, this report compares the providers' statements with the findings of the inspection. During the inspection the inspector used the following evidence sources:

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

An inspector spoke with five staff regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding the management of records and reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their knowledge and experience regarding responding to behaviours which may challenge in the context of respecting service user's human rights. Communication between management and staff is effective and no concerns were raised. There are seven care staff employed in SCA Montague who work in the centre on a daily basis. The staff rota is on the wall in the manager's office. It was evident via discussions with staff of their dedication, commitment and enjoyment of their work in the centre.

Five questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC registration; supervision; staff training; staffing and management arrangements; responding to service user's behaviour; confidentiality and recording. The staff member's praised the quality of care provided within the returned questionnaires and the following comments were made:

- *"High standard."*
- *"I feel we provide a high quality of care which is person centred."*
- *"I feel the quality of care given to the clients at the day centre is excellent. Through monthly client meetings staff are aware of what their needs and wants are."*
- *"The quality of care is first class."*

The inspector spoke with a total of twelve service users regarding the standard inspected; the two themes and their views on SCA Montague. The service users communicated positive feedback regarding attending the centre, the activities the service users had taken part in; and the care provided by the staff. They confirmed they were aware records are kept in the day care setting about them and that they can access the information by asking staff. Service users confirmed they can see their care plan at any stage and at their annual review. The

service users told the inspector they would talk to staff or the manager if they had a problem or wanted to discuss something. Service users stated they loved coming to the centre, were very fond of the staff and enjoyed the activities and outings they participate in. The following comments were made:

- *“This centre is my lifeline; it gets me out of the house, I would be lonely without it.”*
- *“You couldn’t get nicer staff, I love the company.”*
- *“This place has saved my life, it gets me out, I’ve learned things here and the lunches are lovely.”*
- *“I look forward every day to coming here. I’ve met and made friends and the staff are brilliant.”*
- *“You get a good dinner, I love coming to the centre. It’s all very good and I’ve made a really good friend.”*
- *“I’ve no complaints about here.”*

The previous announced inspection carried out on 2 December 2013 had resulted in two recommendations regarding devising a training and development plan and care plans. Review of these concluded compliance regarding the training and development plan and substantial compliance in the care plan area.

**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.**

The six criterion criteria within this standard were reviewed during this inspection. Two criteria were assessed by the inspector as compliant and four as substantially compliant. One requirement and four recommendations were made. It can be concluded improvements are needed by SCA Montague Centre regarding standard 7 which directly relate to standards 2, 4 and 5.

Review of four service users’ individual files conclude that improvements are needed in the areas of assessments (minimum standard 4) and care plans (minimum standard 5) in order to fully meet minimum standards which directly relate to standard 7. The areas for improvement include the manager ensuring general assessments are completed for each service user as this information should form the basis of the care plan on how the service meet these needs and should encompass all other information in standard 5.2. A requirement and two recommendations are made in the appended quality improvement plan regarding these matters.

Two of the four care files were comprehensive in content and person centred. Each contained a service user consent form to photographs, publicity etc. The observation of service users and information in the care files provided clear examples of how staff encourage and assist service users to get the most out of their day care experience, it was also clear this service was improving outcomes for the service users and their carers by providing respite and identifying changes in need and promoting any additional services that can improve outcomes for service users. The inspector concluded the centre promotes service users social needs, stimulates intellectual activity and promotes independence.

Two identified care plans need to fully reflect the service user’s assessed needs and how the service meets these. One identified care plan did not contain information from a recent speech and language assessment concerning recommendations relating to dietary and nutrition areas. This was discussed with the manager. One care plan contained an abundance of information,

most of which constituted progress care notes (these are retained in a different section of the care file. The inspector commented positively on the audits completed by management and a template is used for same, however several of these were not dated and signed by the person completing the audit. A recommendation is made in the quality improvement plan with regards to file audit documentation.

The service is performing well regarding standard 7.5 as they are completing daily progress care notes on each service user. These are qualitative, factual and informative and signed and dated by the staff member completing them.

Discussions with service users and staff conclude they are aware of who to report to and service users are familiar with their care plan and said staff share this with them. Service users know that they can ask staff if they would like to access information in their care file. Staff are aware of the need for confidentiality and the organisations associated policies and procedures regarding this. Staff seemed unsure of the process of a service user or their representative requesting access to their care information once this had been reported to the manager. A recommendation is made in the appended quality improvement plan for information and training on this to be delivered to staff.

Based on the evidence reviewed the inspector assessed the centre as substantially compliant in this standard. A total of one requirement and four recommendations were made in relation to general assessments, care plans, staff training and the audit of care files.

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

Two criterion from regulation 14 were inspected which focused on the use of restrictive practices in SCA Montague Broadway Centre within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the service has not used restraint and therefore no such incidents needed to have been reported to RQIA.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Staff stated they know the service user's well and are familiar with their methods of communication and their needs. Staff use effective communication, diversion and calming techniques when the need arises and respond appropriately to service user's needs. Staff believe this assists them in ensuring service users behaviour does not escalate while also meeting individual and group needs.

Discussions with staff conclude they were not familiar with the Deprivation of Liberty Safeguards (DoLS) and how to integrate these into their daily practice. This was shared with the manager and the inspector advises awareness raising and training in these areas would be beneficial for staff.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable. One recommendation is made in the quality improvement plan and concerns training for staff.

### **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. One criteria was assessed by the inspector as compliant and two as substantially compliant.

Review of selected management records, monthly monitoring reports and discussions with the manager and five staff provided evidence that the centre has in place monitoring arrangements and effective communication systems. These enhance and promote the quality of day care experience for the service user, their relatives/representatives and the public and is indicative of the care provision in this centre.

Improvements are needed regarding the service's complaints record; accident and incident records; monthly monitoring visits and their associated reports; identified policies and procedures and a review of SCA Montague Broadway Centre's statement of purpose and service users' guide.

Based on the evidence reviewed the inspector has assessed the centre as substantially compliant in this theme; two requirements and three recommendations are made on the areas stated in the paragraph above.

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined four service users' individual files and validated the manager's post inspection questionnaire. This did not reveal any areas of improvement.

The inspector wishes to acknowledge the work undertaken by the previous acting manager, new manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspectors to their centre and engaged with them during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre that presents as in tune with the needs of the service users for support, stimulation and to meet their social needs. The inspector is also appreciative of the hospitality shown to her during the day.

A total of four requirements and seven recommendations were made as a result of SCA Montague Centre Broadway's annual primary unannounced inspection. These matters regard: infection, prevention and control; monthly monitoring visits and records of same; assessments, care plans; review of the centre's statement of purpose and service users' guide; complaints record; accident and incident records; policies and procedures; audits of care documentation and staff training.

## Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	Standard 21.9	The registered manager should develop a training and development plan for the centre, in keeping with this standard. (Ref. 21.9)	The previous registered manager devised a written training and development plan for SCA Montague.	Compliant
2	Standard 5.2	It is recommended that the registered manager should carry out an audit of the centre's care plans and arrange with relevant staff to revise the goals and actions sections, as necessary. (Ref. 5.2)	Of the four care plans reviewed by the inspector, two were comprehensive and fully reflected the service user's needs and how these are met by the centre. The goals and actions sections on two care plans were vague and the content was not fully reflective of the service user's current situation. The inspector suggested training on care plans may be beneficial for staff.	Substantially 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.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>	
<b>Provider's Self-Assessment:</b>	
<p>Confidentiality is a vital element of our work and each individual has the right to privacy, taking reference from the DHSSPS Code of Practice on Protecting the Confidentiality of Service User Information. The use and sharing of essential information about a service user forms an essential part of the provision of Health and Social Care. The essential sharing of this information needs to be taken into careful consideration and permission to be sought from the individual service user and /or their representative. Where permission has been sought and granted / declined, this is recorded in " Requests for Access to Client Records " book held in the managers office.</p> <p>All staff and volunteers are trained during the induction process and made aware that they have both a legal and ethical duty of confidentiality in respect of service users personal information being maintained. Policies and Procedures are in place which clearly set out guidelines to practice " Reporting and Recording, Privacy, Dignity and Confidentiality".</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>A sample of four service user's care files in respect of each service user, as described in Schedule 4; and those detailed in Schedule 5 were examined in SCA Montague Centre Broadway. With the exception of the complaints record, accident and incidents, statement of purpose; service user's guide and two identified care plans, it can be concluded the records meet minimum standards and regulations. One requirement and two recommendations were made in the quality improvement plan about these areas and information on same is detailed in the additional information section of this report.</p> <p>There are effective arrangements in place regarding confidentiality and all relevant policies and procedures pertaining to the access to records, storage of service user's information; communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices are in place and readily available. This information is reflective of current national, regional and locally agreed protocols concerning confidentiality and adheres to DHSSPS guidance, regional protocols, local procedures issued by the HSC Board and Trusts and current legislation. The centre's current service user agreement is also compliant with this criterion. Discussions with staff validate they are knowledgeable about the duty of confidentiality and their role and responsibility regarding the need to</p>	Substantially compliant

<p>record, the quality of recording and management of service users personal information. However the inspector recommends training is provided for staff on the process of a service user or their representative requesting access to their personal care file which will include further awareness raising of confidentiality and Data Protection. A recommendation is made in the quality improvement plan regarding this.</p>	
<p><b>Criterion Assessed:</b>                  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.                   7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>Individual service users, or their representatives with the service users written consent, may access their individual files. A written request would be given to the manager from either the service user / their keyworker or representative detailing the reasons for viewing the file, with the manager taking into consideration any information which may affect the individual clients wellbeing eg behavioural issues.</p> <p>A record to access any clients individual records would be kept in the managers office. A record is now kept of the issues for discussion at any upcoming reviews / multi disciplinary meetings and is to be discussed with the client PRIOR to the review taking place.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>SCA Montague Centre has a Terms and Conditions of the day care service proforma, it states:  <i>“Your care plan will be kept in your individual care file, held in a secure location in the manager's office. If at any time you, or your representative, wish to view your care file, a written request is required providing your consent to the manager advising of the reason for this. The manager will then make arrangements for this as soon as is practical.”</i></p> <p>The centre’s service user guide contains information on how an individual requests access to their care information:  <i>“You have free access to copies of any such document and other records concerning your following a written request to the manager. Please ask a member of staff who will be able to explain in more detail.”</i></p> <p>The inspector reviewed four individual service user records and found the information given to service users and</p>	Substantially compliant

<p>representatives about service user's records and access to records is clearly explained in the service user agreement.</p> <p>Discussions with the new manager and five staff validated a person centred approach is used in their recording. Staff working in the centre said service users are aware they have a care file and they have the right to ask to see this. They stated they would inform their manager if a service user requested to see their care file. Staff appeared unsure about the specific process after this and as such a recommendation is made in the quality improvement plan for the manager to provide awareness training of the full process of a service user or their representative requesting access to their care information. Discussions with service users confirmed they are aware that care records are kept on each of them and they were aware they could ask to see their file. The manager informed the inspector there have been no requests to date of a service user or their representative seeking access to their care documentation.</p> <p>The policies and procedures pertaining to: the access to records; consent; management of records and service user agreement are in place and available for staff reference.</p>	
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<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user’s needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user’s usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user’s representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider’s Self-Assessment:</b>	
<p>Each service user has an individual file maintained and regularly updated to reflect any changes in support needs or circumstances. These files include : referral, risk assessment, manual handling assessment, a four week initial assessment, an individual care and support plan and transport assessment. The initial referral form contains contact details for the client, NOK details, emergency contact, social worker / CPN / GP's details or any other multi disciplinary involvement.</p> <p>Any significant changes or concerns regarding the health and well being of our clients is reported to the referring agent and their families where appropriate. The clients individual care plan is then updated accordingly. All client emergency contact details and/or changes to required medication are updated when a change occurs or annually at review.</p> <p>Each client recieves an annual review of services. This gives any multi disciplinary teams, the clients and their representatives the opportunity to discuss any changes in the service they may require, to highlight any concerns they may have with the service provided by the centre.</p>	<p>Substantially compliant</p>

<p>All Incidents and Accidents are now recorded in an Incident / Accident book located in the managers office. Any incidents / accidents which could have caused harm, required police involvement or required medical attention will be reported to RQIA and the Trust as required</p>	
<p><b>Inspection Findings:</b></p> <p>The inspector examined four service users care files. With the exception of Schedule 4 (1)(a) regarding an assessment of the service user's needs referred to in Regulation 15(1)(a), standards 2 and 4, and care plans standard 5; all other areas were compliant with legislation and minimum standards. Two care plans were comprehensive in content and fully reflected how SCA Montague Centre Broadway meets the service users' assessed needs and areas they wish to further develop with staff support. Positive comments were shared with the manager about this.</p> <p>Referral information was retained in the service user's care file, however there was no documentation pertaining to the service's general assessment of needs. One identified service user's care plan did not accurately reflect the service user's current nutritional / dietary needs whose needs had been recently assessed by a speech and language therapist. A requirement and recommendation are made in the appended quality improvement plan. Another identified care plan contained abundant progress care notes which were also recorded in another section of the care file. This was discussed with the manager and the inspector suggested training for staff on standard 5.2 would be beneficial as care plans must reflect the service user's assessed needs, how the centre meets these and encompass the information specified in standard 5.2.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Substantially compliant</p>
<p><b>Criterion Assessed:</b></p> <p>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.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>Our individual clients may attend the day centre from one - five days per week and daily record notes are completed ( known to day centre staff as Daily Buzz sheets ) . These are to be checked weekly for legibility and content and signed off by the manager. Staff have been advised that they must include confirmation that there have been no recordable events following the fifth attendance at the centre. They are also aware of the companys recording and reporting policy and would inform management of anything which may have occurred whilst documenting in the daily record notes.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a sample of four service user care records and evidenced individual care records, there was evidence staff are completing daily notes on each individual. The care notes were qualitative in content and viewed by the inspector as relevant to the care plan and outcomes being worked in with individual service users. Positive comments were shared with the manager about this.</p>	Compliant
<p><b>Criterion Assessed:</b>                  7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user’s representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>Staff are fully aware that they can approach the manager / senior carer at any times to discuss any issues or concerns which they may have regarding any client. Staff are familiar with guidelines on reporting any matters or concerns regarding any individual. Individual clients keyworkers are encouraged to take an active role when informing clients relatives / NOK of any issues they feel may need addressed and are confident when contacting any relevant professionals regarding their clients wellbeing. This is overseen by management and an accurate record held in the individuals file. Our staff are encouraged and supported to be actively involved in the day to day issues affecting our clients and are knowledgeable in all our policies and procedures.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The service user’s files detail referrals made to other services and described their involvement in the decision if they want other professionals to be involved in their care plan.</p> <p>The inspector’s discussions with five staff generated positive feedback regarding the management of records; reporting arrangements including recording and the management arrangements in the centre. Staff demonstrated their</p>	Compliant

<p>knowledge and experience regarding the referral process and responding to service user’s needs and behaviours. Staff felt communication between the new manager and themselves is effective and no concerns were raised. When the previous manager left her employment in SCA Montague Centre Broadway, the senior day care worker acted up as the responsible person in charge. Now that the new manager is in post, the senior day care worker will be the appointed person if the manager is absent from the centre. Discussions with the senior day care worker conclude she is aware of her responsibilities and what constitutes reportable accidents and incidents. She would also have the contact telephone number of the registered person should she need to contact him.</p> <p>The inspector confirmed the centre’s policies and procedures are in place and available with regards to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement.</p>	
<p><b>Criterion Assessed:</b> 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><b>Provider’s Self-Assessment:</b> All records within the setting are legible, accurate and updated regularly. The individual staff member making the entry or change to the care plan signs and dates the record. The manager countersigns any changes to the document once agreed. The setting has an annual audit of the client files where three individual care files are selected at random, audited, reviewed and a report compiled. This takes place during the monthly monitoring site visits which are carried out by the General Manager and Operations Manager respectively.</p>	<p>Substantially compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>The inspector examined a sample of four service user’s care files during this inspection. The care plan of one identified service user did not accurately reflect his/her current nutritional and dietary needs and two care plans contained care progress care notes when it should have specified the information detailed in standard 5.2. Three of the four care files contained a completed audit tool, these had all been signed by the person undertaking the audit, however two of these had not been dated. Three recommendations concerning care plans and audits are made in the appended quality improvement plan, one of which is restated from the previous inspection.</p> <p>Consultation with five staff working in the centre confirmed their understanding of this criterion and their role and</p>	<p>Substantially compliant</p>

responsibility to address this fully when recording in individual files and additional records.	
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<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<p><b>Regulation 14 (4) which states:</b></p> <p><b>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.</b></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>SCA Montague Centre has had no occurrences or incidents to date where restraint or seclusion has had to be used. The organisation has a working policy and procedure on Restraint and Seclusion with references from the " Human Rights Working Group on Restraint and Seclusion" ( Aug 2005 ). This clearly sets out guidelines for staff, that after all considerable interventions have been exhausted, that restraint is required as a very last resort to protect the client or other persons from harm. The safety and well being of our clients and staff is paramount, and we recognise that the management of challenging behaviour is an activity requiring decency, honesty, humanity and the must respect the rights of the individual. Records would be kept of such instances if / when restraint or seclusion is used and kept securely in the setting. All such incidents would be reported to RQIA and the Trust as soon as is practicable</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined a selection of records including a sample of four individual service user records which revealed two comprehensive care plans that clearly describe the day care service user’s receive based on their assessed support needs, likes and dislikes. The manager and staff confirmed there have been no restrictive practices used with service users in SCA Montague Broadway.</p> <p>Care is focused on meeting individual need, clear communication strategies, diversion, distraction and calming techniques. Service user information is written in the context of staff being able to facilitate positive outcomes in day care and avoid any negative experiences. There is a clear focus on identifying and understanding if service users are not happy; how to manage this sensitively and proactively. Overall the approaches referred to present as sound plans to avoid escalation of behaviour or concerns whilst respecting each individual service user’s methods of communicating, their views, choices and needs.</p> <p>Staff attend refresher training on behaviours that may challenge others once a year as part of the mandatory training</p>	<b>COMPLIANCE LEVEL</b> Substantially compliant

<p>programme, this training had taken place in November 2014. Consultation with staff revealed their knowledge, skill and competence concerning this which is commensurate with their role and responsibilities.</p> <p>SCA Montague Centre has a policy and procedure on Restraint and Seclusion, this is dated March 2014. There are policy and procedures on ‘risk assessments in a day care setting,’ these had been reviewed in February 2014. Staff can access policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> <p>Discussions with staff validate management and staff member’s knowledge about when and why restraint is used including their understanding of exceptional circumstances. Staff working in the centre are aware of the exceptional circumstances when restraint or seclusion should be used, including how service users human rights are protected if restraint or seclusion is planned for or when it is used reactively. Staff did not seem aware of the Deprivation of Liberty Safeguards (DOLS) – Interim Guidance during discussions and a recommendation is made in the quality improvement plan for staff to receive training in the area of DoLS and Human Rights.</p> <p>Several stated on completion of RQIA staff post inspection questionnaires they are now aware of the DoLS. The manager’s completed RQIA post inspection questionnaire stated several key policies and procedures concerning this theme need to be devised for the SCA Montague Centre Broadway and she agreed to also provide the necessary training to staff.</p>	
<p><b>Regulation 14 (5) which states:</b></p> <p><b>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.</b></p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment:</b></p>	
<p>We have no current records of restraint having been used within the Montague Centre. The decision regarding any form of restraint or seclusion for an individual client would be made by the Manager or the most senior person on duty. The Manager should include the views of other staff members involved in, or that may have witnessed the incident when making the appropriate decisions. The seclusion or restraint of any individual must happen only in</p>	Not applicable

<p>extreme circumstances and with the best possible and interest of the client in mind. The centre has in place clear and explicit guidelines for all staff regarding the use or application of any measure of seclusion or restraint. Any incidents of seclusion or restraint will be reported and recorded appropriately, to include the circumstances and nature or the restraint and the lessons learned. All incidents will be reported to the Trust and RQIA as soon as practicable.</p>	
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>Discussions with the manager, previous acting manager and staff conclude no service users have been subject to restraint and use of restraint is not planned for in this service with the current group of service users.</p> <p>Staff are currently using approaches such as sound planning, understanding the service user’s needs, clear communication, diversion, one to one time, distraction and activities to avoid any escalation of behaviours. This approach is consistent with the settings ethos, statement of purpose and aims of the service. Guidance on Restraint and Seclusion in Health and Personal Social Services, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available in the centre and accessible to staff.</p>	<p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p align="center"><b>Theme 2 – Management and Control of Operations</b></p> <p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	<p align="center"><b>COMPLIANCE LEVEL</b></p>
<p><b>Regulation 20 (1) which states:</b></p> <p><b>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 -</b></p> <p style="padding-left: 40px;"><b>(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;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p> <p>Our "Statement of Purpose" includes the qualifications and experience of all our Day Centre staff. The Manager has over 13 Years experience in a Health and Social Care setting, with four and a half years at Management level. The Manager and all care staff are registered with the NISCC therefore adhere to their Codes of Practice. All staff within the setting have either NVQ Level 2 or 3 in Health and Social Care, with two staff member currently undertaking QCF Level 5 Health and Social Care. There are clear lines of accountability for all management and operational roles within the setting, such as the Senior Carer stepping into the role of "Acting Manager" in her absence.</p> <p>The management structure of the setting is clearly displayed in reception area of SCA Montague on the notice board. This contains information of the roles and responsibilities of management and staff and is in a format acceptable to the client group in receipt of the service</p>	<p align="center">Compliant</p>

Inspection Findings:	COMPLIANCE LEVEL
<p>The new manager commenced her post on 5 January 2015. Confirmation was provided to the inspector that she has successfully completed QCF Level 5 qualification. The staff team in SCA Montague Broadway Centre include a qualified nurse and care staff who have undertaken NVQ qualifications to level 3.</p> <p>The manager provided evidence of her NISCC registration. The manager is aware she needs to ensure her team are kept informed regarding key issues for this service user group such as empowering service users, improving outcomes, person centred practice, understanding how to protect service user’s rights in the day care setting.</p> <p>The NISCC Certificates and Food Hygiene Certificates of all care staff members are displayed in frames in the communal hall area of the centre.</p> <p>The inspector sampled the staff the training, supervision and appraisal records, a discussion took place regarding the need to ensure all relevant areas of formal supervision are included in the supervision records.</p> <p>Discussions with five staff during this inspection validate their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting. For example who they report to; who they seek support or guidance from; who supervises them and the effectiveness of same. Staff are fully aware of their role and responsibilities to ensure management and control of operations tasks in the day care setting are competently completed.</p> <p>The staffing structure of the day care setting is displayed in the reception area and in the manager’s office. In the manager’s absence delegation of tasks will be derived to a senior day care worker.</p> <p>Staff meetings take place on a monthly basis to ensure good communication takes place within the organisation, so that staff are kept abreast of any changes in staff policies and/or any changes in legislative requirements applicable to the service. Records are kept of all staff meetings and copies are retained in a file in the manager’s office. If a staff member is unable to attend the meeting, they receive a copy of the minutes upon their return to work and a record is kept that they have read and understood its contents. In addition to the staff meetings within the centre, the manager attends Core Staff Meetings fortnightly, with the Retail Managers, Operational Manager, Finance Manager and Triage Coordinator across the entire Springfield Charitable Association organisation.</p> <p>The service’s annual report was in the process of being completed at the time of their annual inspection. A copy of this</p>	<p>Substantially compliant</p>

<p>was forwarded to the inspector and contains information as specified in Schedule 3.</p> <p>The monthly monitoring reports for January – June 2014 inclusive were made available to the inspector, however subsequent monthly monitoring reports were not. The senior day care worker informed the inspector monthly monitoring visits had occurred until September 2014, however since the previous manager left employment in the centre, is unsure where the reports are saved on the computer. A requirement is made in the quality improvement plan regarding the need for consistent monthly reports and the records made available for inspection purposes. The reports reviewed by the inspector are qualitative and meet regulation 28.</p>	
<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>SCA Montague has a supervision and appraisal policy in place. The Manager has received Performance and Management training through Time Associates in September 14, and our senior care assistant has undertaken supervision training facilitated through Newington Day Centre with BHSCT in May 2013. Formal supervision with all Day Centre staff had previously been carried out on average, every two months. However, with the new centre manager in place, this has now been scheduled to be undertaken quarterly so as to meet the Minimum Standards criteria of four times per year. The organisations supervision and appraisal policy will be amended to reflect this.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>Staff supervision and annual appraisal information is retained in a large lever arch file, each staff member's information is separated by dividers. The inspector discussed this with the manager as good practice indicates each staff member should have their own individual staff file containing all of the records specified in Schedules 2 and 5 (6) along with their associated formal supervision and annual appraisal records.</p> <p>A sample of three staff files were reviewed and confirmed supervision is in place in this day care setting and meets minimum standard 2. All three care staff had participated in a recorded annual appraisal in the previous year. Apart from the manager and current cook, there have been no new staff employed in SCA Montague since the last inspection. The manager is aware of the need to complete the NISCC induction information.</p>	Compliant

<p>All staff member's annual appraisals were undertaken in May 2014 and are recorded alongside their Personal Training and Development Plans. Up until January 2015, staff received formal supervision with the manager or senior carer every two months. The manager informed the inspector formal supervision will now be undertaken quarterly in accordance with minimum standard 22.2.</p> <p>The setting has policies and procedures pertaining to the management and control of operations, for example: absence of the manager; staff records; staff supervision and appraisal; staffing arrangements. These are available for staff reference and reflect day to day practice.</p> <p>Discussions with care staff in SCA Montague concluded they systematically and regularly participate in formal supervision and annual appraisal in accordance with NISCC Codes of Practice and minimum day care setting standards.</p>	
<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li>• <b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>All staff within the Day Centre have the appropriate training and qualifications to perform their duties as stated in their job description. Staff participate in a wide and varied programme of training and all staff are up to date with all mandatory training. This increases skill and gives staff pride in their work and achievements. As well as being registered with NISCC and RQIA, SCA Montague holds awards with IIP and CSE and we pride ourselves in providing a great service, shaped by our clients. We invest in our staff and our aim is provide staff with the skills and qualifications to have confidence in their own ability and to feel like valued members of staff.</p>	Provider to complete
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector concurs with the information contained in the provider's self-assessment above. Review of three staff files show that staff are experienced and appropriately qualified for their roles and responsibilities. There are no concerns regarding this criterion.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Provider to complete

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

## **Additional Areas Examined**

### **Complaints**

Anonymised summaries of any areas of dissatisfaction or complaints are displayed on a notice board in the main corridor of the centre. The inspector asked to see details of these, however the new manager was unable to provide this. Discussions with the previous acting manager concluded all areas of dissatisfaction and complaints raised are promptly responded to, investigated and appropriate action is taken.

The inspector informed the manager of standard 14.10 which states “records are kept of all complaints and these include details of all communications with complainants, the results of any investigations and the action taken.” The centre’s complaints record must be available for inspection at all times. Details of the area/s of dissatisfaction must also be recorded in the respective service user’s care file. A recommendation is made in the appended quality improvement plan. Assurances were given by the manager that a new complaints record would commence and be maintained in accordance with standard 14.10.

### **Compliments**

Positive comments were shared with the manager about the many compliments made by service users and others about the quality of care and day provision in SCA Montague Broadway Centre.

### **Incidents/Accidents**

The manager was unable to show the inspector the centre’s collated accident and incident records. The senior care assistant was also unable to locate these but showed the inspector a copy of the most recent accident/incident which was in the respective service user’s care file. A recommendation is made in the quality improvement plan for the manager to ensure all future accidents and incidents are recorded in a central book and this record is made available for inspection purposes.

### **Staff Training**

The manager confirmed that staff have received all mandatory training. A current written training and development plan is in place in accordance with the associated minimum standard.

### **Statement of Purpose and Service Users Guide**

SCA Montague Centre’s service users guide isn’t dated and has no version number. Their statement of purpose is dated January 2014. The manager is advised to review SCA Montague Centre Broadways statement of purpose and service user guide so it fully meets minimum standard 1.2 and schedule 1. It must reflect the name and relevant details of the new manager; details of service users meetings and the annual quality assurance questionnaire about the service. A requirement is made in the quality improvement plan about this.

### **Registered Manager Questionnaire**

The manager submitted a questionnaire to RQIA following this inspection. The information provided confirmed that satisfactory arrangements were in place regarding governance and

management, recruitment and induction of care staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was verified during the inspection visit, from written records and from discussions with the manager and staff members.

## Environment

The inspector was accompanied by the manager on a tour of SCA Montague Centre. It is generally clean and tidy and in good decorative order.

The following areas of improvement are noted:

- The cleaning store needs cleaned, tidied and the mops and mop buckets require replacing. An appropriate drainage system is needed for the mops as these are currently left damp on the floor. Three shelves were observed on the floor behind door which could be a fire hazard.
- In the interests of infection prevention and control; the rusted grab rail in the female WC must be replaced. The organisation should consider sourcing contrasting coloured toilet seats and grab rails which may be beneficial for service users with deteriorating eyesight.
- A chair was observed in the male shower area; if a shower chair is assessed to be needed, this should be replaced with a fit for purpose shower chair.
- The identified shower curtain needs to be replaced.
- Repaint the wall in the Therapy room as bare plaster is showing behind the television bracket fitted.
- New hairdressing towels are needed as the current ones are worn and discoloured.

A requirement is made in the quality improvement plan regarding the stated areas.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Jackie Magee, manager, 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:

**Louise McCabe**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Primary Unannounced Care Inspection

SCA Montague Centre Broadway

9 January 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 Mrs Jackie Magee (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	13(7)	<p><b><u>Infection Prevention and Control</u></b></p> <p>In order to minimise the risk of infection and for effective cleaning purposes, the registered person is advised to:</p> <ul style="list-style-type: none"> <li>(a) Replace the identified rusted grab rail in the female WC;</li> <li>(b) Replace the shower curtain in the male WC;</li> <li>(c) Replace the cleaning mops and mop buckets in the cleaning store &amp; adhere to cleaning colour codes recommended by COSHH;</li> <li>(d) Provide an effective system for draining mops after cleaning;</li> <li>(e) Tidy the cleaning store and remove the 3 shelves on the floor behind the door (this could be a fire hazard);</li> <li>(f) Replace the identified table in the Therapy room;</li> <li>(g) Re-box in the pipes behind the identified toilet.</li> </ul>	Once	<p>All requirements set out in relation to 13(7) have been carried out following inspection.</p> <p>In addition to the requirements set, we have also replaced the shower curtain in the female WC and have contrasting toilet seats in both the male and female bathrooms.</p>	<p>By 15 March 2015 for (a)</p> <p>By 17 January 2015 for (b) and (c)</p> <p>By 28 February 2015 for (d)</p> <p>Immediate and Ongoing for (e)</p> <p>By 15 March 2015 for (f) and (g)</p>

2	28	<p><b><u>Monthly Monitoring Visits</u></b></p> <p>The registered person must ensure monthly monitoring visits are consistently carried out in accordance with regulation 28 and records maintained of same which are available for inspection purposes. (Theme 2 refers)</p>	Once	All monthly monitoring is up to date following Inspection - system now in place so as to ensure they are carried out within the specified timeframe. Paper copies available for Inspection	Immediate and on-going
3	7(a)	<p><b><u>Review of Statement of Purpose and Service Users Guide</u></b></p> <p>The manager must review SCA Montague Centre Broadways statement of purpose and service user guide so it fully meets minimum standard 1.2 and schedule 1. It must reflect the name and relevant details of the new manager; details of service users meetings and the annual quality assurance questionnaire about the service. (Theme 2 and additional information section refers)</p>	Once	Service User Guide and Statement of Purpose have now been amended to ensure compliance with Minimum Standards and Regulations	By 28 February 2015
4	15	<p><b><u>General Assessments</u></b></p> <p>The manager must ensure assessments are completed on each service user as per minimum standard 4. (Standard 7.4 refers).</p>	Once	General Assessment form has now been sourced. We have had one new referral since Inspection and assessment has been carried out. All staff made aware that this should be undertaken before services commence	By 9 April 2015

**Recommendations**

These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details of Action Taken By Registered Person(S)	Timescale
1	14.10	<p><b><u>Areas of Dissatisfaction/Complaints Record</u></b></p> <p>The registered persons must ensure records are kept of all complaints and these include details of all communications with complainants, the results of any investigations; the action taken and if the complainant is or is not satisfied with the outcome/s. This central record must be made available for inspection purposes (additional information section refers).</p>	Once	A central record is now in place in the managers office and is available for inspection. One complaint so far this year has been recorded. This has now been resolved and the service user involved is satisfied with the outcome	Immediate and on-going
2	5.6	<p><b><u>Care Plans</u></b></p> <p>The manager must ensure the identified service user's care plan is reviewed and updated to fully and accurately reflect his/her dietary and nutritional needs. (Theme 1 and additional information section refers).</p>	Once	The service user in question's care plan has been updated, and all staff are made aware of the importance of ensuring accurate records and the implications if they have not updated same	Immediate and Ongoing

3	5.2	<p><b><u>Care Plans</u></b></p> <p>The manager must ensure service user's care plans reflect how the centre meets the previously assessed area/s of need and comprehensively encompasses all matters in minimum standard 5.2. Training for staff in this area should be considered. (Theme 1 and additional information section refers)</p>	Twice	We are currently in the process of updating all service user care plans and anticipate that this will be completed before the time scale specified	By 10 March 2015
4	18	<p><b><u>Policies and Procedures</u></b></p> <p>The manager must ensure:</p> <ul style="list-style-type: none"> <li>(a) All policies as specified in appendix 2 of the Day Care Settings Minimum Standards (January 2012) are in place and accessible to staff;</li> <li>(b) Arrangements are in place to ensure the centre's policies and procedures are developed with input from staff and where appropriate service users;</li> <li>(c) The identified policies and procedures are reviewed and updated. (Standard 7 and Theme 2 refers)</li> </ul>	Once	All policies specified in the Day Care Minimum Standards are in place. Staff are fully aware of where they are kept and how to access them - identified policies have been reviewed and we are currently in the process of updating all. All SCA's policies have been developed by individual staff members and are implemented once agreed by all.	By 10 April 2015

5	7.7	<p><b><u>Audits of Care Documentation</u></b></p> <p>It is recommended the manager ensures all audits completed on service user's care files are dated and signed by the person carrying out the audit. (Theme 2 refers)</p>	Once	Any audits carried out since Inspection have been signed and dated. Senior level staff who will be undertaking the audit have been made aware that this is necessary, as have Daycare staff. Manager to ensure this is done following each audit, before it is put into the service users care file.	Immediate and on-going
6	21	<p><b><u>Staff Training</u></b></p> <p>It is recommended the manager arranges for staff to receive training on:</p> <ul style="list-style-type: none"> <li>• Deprivation of Liberty Safeguards (DoLS)</li> <li>• Human Rights</li> <li>• Confidentiality</li> <li>• Process of service users or others requesting access to care information. (Standard 7 and Theme 1 refers).</li> </ul>	Once	DoLS and Human Rights Awareness was undertaken by all SCA staff on 24th February 2015 in conjunction with Dementia Awareness. All service users have signed a new " terms and conditions of service form " which clearly states the process for requesting access to information and this was explained in detail - Manager had discussion with staff during meeting regarding Confidentiality and the process of service users or others accessing information	By 28 February 2015
7	17.14	<p><b><u>Accidents/Incidents/Near Misses</u></b></p> <p>In accordance with minimum standard 17.14 and Regulation 29(1)(c),(d) and (f); the manager must ensure accidents, incidents</p>	Once	From the beginning of this year, there have been no accidents/incidents/near misses in the day centre. A new accident report book	Immediate and on-going

		<p>and near misses are recorded in the centre's central accident book and a copy retained in the respective service user's care file. These records must be made available for inspection purposes (Standard 7.4 refers).</p>		<p>commencing January 2015 is now in place in the managers office and is available for Inspection.</p>	
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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:**

<b>Name of Registered Manager Completing Qip</b>	Jackie Magee
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Gerard O Neill

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Louise McCabe	4 February 2015
Further information requested from provider			