



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
SCA Montague Centre Broadway**

**09 March 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 09 March 2016 from 10:30 hours to 15:30. This inspection was undertaken in response to an anonymous complaint received by RQIA on 07 March 2016. The concerns were in relation to:

- Recruitment and confidentiality
- Service users being verbally abused by management and staff if they raise areas of dissatisfaction;
- Provision and quality of meals to service users.

Overall on the day of the inspection, the care in SCA Montague Centre Broadway was found to be safe, effective and compassionate. The inspection outcomes identified several areas for improvement regarding:

- Notifications of identified matters to RQIA
- The provision of meals to service users
- Current catering arrangements
- Recruitment documentation.

The areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/Enforcement Resulting from this Inspection

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

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	2	4

The details of the QIP within this report were discussed with Mrs Jacqueline Magee, Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Springfield Charitable Association/Mr Gerard O'Neill	<b>Registered Manager:</b> Mrs Jacqueline Magee
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<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Jacqueline Magee	<b>Date Manager Registered:</b> 21 January 2015
<b>Number of Service Users Accommodated on Day of Inspection:</b> 20	<b>Number of Registered Places:</b> 25

### 3. Inspection Focus

On 07 March 2016, RQIA received an anonymous complaint regarding:

- Service users being verbally abused by management and staff if they raise areas of dissatisfaction;
- Provision and quality of meals to service users
- Recruitment, staffing and management issues.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter/s and take whatever appropriate action is required; this may include an inspection of the day service.

Following discussion with senior management, it was agreed that an unannounced inspection would be undertaken in SCA Montague Centre Broadway to review the following areas:

- Complaints record
- The quality of care regarding how service users are treated
- Provision of meals in accordance with standard 10
- Tour of the kitchen and associated areas
- Recruitment of staff.

### 4. Methods/Process

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

- Discussion with the manager
- Discussion with three staff and two volunteers
- Discussion with sixteen service users
- Observations of the kitchen and dining room
- Observation of care delivery
- Review of records
- Evaluation and feedback.

Prior to inspection the following records were analysed:

- Notifiable events submitted since the previous care inspection
- Written and verbal communication received since the previous care inspection.

During the inspection, service users were asked if they wished to meet with the inspector in private to discuss the quality of care and day service they receive. No one availed of this opportunity and the inspector met with service users in groups of two, three and four around tables in the dining room. A total of 16 service users were spoken to in addition to three staff and two volunteers (individually and in private).

The following records were examined during the inspection:

- Complaints record
- Menu plans
- Cleaning rotas
- Temperature records.

## **5. The Inspection**

### **5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the day service was an unannounced care inspection dated 22 June 2015. The completed QIP was returned and approved by the care inspector.

### **5.2 Review of Requirements and Recommendations from the last Care Inspection**

The two requirements and six recommendations made as a result of the previous care inspection on 22 June 2015 were not examined during this unannounced inspection. These will be followed up on in the next care inspection of SCA Montague Centre Broadway.

## **5.3 Inspection Findings**

### **5.3.1 Discussions with Service Users**

Service users were asked if they wished to meet with the inspector in private to discuss the quality of care and day service they receive. No one availed of this opportunity and were happy to chat around tables in the dining room; in groups of two, three and four. A total of 16 service users were spoken to during the inspection. All of their comments were complimentary and positive about how they are treated by management and staff, the following are a sample of the qualitative comments made:

- "I love coming here, I'd come every day if I could."
- "Everyone is very kind and helpful, I've never heard a cross word in here."
- "The staff treat us like their own, they are caring and helpful, just like family."
- "I enjoy coming to the centre, the girls are brilliant and they help me when I need it."
- "I'm very happy with everything, the food is good and nothing is a bother to any of them."
- "They (staff) go out of their way to do things for us, I love it here."

- “The cooking is great, I get more than enough to eat and if I don’t like something, the girls always get me something else.”
- “I’ve no complaints about here and look forward to coming.”

One identified service user (in the presence of a volunteer) said he/she would like cornflakes or an alternative to toast when they arrive in the morning. The same service user also said he/she would like to learn about computers. The individual was asked to discuss these areas with care staff or the manager, however assurances were given to the service user that this information would be shared with the manager. The manager agreed she would meet with the identified service user.

### **5.3.2 Discussions with Staff and Volunteers**

The inspector met privately with three care staff and two volunteers in a room adjacent to the reception area. Discussions focused on the following:

- Care practices within the centre
- Safeguarding vulnerable adults
- The centre’s complaints process
- Whistleblowing policy
- Confidentiality
- Meal provision
- Working relationships
- Communication between management and staff in SCA Montague Centre Broadway.

Discussions concluded staff and volunteers enjoy their work in the centre. They are aware of their roles and responsibilities within the service, have a working knowledge of the safeguarding vulnerable adults; complaints and whistleblowing policies and procedures and how to access these.

Staff and volunteers said communication is effective in the centre, confidentiality is adhered to and no issues were raised. Staff and volunteers felt service users are treated well; they have a working knowledge of the reporting procedures if they were became aware an individual was being mistreated. Staff and volunteers said working relationships in the centre are good and they would have no hesitation in approaching the manager if they had any concerns about work related matters.

### **5.3.3 Care Practices**

There was a relaxed, friendly and calm atmosphere in the centre and staff were observed attending to service users’ needs in a timely and unhurried manner. Interactions and verbal exchanges between staff and service users were polite, respectful, caring and the language used was appropriate to the service user’s communication needs. No concerns were noted.

### **5.3.4 Complaints Record**

One complaint had been recorded since the previous care inspection on 22 June 2015. Records were compliant with Minimum Standard 14.10 and showed the complainant was satisfied with the outcome of the investigation.

### 5.3.5 Meal Provision

The manager informed RQIA the cook has been off on leave since approximately the end of January 2016. The manager said a decision was made by senior management not to contact an agency for a temporary/relief cook as care staff and herself have been involved in preparing, cooking and serving food to service users. Ten staff employed in the centre have a current Food Hygiene Certificate and these were all displayed on a wall outside the dining room.

A four week menu plan is in place which reflects one meal is offered to service users on a daily basis. Minimum Standard 10.2 states “the menu offers a choice of meal to service users, including those on therapeutic or specific diets.” Discussions with the manager and care staff concluded they know service users well and are aware of their likes, dislikes and preferences. Discussions with three care staff concluded an alternative meal is provided if service users do not want the lunch that is on the menu. Discussions with 16 service users verified this and many stated “the lunches are lovely,” and “I’m very happy with the food here”. No concerns were raised about the quality, quantity, presentation or temperatures of the food served.

Discussions with the manager and care staff also concluded from approximately the beginning of January 2016 neither the cook nor care staff have been following the four week menu plan. On several occasions the manager said lasagne had been served for lunch and this was not on the menu plan. Discussions with service users concluded sausages, chips and beans have been cooked more frequently than before. No records were retained of the lunch meals served to service users from the end of January 2016 nor were there records of any variations made to the menu. Minimum Standard 10.8 states: “A record is kept of the menu and of variations to it.”

The manager was asked, in consultation with service users’ to review the SCA Montague Centre’s Broadway’s menu plan to ensure that service users are happy with the lunch meals. Standard 10.7 states: “Menus are rotated over a three week cycle and are revised at least six monthly, taking into account seasonal availability of foods.” The manager was also advised of Minimum Standard 10.3 “the daily menu is displayed in a suitable format and in an appropriate location.”

Staff were observed to be providing service users with tea and choices of breakfast cereal and buttered toast and jam from approximately 10.30am–11.00am.

Service users were offered stew or chips, sausages and beans for lunch, several preferred to have what they call ‘chip butties’ with a cup of tea. Dessert was home baked jam and coconut sponge with custard. The manager said she had baked this earlier that morning, it was observed to be covered with kitchen roll and cooling on a rack at 10.30am.

With regards to food and hygiene safety; staff preparing, cooking and serving food were not observed to be wearing any protective clothing during these tasks. This was discussed with a staff member who immediately put on a disposable apron. The manager was advised to seek advice from the local Environmental Health Department of the District Council regarding guidance on suitable protective clothing when undertaking catering duties and the types of kitchen records that must be maintained.

### 5.3.6 Kitchen Environment

Discussions with the manager and care staff undertaking catering duties concluded they have not been completing temperature records of the meals served to service users since the end of January 2016. Staff were not completing all of the duties on the kitchen cleaning rota, nor were records being retained of any cleaning completed.

A tour of the kitchen and dining room concluded two of the freezers needed defrosting; there were meat items in the freezer stored in clear bags which had not been labelled or dated. A greasy deep fat fryer was observed at the back of the dining room, RQIA was informed this is no longer in use and awaiting to be disposed off. Assurances were given by the manager this would be removed from the dining room by the end of the week.

After the lunch period, care staff were observed to be loading the lunch dishes into the dishwasher and unloading these when the wash cycle was completed.

RQIA contacted the Environmental Health Department of the Belfast District Council on 11 March 2016 and discussed the findings of this inspection with regards to the kitchen environment and the absence of temperature and cleaning records from 31 January 2016.

### 5.3.7 Recruitment

A discussion took place with the manager regarding Minimum Standard 20 concerning the centre's recruitment policies and procedures as these must detail the recruitment process and comply with legislative requirements and relevant guidance. The manager informed RQIA the centre's policies and procedures have been adhered to and stated Access NI checks are obtained for all new staff members.

Discussions with the manager and care staff concluded confidential information regarding the centre's recruitment practices or documentation are not disclosed or discussed with staff or service users.

There has been one new staff member employed since the previous care inspection. The manager was advised to ensure more detail is obtained regarding an identified matter.

### Areas for Improvement

Five areas for improvement were identified as a result of the above. These matters concerned:

1. The kitchen environment and associated records.
2. Revise menu plans in consultation with service users.
3. Display the daily menu.
4. Catering staff wearing appropriate clothing.
5. Recruitment documentation.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>4</b>
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## 5.4 Additional Areas Examined

### 5.4.1. Accidents and Untoward Incidents

A discussion took place with the manager regarding notifications of accidents and untoward incidents to RQIA in accordance with Regulation 29. The manager was advised RQIA has issued revised guidance to providers on notifications to the Authority.

Notifications concerning two specific incidents had not been completed and forwarded to RQIA. Regulation 29 (1)(g) was discussed with the manager and is an identified area for improvement.

#### Areas for Improvement

One area for improvement was identified as a result of the examination of additional areas. This concerned the notification of two identified untoward incidents to RQIA

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jacqueline Magee, Manager as part of the inspection process. The timescales commence from the date of inspection.

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

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

### 6.1 Statutory Requirements

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

### 6.2 Recommendations

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



### 6.3 Actions Taken by the Registered Manager/Registered Person

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

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

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 18(2)(d)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 16 March 2016 and ongoing</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> <p>(a) A deep clean of the kitchen.  (b) Defrosting of the two identified freezers.  (c) Ensuring all food stored in the fridge and freezers are appropriately labelled and dated.  (d) Recommencing and maintaining daily temperature records of cooked food served to service users.  (e) Recording the cleaning completed as per the centre's daily, weekly and monthly kitchen cleaning rota.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  All of the above complete. Unannounced Inspection from Belfast City Council confirmed that there was a " vast improvement " in what they had been informed of at the time and no further action from them necessary. Indeed the kitchen has maintained the highest grading standard available from Belfast City Council Health and Hygiene.</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 29(1)(g)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 16 March 2016</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>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b>  Complete. There was a slight delay regarding they completion of the required forms due to lack of clarity of the format but they have now been submitted.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 10</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 March 2016 and ongoing</p>	<p>The manager should ensure:</p> <p>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).</p> <p>b) A record is kept of the choices of lunch served to service users and of any variations made to it (standard 10.8).</p>
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	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Complete. Following a food survey carried out with the Montague Day Centres service users, a new three week menu has been compiled with a choice of 2 soups daily, in addition to their main meals. The menu has been placed in three areas of the day centre and service users are aware of their choices and the location of the menus. Up until now there has been no variation to the menu, however all meals served have been recorded.</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 10</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 March 2016 and ongoing</p>	<p>The manager should ensure:</p> <p>(a) the menu offers a choice of meal to service users, including those on therapeutic or specific diets (standard 10.2).</p> <p>(b) The daily menu is displayed in a suitable format and in an appropriate location (standard 10.3).</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Complete. The new menu states the main meal being prepared, in addition to two different types of soup. All menus have been displayed in three locations of the day centre and they are also asked verbally when they are paying their daily fee, which meal they would prefer and this is recorded on our dinner sheets</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.2</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 16 March 2016</p>	<p>The manager should ensure additional information is obtained and recorded regarding the identified recruitment matter discussed during the inspection.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Complete. The additional information requested to be sought by RQIA was done so by the general manager Terry MCNeill. He had carried out a risk assessment on the employee and no further action necessary from the organisation's perspective. Could it also be noted that the employee in question is on a 51 week work placement through Upper Springfield Development Trust and is not an official employee of SCA.</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 27.7</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 09 March 2016 and ongoing</p>	<p>The manager should ensure advice is sought from the local Environmental Health Department of the District Council. Staff undertaking catering duties in SCA Montague Centre Broadway are provided with and wear appropriate protective clothing suitable for the job to prevent of infection to themselves or others.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Complete. In consultation with Belfast City Council's Environmental Health Officer, Carol Ann McCorry, she advised that disposable aprons, gloves and hairnets would be sufficient for staff working in the kitchen.</p>

	However when we received the unannounced inspection from the council, the Food Safety Officer Paula McAtamney stated that as long as long hair is tied up, that would be sufficient and hairnets were not completely necessary. All PPE required is now available for staff who work in the kitchen		
<b>Registered Manager Completing QIP</b>	Jackie Magee	<b>Date Completed</b>	20/4/16
<b>Registered Person Approving QIP</b>	Gerard O Neill	<b>Date Approved</b>	29/4/16
<b>RQIA Inspector Assessing Response</b>	Louise McCabe	<b>Date Approved</b>	05/05/16

*\*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\**