

Unannounced Care Inspection Report 09 and 21 June 2017



SCA Montague Centre Broadway

Type of Service: Day Care Setting
Address: 2 Fallswater Street, Belfast, BT12 6BZ
Tel No: 02890235350
Inspector: Suzanne Cunningham

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with 25 day care places that provides care, support and day time activities for older people who may have additional needs. The setting is in Belfast and open Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Springfield Charitable Association Responsible Individual(s): Mr Gerard O'Neill	Registered Manager: Jacqueline McNeill
Person in charge at the time of inspection: Jacqueline McNeill	Date manager registered: 16 June 2017 Jacqueline McNeill - application not yet submitted
Number of registered places: 25 - DCS-DE, DCS-I, DCS-LD(E), DCS-PH(E), DCS-PH	

4.0 Inspection summary

An unannounced inspection took place on 09 June 2017 from 10.30 to 16.00 and 21 June 2017 from 14.30 to 15.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements, training, infection prevention and control, risk management and the home's environment which contributed to safe care. Care records, communication between service users and staff were found to be promoting effective care. The culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users was promoting compassionate care; and governance arrangements which were being further improved, focus on quality improvement and maintaining good working relationships demonstrated care was being well led.

Areas requiring improvement were identified regarding the monitoring reporting

Service users said regarding the care in the day care setting they were "content", "delighted", they had "good staff support", they felt "well looked after", "the food is good", "staff are very good looking after us".

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline McNeill, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent care inspection dated 23 February 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 23 February 2017.

5.0 How we inspect

Prior to inspection following records were analysed:

- The registration details of the day centre
- Information and correspondence received from the registered manager and organisation Springfield Charitable Association
- Incident notifications which revealed no incidents had been notified to RQIA since the last care inspection in February 2017 and one had been reported to RQIA in the last 12 months
- Unannounced follow up inspection report 23 February 2017.

During the inspection the inspector met with:

- The manager
- Five care staff
- Eight service users.

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. Five were returned by service users, four were returned by staff and two by relatives.

The following records were examined during the inspection:

- Three service users care files
- A sample of service users' daily records
- The complaints/ issue of dissatisfaction record from April 2016 to June 2017
- A sample of incidents and accidents records from February to June 2017
- The staff rota arrangements during May and June 2017
- The minutes of two service user meetings held in monthly in 2017

- Staff supervision dates for 2017
- Monthly monitoring reports from February to June 2017
- Staff training information for 2017
- a sample of policies and procedures relevant to safe, effective, compassionate and well led care
- Statement of Purpose
- Service Users Guide.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance was recorded as met in two areas.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 February 2017

The most recent inspection of the establishment was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 23 February 2017

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		
Area for improvement 1 Ref: Standard 18.1 Stated: Second time	<p>The registered provider should ensure that the following policies are reviewed and revised:</p> <p>(a) Adult safeguarding to ensure this is in keeping with the new DOH policy titled Adult Safeguarding Prevention and Protection in Partnership, July 2015. The organisation's named Champion should be included.</p> <p>(b) The policy titled accidents/incidents should reflect, where appropriate, detail in regard to notification to RQIA within three working days.</p> <p>(c) The centre's policy on whistle blowing should be reviewed and revised to include notification of allegations to RQIA.</p>	Met

	<p>Action taken as confirmed during the inspection: These policies and procures were inspected and this verified they were available, had been improved and were up to date at the time of inspection.</p>	
<p>Area for improvement 2 Ref: Standard 25.3 Stated: Second time</p>	<p>The registered provider should ensure that the loose notice board positioned on the corridor wall is made secure.</p> <p>Action taken as confirmed during the inspection: The notice board had been secured and improved this was observed at the time of inspection.</p>	Met

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The inspection of three individual staff files, the staff rotas for May and June 2017, discussion with staff and the observation of care during the day confirmed there were sufficiently qualified, competent and experienced persons who were working in the centre to meet the assessed needs of the service users. The number of staff available to provide care presented as sufficient; taking into account the size and layout of the premises, the number of service users, fire safety requirements and the statement of purpose.

Detailed records were kept of staff working each day, the capacity in which they worked and who was in charge of the centre each day which was compliant with standard 23.7. A competency and capability assessment had been completed for the staff member who was in charge of the centre in the absence of the manager. This revealed the staff member had received adequate training and was assessed as competent to undertake this role and responsibilities.

The inspection of the settings accident and incident records revealed staff had responded to incidents regarding service users by providing a caring response. The incidents were documented in a book that tore out the record. The manager was asked to put in place a more robust record that allowed for the incident or accident to be recorded and a copy to be put in the service users record. This was in place for the inspection on 21 June 2017.

The service user's financial arrangements were reviewed during this inspection. Money was taken by staff for lunches, refreshments and hairdressing costs. The record clearly showed who gave money to staff and the amount. Advice was given regarding service users being

given a receipt or signing the record to verify amounts. At the time of the inspection there were no restrictive practices in place for individual service users. Service users using wheel chairs had a secure belt on the chair for their own safety and staff were near the front door was managed to avoid service users wandering out of the setting without staff knowledge.

The environment was observed and this found infection prevention and control measures were in place, the setting was clean & tidy and the group rooms were not overcrowded, although were busy with service users.

Fire safety precautions were in place such as fire exits were not obstructed, a fire evacuation was carried out with service users on 03 March 2017, no concerns were identified and the fire risk assessment dated April 2017 was in place.

Discussion with service users regarding is care safe revealed they knew that staff were around to help them. They were confident if they asked for help or support from staff this would be given. Five service users returned questionnaires which identified they were very satisfied with the safe care in the setting. They felt safe and protected from harm, could talk to staff, the settings environment met their needs; they knew how to leave the setting safely if the fire alarm sounded. One service user wrote “if there is a fire staff will show us where to go”.

Two relatives questionnaires returned identified they were very satisfied care was safe in the day care setting. Their relative was protected from harm, they could talk to staff if they had concerns, and the environment was suitable to meet their relative’s needs. One relative wrote “There is really clear and effective communication between staff and relatives”.

Discussion with staff revealed they were all aware of the service users risk assessments and care plans which they knew they needed to be familiar with to ensure the right care was given at the right time, in the right place. They confirmed they had received training to deliver the right care and staff numbers were adequate to meet the needs of service users. They were particularly cognisant of making sure aids for mobility were accessible, that risk assessment and plans were up to date and were knowledgeable regarding safeguarding service users.

The staff questionnaires identified the staff were very satisfied the care was safe in this setting. The service users were safe and protected from harm, they had received training including safeguarding, they would report poor practice, risk assessments were in place and they receive support from the manager.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, training, knowledge of adult safeguarding, infection prevention and control, risk management and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's statement of purpose was sampled and the content was broadly consistent with the day care setting regulations and day care settings standards.

Three service user's individual care files were inspected. They included the service user's individual assessments and care plans; evidence of timely review of the care plan and assessment. Records were stored safely and securely in the manager's office but could be accessed by staff, if required, during the day. The format of the service users' information was being reviewed by the manager and advice was given regarding potential for improvement.

Observation of care during the inspection found staff was actively responding to service users' behaviour, non-verbal communication and verbal communication. They sought service users' preferences and ensured they were enabled to take part in activities of their choice.

Discussion with service users found they were confident staff knew everyone's needs and had the right knowledge to meet their needs. They had attended their review meeting and could say what they wanted to do in the setting. The service users confirmed they had seen their care plan and were in agreement to the content. The service user questionnaires identified they were very satisfied care was effective in this setting. They were getting care at the right time, in the right place with the best outcome, staff communicate with them, they know each individuals' needs and choices, staff encourage independence and the service users are involved in their day care setting placement.

The relatives returned questionnaires identified they were very satisfied with the effective care in this setting. The care was being delivered at the right time, in the right place, with the best outcome; staff were communicating effectively; staff were aware of their relative's needs and preferences; staff encourage independence; and they are involved in the care. One service user representative commented they were not aware of the annual review meeting and this comment has been passed to the manager to ensure representatives are kept fully informed regarding processes that representatives can be involved in.

Discussion with staff revealed they aim to promote service users independence and skills in the setting. They described they facilitate service users involvement in reminiscence activities; discussions; craft activities, hair dressing; and art. Staff described when and how they might escalate concerns which assured they were informed regarding their safeguarding and caring role and responsibilities. The staff described they support service users so they feel safe and their needs are met. Staff presented as committed to improving service user outcomes.

The staff questionnaires identified staff were very satisfied care was effective in this setting. Service users get the right care, at the right time, in the right place; service users were involved in their care, staff have experience, skills and knowledge of service users care plans to support service users; and they respond to service users in a timely manner.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, and communication between service users and staff.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Observation of care found staff were enabling and supporting service users to engage and participate in meaningful activities or their choice, their hobbies and interests. The service users were observed as appreciative of the support and enjoyed lively and friendly conversation between themselves and staff throughout the inspection. Activities on offer for service users during the inspection were a craft, reading, hairdressing and discussions which encouraged service users to use their memory and knowledge. These activities had the potential to improve their outcomes, maintain skills and service users' levels of independence.

The setting had held two service users meetings since the last inspection. A new record of the meeting format had been developed which detailed the minutes, outcomes and actions to be reviewed at the next meeting. Advice was given to ensure the meetings promoted service users involvement in the day care setting and improvement.

Discussion with service users and observation of interactions indicated that service users were being treated with dignity and respect while staff promoted and supported service users' independence. The service users said the staff do ask for their choices and preferences throughout the day. The questionnaires returned by service users identified they were very satisfied that care was compassionate in this setting. They were treated with dignity and respect, involved in their care, and their privacy was respected.

The representatives returned questionnaires identified relatives were very satisfied care was compassionate in this setting. Their relative was treated with dignity, involved in their care, treated well and staff advocate for them. One relative wrote "All the team are very caring towards (name). Nothing is too much trouble for them. (Name) appreciates all they do".

Discussion with staff found they were focussed on supporting service users to maintain skills for independence. They said they use their daily notes to monitor changes in service users' behaviour or ability and will discuss any observations with the service user and the manager. They described some service users do have off days so it is important to observe service users over time. Observation of service users had also helped staff to recognise what service users can do. They were aware not all service users can communicate confidently and may use non-verbal signs which they were familiar with. Staff identified a key task in their caring role was

giving service users time to talk and time to receive quality care. They described respectful, appropriate, timely practices that promoted service users right to privacy and dignity.

The staff questionnaires identified they were very satisfied the care was compassionate in this setting. Service users were treated with dignity, involved in decisions, are listened to, independence is encouraged and service users views are being used to improve the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was current according to RQIA register and displayed appropriately. The manager had recently commenced in her post and advice was given regarding registering with RQIA. She is a qualified social worker and had worked in regulated services prior to this post. She confidently communicated the role and responsibilities associated with being registered manager of a regulated service. Post inspection the manager notified RQIA of her intention to register and she has submitted her application.

During the inspection it became clear the manager was working through the induction period and did not have access to all of the evidence required for this inspection. She was given a short time to get evidence ready and a follow up visit was undertaken on 21 June 2017 that verified compliance with the outstanding matters. At the visit the manager had organised records to ensure they were more robust and provided clear evidence of how issues would be acted upon, compliance and improvement work. Discussion regarding audits of records including service users care records and individual staff records revealed the manager was planning to further improve processes and this will be inspected next year to check progress in this regard.

The inspection verified there was a range of policies and procedures in place to guide and inform staff. The whistleblowing, policy and procedure was sampled, this reflected day care regulations and minimum Standards. Policies and procedures were centrally indexed and retained in a manner which was accessible by staff.

Examples of staff supervision was provided for this inspection and this found staff had received recorded individual, formal supervision at least every three months. The staff meeting minutes were inspected for July 2016 and March 2017.

No complaints had been recorded however a complaints record was maintained and made available for inspection.

The arrangements & evidence in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals was the manager's informal audit of practice and the Regulation 28 monthly quality monitoring visits (MMV). These included audits, recorded outcomes and an action plan. The MMV were undertaken monthly, were unannounced and qualitatively reflected service users and staff views and opinions however, they did not adequately describe the conduct of the setting and this should be improved. A requirement is made in this regard.

Discussion with service users confirmed they knew who the new manager was in the setting however, they were also confident staff could help them if they had a problem. Generally they reported attending the setting was a positive experience for them and a place they felt well looked after in. The service users questionnaires identified they were very satisfied with the leadership in this setting. They felt the setting was managed well, they knew who the manager was, they could talk to the manager if they were unhappy and the staff had responded well to issues, concerns or suggestions.

Discussion with staff revealed staff felt well supported by their manager, and they all said the team work well together to ensure the service is delivering safe, compassionate and effective care. The staff identified the key to working well as a team was good communication and knowing their service users, they also described holding specific responsibilities such as fire officers, first aid responders, managing monies which ensured they supported each other in their roles and responsibilities. They said they work in a person centred way and were focussed on improvement where possible. The staff did discuss a move to new premises and the cost implications of this move meant they had to be more creative and innovative with activities to keep the costs down. Discussion regarding this found whilst staff felt finding cheaper activities was time consuming they agreed the move to a building designed for day care would be better in the longer term.

The staff reported their access to training and support from management was good. They reflected on the new manager's arrival and all agreed her impact on the setting to date was positive.

The staff questionnaires identified they were very satisfied the setting was well led. The service was managed well, quality monitoring was undertaken regularly, concerns or complaints were responded to, staff meetings were held and communication between staff and the manager was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements which were being further improved, quality improvement and maintaining good working relationships.

Areas for improvement

One area of improvement was identified regarding the monitoring reporting

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline McNeill, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP to Day.Care@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 28 (4)</p> <p>Stated: First time</p> <p>To be completed by: 16 August 2017</p>	<p>The registered person shall improve the monthly monitoring visit and reporting to ensure they report on the conduct of the setting.</p> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Day Centre Manager has revisited the Monthly Monitoring Visit (MMV) and has made improvements to the form which will include a section enabling the Managers to report on the conduct of the setting. The updated form will be in use from the end of June 2017.</p>

Please ensure this document is completed in full and returned to Day.Care@rqia.org.uk from the authorised email address



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