



The Regulation and  
Quality Improvement  
Authority

SCA Montague Centre Broadway  
RQIA ID: 11081  
2 Fallswater Street  
Belfast  
BT12 6BZ

Inspector: Louise McCabe  
Inspection ID: IN22762

Tel: (028) 9023 5350  
Email: [jackiemagee@scaltd.net](mailto:jackiemagee@scaltd.net)

---

**Unannounced Care Inspection**  
**Of**  
**SCA Montague Centre Broadway**  
**22 June 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 22 June 2015 from 10.00 to 16.00. At the commencement of the inspection a poster was displayed on the entrance door informing everyone.

Overall on the day of the inspection, the care in the centre was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

Overall on the day of the inspection the Day Care Setting was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007, The Day Care Settings Minimum Standards 2012.

For the purposes of this report, the term 'service users' will be used to describe those attending SCA Montague Centre Broadway.

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

The most recent inspection of SCA Montague Centre Broadway was an estates inspection which took place on 31 March 2015. The completed QIP was returned on 5 May 2015 and was assessed by the estates inspector. Two outstanding issues are currently being followed up by the estates inspector.

Since the previous care inspection on 9 January 2015, a meeting took place on 11 March 2015 in RQIA with the manager of the service. This meeting concerned the manager's RQIA registered manager application. The agreed outcomes will be monitored by the care inspector in September 2015.

RQIA received an anonymous complaint about SCA Montague Centre Broadway on 25 May 2015. The care inspector informed the manager about this, asked for the issues of concern to be investigated and recorded in the service's complaints record. The care inspector reviewed the service's complaints record regarding these issues of concern and concluded these had been investigated and the record reflected compliance with minimum standard 14.10.

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 and take whatever appropriate action is required; this may include an inspection of the service.

There were no further actions required to be taken following the last care inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Improvements were identified as a result of this inspection and are detailed in this report. The eight areas for improvement are contained in the QIP. 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	6

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
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Mrs Jacqueline Magee	<b>Date Manager Registered:</b> 22 January 2015
<b>Number of Service Users Accommodated on Day of Inspection:</b> 16	<b>Number of Registered Places:</b> 25

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 5: Care Plan - where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - service users' views and comments shape the quality of services and facilities provided by the Day Care Setting**

### 4. Methods/Process

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

Prior to the inspection and part of the process, the following records were examined:

- notifiable events submitted since the previous care inspection
- the registration status of the service
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre-inspection assessment audit.

During the inspection, the inspector observed care delivery/care practices and undertook a review of the general environment of the day service. During the inspection process the inspector met with eleven service users, two staff and two volunteers.

The following records were examined during the inspection:

- Three complaints and six compliments
- One accident/untoward incident
- Statement of Purpose
- Service user's guide
- Minutes of three service user's meetings
- Five service users care files
- One service users annual quality assurance report
- Policies and procedures regarding standards 5 and 8
- Two monthly monitoring reports.

## **5. The Inspection**

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

The previous care inspection of the service was an unannounced care inspection on 9 January 2015. The completed QIP was returned and approved by the care inspector.

Areas to follow up/be addressed were:

- a. Evidence that general assessments have been completed with each service user.
- b. Evidence that service user's care plans meet standard 5.

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

Previous Inspection Statutory Requirements		Validation of Compliance
<p><b>Requirement 1</b></p> <p>Ref: Regulation 13(7)</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>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed action has been taken on all of the above areas. With regards to (f), the identified table was removed from the room and was not replaced as it was assessed not to be needed.</p>	
<p><b>Requirement 2</b></p> <p>Ref: Regulation 28</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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed monthly monitoring visits have taken place since the previous care inspection. Records of these were made available during this inspection.</p>	

<p><b>Requirement 3</b></p> <p>Ref: Regulation 7(a)</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.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector examined SCA Montague Centre Broadway's statement of purpose and service users' guide and confirmed the required amendments have been completed.</p>	<p><b>Met</b></p>
<p><b>Requirement 4</b></p> <p>Ref: Regulation 15</p>	<p>The manager must ensure general assessments are completed on each service user as per minimum standard 4.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager shared the service's new general assessment template with the inspector and informed her this has been completed with all new service users commencing SCA Montague Centre Broadway. General assessments had not been completed for other service users attending the centre. The manager was advised to ensure general assessments are completed with all service users and are reviewed each year or sooner if the service user's needs change. A requirement is restated in the QIP about this.</p>	<p><b>Partially Met</b></p>
<p><b>Previous Inspection Recommendations</b></p>		<p><b>Validation of Compliance</b></p>
<p><b>Recommendation 1</b></p> <p>Ref: Standard 14.10</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.</p> <p><b>Action taken as confirmed during the inspection:</b> The inspector examined SCA Montague Centre Broadway's complaints record and confirmed all of the areas in the recommendation have been actioned.</p>	<p><b>Met</b></p>

<p><b>Recommendation 2</b></p> <p>Ref: Standard 5.6</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.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed the identified service user's care plan had been reviewed and updated to fully and accurately reflect his/her dietary and nutritional needs.</p>		
<p><b>Recommendation 3</b></p> <p>Ref: Standard 5.2</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.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager reviewed the centre's care plan template and met with care staff to discuss this. A new service user's care plan template was subsequently completed and shared with the staff team. Staff complete this with service users able to be involved in this process. The inspector's review of five service user's care plans provided evidence of compliance with minimum standard 5.2.</p>		

<p><b>Recommendation 4</b></p> <p>Ref: Standard 18</p>	<p>The manager must ensure:</p> <p>(a) All policies as specified in appendix 2 of the Day Care Settings Minimum Standards (January 2012) are in place and accessible to staff;</p> <p>(b) Arrangements are in place to ensure the centre's policies and procedures are developed with input from staff and where appropriate service users;</p> <p>(c) The identified policies and procedures are reviewed and updated.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager informed the inspector policies and procedures as per appendix 2 are saved on the service's computer system. The manager said these will be printed off and binded. The contents page has been completed. The manager's completed QIP stated SCA's policies were developed with staff members. The identified policies and procedures had been reviewed and updated.</p>		
<p><b>Recommendation 5</b></p> <p>Ref: Standard 7.7</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.</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager informed the inspector during the inspection there are a total of 35 service users attending SCA Montague Centre Broadway. Thirteen service user file audits have been completed by the manager since January 2015.</p>		

<p><b>Recommendation 6</b></p> <p>Ref: Standard 21</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.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussions with the manager confirmed Deprivation of Liberty Safeguards; Human Rights and Dementia awareness training were provided to staff on 24 February 2015. The importance of confidentiality was discussed with staff and service users in January 2015. This was not recorded in the staff training record. The inspector advised the manager to record this in the staff training record. The process of how service users request access to their information was shared with staff and service users in January and February 2015. The manager also reviewed the SCA Montague Centre Broadway's service user's terms and conditions document and it reflected this information. All service users have now signed the new terms and conditions document.</p>	<p><b>Met</b></p>
<p><b>Recommendation 7</b></p> <p>Ref: Standard 17.14</p>	<p>In accordance with minimum standard 17.14 and Regulation 29(1)(c),(d) and (f); the manager must ensure accidents, incidents 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.</p> <p><b>Action taken as confirmed during the inspection:</b> A new accident book is now in place. There is a separate form for untoward incidents and near misses. When this is completed the original is placed in the identified service user's care file. A copy of this or a summary for auditing purposes is not retained. A discussion took place with the manager about regulation 29 and the need to have a central record of both accidents, untoward incidents and near misses for inspection and auditing purposes. A recommendation is made about this in the QIP.</p>	<p><b>Partially Met</b></p>

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

#### Is Care Safe?

The service has policies and procedures pertaining to:

- Assessment, Care Planning and Review
- Promotion of Continence Management.

Service users are encouraged to make their own decisions, be independent and are discreetly supported by staff when this is needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach is used with service users, this is underpinned by strong core values.

The continence promotion policy contains information on core values. It is comprehensive and includes the importance of a thorough and individual assessment; appropriate use of equipment, the need for good signage, encouraging independence and promotes good fluid intake. It also contains a section on points to help promote and maintain continence. Positive comments were shared with the manager about this. Several areas for improvement were identified and a discussion took place with the manager about the need to review the policy in the following areas:

- improve the terminology used in an identified part of the policy as it states 'toileting' on several occasions
- state how and where continence products are stored
- include the provision of personal protective equipment (PPE) for staff and
- that all staff receive infection prevention and control training and training in core values.

Discussions with three service users about continence promotion concluded staff are very kind, respectful, helpful and they are discreet when providing support or assistance with personal care. No concerns were raised.

The manager informed the inspector she is in the process of organising continence promotion training for staff. This is to be provided in the next few months.

The inspector met with staff and discussed infection prevention and control practices in the centre and the provision of personal protective equipment (PPE). Discussions concluded staff are up to date with their infection prevention and control training. During a tour of the environment soap and paper towels were not in place in the staff female toilet on the first floor. Improvements are needed in this area.

Discussions with a total of eleven service users, two staff and two volunteers; review of care records and general discreet observations of staff interactions with service users concluded safe care is delivered in SCA Montague Centre Broadway.

## Is Care Effective?

The service's statement of purpose reflected service users are encouraged (where appropriate and dependent on the service user's ability to engage due to their dementia) to be actively involved in completing their care plans.

The inspector's review of five service user's care plans showed there to be a significant improvement since the service's previous inspection in the quality of relevant information recorded. The care plans examined were person centred and informative concerning:

- The activities the service user participates in
- The type of supervision, support or assistance needed by staff to enable the service user to be as independent as possible
- Service user's daily and weekly programme
- Management of any identified risks
- Other relevant areas as specified in standard 5.2.

There were an identified number of service users with continence support needs attending SCA Montague Centre Broadway. Discussions with staff and service users concluded staff provide support and assistance when this is needed in a respectful and dignified manner. Improvements are needed regarding continence promotion and concerns management reviewing how continence products are stored to promote service user's independence and confidentiality and amending two identified service user's care plans so that they reflect the type of continence product used and where these are located.

## Is Care Compassionate?

Discreet observations of care practices found that service users were treated with sensitivity, friendliness, care and respect. Service users were encouraged to make their own decisions, be independent and were discreetly supported by staff when this was needed. Staff presented as knowledgeable, experienced and compassionate. Discussions with staff reflected a person centred approach was used with service users, this was underpinned by strong core values.

Discussions with service users concluded the quality of their lives has improved significantly as a result of attendance at SCA Montague Centre Broadway. Many said the ongoing support from staff and friendships they've developed with their peers helps them to continue living in their home in the community.

The care inspector's discussions with two staff members concluded they have received training and information on core values. Examples were given to the inspector how staff support and assist service users with their personal care and continence needs. The quality of service user's care plans was also discussed. Staff informed the inspector the manager has met with them and sought their input and involvement in the reviewing of the care plan template and the relevant information it should contain. No concerns were raised.

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

## RQIA Questionnaires

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

Questionnaire's issued to	Number issued	Number returned
Staff	8	4
Service Users	8	7

The inspector's review of the questionnaires evidenced all of the service users and staff were very satisfied with the quality of care provision in SCA Montague Centre Broadway and felt it was safe, effective and compassionate. One identified service user circled two different boxes in response to the question about staffing levels. This was shared with the manager who agreed to meet with the service user to clarify their response.

### Areas for Improvement

Two areas for improvement were identified as a result of the inspector's examination of this standard. These both concerned continence promotion.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>2</b>
-------------------------------	----------	--------------------------------	----------

## 5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the Day Care setting

### Is Care Safe?

The following policies and procedures regarding standard 8 are in place:

- Service Users Involvement in Meetings and Forums
- Listening and Responding to Service Users' Views
- Service Users' Involvement in Activities and Events
- Communications with Carers and Representatives.

The identified policies reflect the various methods of consultation for example: monthly service user meetings, quality assurance service user surveys; consultation events, training, focus groups and interviews. The service's complaints process is stated; however the service users involvement policy does not include the service user suggestion box which is located in the reception area. An identified policy does not state the frequency of service user quality assurance questionnaires. The centre's policy states service users meetings are held monthly, however the care inspector's review of the minutes of service users meetings do not reflect this. Improvements are needed in these above areas.

Discussions with eleven service user's, staff, volunteers and management reflect how service users are involved in the running of the service. Examples were given about how staff and management have responded to their suggestions, views and opinions. The inspector's review of the minutes of service users meetings and discreet observations of staff interactions with service users concluded safe care is delivered in SCA Montague Centre Broadway.

Seven service users completed RQIA questionnaires regarding their views of SCA Montague Centre Broadway. All questionnaires stated service users were very satisfied or satisfied the quality of day care provision in the centre was safe, effective and compassionate.

### **Is Care Effective**

Discussions with the manager and service users and review of documentation show management and staff actively encourage service user involvement in all aspects of their work. Examples were given by service users of how staff ensure their views and opinions were obtained: informal discussions, service user meetings and their annual review of their day care placement.

A review of the minutes of three service users meetings showed these to be qualitative and informative. There is an agenda, who attended, a summary of discussions and if any action is required. The most recent meeting took place on 28 October 2014. The meetings prior to this occurred on 13 June and 20 March 2014. There was evidence that service users views and opinions are sought and form the basis of all discussions. Improvements are needed to ensure more frequent service users meetings are held. This was discussed with the manager.

In accordance with day care regulations, day services are involved in the annual reviews of service user's day care placements. Review of five service user's annual review reports took place during this inspection. Two of the five review reports contained all of the relevant information as stated in minimum standard 15.5, three did not reflect the service user's views and opinions of the quality of the day service. This is an area identified for improvement.

Standard 8.4 states service user's views and opinions about the running and quality of the service are sought on a yearly basis. The most recent annual quality assurance service user questionnaire was distributed in SCA Montague Centre Broadway service in June 2014. The manager informed the care inspector the next annual quality assurance questionnaires will be distributed to service users in the next few weeks. A discussion took place with the manager regarding questionnaires reflecting all areas of the day service provision for example: the quality of:

- attitude and care provided by staff
- programmes/activities/outings
- food
- transport.

Following receipt of completed questionnaires; assurances were given by the manager that a timely evaluation report would be completed and shared with service users and their representatives. This will contain the action/s and outcomes from issues raised in the service users previous annual quality assurance survey; a summary of the comments and issues raised by service users in the 2015 survey and if any actions are needed in response to these. The evaluation report will be reviewed by the care inspector during future inspections of SCA Montague Centre Broadway.

### **Complaints**

A new complaints record commenced on 9 January 2015. Three complaints had been recorded since SCA Montague Centre's previous inspection. These had been investigated and the records were in accordance with standard 14.10.

Discussions with eleven service user's conclude they are aware of the centre's complaints process. Service users able to articulate their views and opinions said they would have no difficulty raising any areas of dissatisfaction, concern or complaint with staff or the manager.

## Compliments

Six compliments about the quality of care provision in SCA Montague Centre Broadway had been recorded in the previous year.

The inspector concludes the quality of care provision in SCA Montague Centre is effective, however improvements are needed concerning the frequency of service user meetings and the reviewing of identified policies.

## Monthly Monitoring Reports

The inspector examined the monthly monitoring reports for April and May 2015. There was information on the numbers of service users interviewed and summaries of their positive comments about the quality of the day service provision in SCA Montague Centre Broadway.

## Is Care Compassionate?

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

Discussions with eleven service users conclude they are treated very well and with respect by the manager, staff and volunteers. Several service users stated staff go above the call of duty to ensure their needs are attended to. No concerns were raised.

A sample of the comments made by service users about the centre include:

- *"The staff are fantastic."*
- *"There's lots of things to do, I like the boccia and the outings. The staff are all very good and kind to us."*
- *"I love coming here five days a week, I look forward to it – I'd be lost without it."*
- *"I'm like one of the staff, I just love it here. Everyone is great and I enjoy helping out. There's lots to do."*
- *"It's a great place, I used to work in the kitchen. There's lots to do here and I enjoy the chat and activities."*
- *"I was very nervous the night before I first started here. I'd no need to worry, I met someone that I knew from years ago. People are friendly."*
- *"Everyone is friendly and I love it."*
- *"I love it here, it's brilliant and gives me something to do. The staff are brilliant."*

- *“It gets me out of the house and meeting people, I’ve made friends here.”*
- *“I enjoy coming here.”*
- *“I really like it here. It’s a good place.”*

The inspector had discussions with two staff members regarding their views and opinions of standard 8. Staff provided qualitative examples of how staff ensure service users are involved and included in SCA Montague Centre Broadway. No concerns were raised.

### **RQIA Questionnaires**

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

The inspector’s review of the questionnaires evidenced all of the service users were very satisfied with the quality of care provision in SCA Montague Centre Broadway and felt it was safe, effective and compassionate.

### **Areas for Improvement**

Three areas for improvement were identified as a result of the inspector’s examination of this standard. These concerned:

1. Service user meetings.
2. Service user’s annual review reports.
3. Review of identified policies.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>3</b>
-------------------------------	----------	--------------------------------	----------

## **5.5 Additional Areas Examined**

### **5.5.1. Accidents and Untoward Incidents**

The manager had established a new pre-printed accident book since the centre’s previous care inspection. There were no accidents recorded since the last care inspection. RQIA had been informed of an untoward incident, the original incident form was retained in the service user’s care file. There was no central record of untoward incidents or near misses regarding regulation 29. Improvements are needed in this area and the care inspector advised the manager for inspection and auditing purposes a central record should be made of untoward incidents and near misses and the original or a copy should be in the service user’s care file.

### 5.5.2. Discussions with Volunteers

The care inspector met with two volunteers during the morning of the inspection in the dining room and asked them for their views and opinions of SCA Montague Centre Broadway. No concerns were raised, their comments were positive about the centre and include the following:

- *“I really enjoy it, especially organising and helping out in the garden with growing the herbs, vegetables and plants.”*
- *“It’s a great centre and I enjoy coming here. There’s a few people come here from round where I live. I like helping people and love it.”*

### 5.5.3. Environment

The inspector undertook a tour of SCA Montague Centre Broadway. The environment was clean and tidy. There were good housekeeping arrangements in place. There was a range of service user information displayed on walls or notice boards on the ground floor, these included: photographs of service users participating in activities and outings; quality assurance information and various brochures and leaflets. The general décor and furnishings were fit for purpose.

Cleaning solutions were observed on shelves in the male toilets. Bleach and other cleaning solutions were being stored in an unlocked cupboard in one of the bathrooms. Improvements are needed regarding the secure storage of these in accordance with the Control of Substances Hazardous to Health (COSHH).

There was no soap or appropriate hand drying in the staff female toilet on the first floor. The pull cord switch in the large bathroom needs to be replaced. Improvements are needed in these identified areas.

#### Areas for Improvement

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

1. The environment (two matters)
2. Untoward incidents

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>2</b>
-------------------------------	----------	--------------------------------	----------

## 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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.

<b>Quality Improvement Plan</b>	
<b>Statutory Requirements</b>	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 14 (1)(c)  <b>Stated:</b> First time  <b>To be Completed by:</b> Immediate and ongoing	<p>In accordance with Control of Substances Hazardous to Health (COSHH), the manager and registered persons must ensure all cleaning solutions, bleach etc. are appropriately stored in locked cupboards.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> The cupboards containing the cleaning solutions have since had new locks fitted and staff made aware during supervision of the importance of them remaining locked</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 15  <b>Stated:</b> Second time  <b>To be Completed by:</b> 23 July 2015	<p>The manager must ensure general assessments are completed on all service users and that these are reviewed yearly or sooner if the service user's needs change.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Complete - all assessments have now been carried out on new and existing service users.</p>
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.3  <b>Stated:</b> First time  <b>To be Completed by:</b> Immediate and ongoing	<p>The manager should ensure service users' meetings occur more frequently and on at least a monthly basis as per the centre's policy.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Since Inspection, there have been 2 client committee meetings and a schedule has been put in place for the remainder of the year</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 15.5  <b>Stated:</b> First time  <b>To be Completed by:</b> Immediate and ongoing	<p>The manager should ensure service user's annual review reports state their views and opinions regarding the quality of the day service. If the service user is unable to verbally express their views and opinions, this should be stated and other methods should be used for example: a summary of their general demeanor, behaviour, facial expression and where appropriate the views and opinions of their representative/s recorded.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Since Inspection, there have been no reviews scheduled. Review form has now been amended to reflect other methods for service users to express their views</p>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 23 July 2015</p>	<p>The manager should amend SCA Montague Centre Broadway's Service User Involvement and Continence Promotion policies. The Continence Promotion policy should reflect:</p> <ul style="list-style-type: none"> <li>(a) More respectful wording.</li> <li>(b) Where a service user requires continence products, how and where these are to be stored.</li> <li>(c) Include the provision of Personal Protective Equipment (PPE) and the location for the storage of these.</li> <li>(d) Details of the specific training provided to staff for example: Infection Prevention and Control training; core values etc.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has been amended and put into place</p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 5</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 June 2015</p>	<p>With regards to continence promotion, the manager should:</p> <ul style="list-style-type: none"> <li>(a) Amend the identified service user's care plans to reflect the type of continence product used and where these are located.</li> <li>(b) Review the current storage of service user's continence products so that identified individuals who are independently able to manager their continence needs can access these without needing to approach staff. Continence products should be stored in a closed box which is identifiable to the service user. With regards to confidentiality, the box should not state their name.</li> <li>(c) Ensure the terminology/wording in care plans regarding continence support is more respectful. The use of the words 'toileting, toileted or toileting programme' should be avoided wherever possible.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Service users care plan hs been amended accordingly. Out of the service users who may have benefitted from the storage in the centre for their continence products, both have declined the oppertunity to keep some in the centre. This has been recorded on their care plans. Staff informed during meeting of the terminology which is to be used in future regarding continence care and fully understand.</p>

<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 17.14</p> <p><b>Stated:</b> Second time</p> <p><b>To be Completed by:</b> Immediate and ongoing</p>	<p>The manager should ensure for inspection and auditing purposes a central record is retained of all accidents, untoward incidents and near misses.</p>		
<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> Immediate for (a) and by 30 June 2015 for (b)</p>	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This has now been put in place. There have been no new incidents/accidents to report since Inspection</p> <p>With regards to infection prevention and control and best practice guidelines the manager should ensure:</p> <p>(a) there is soap and appropriate hand drying towels or equipment in the female staff toilet on the first floor.</p> <p>(b) Replace the pull cord from the light switch in the identified bathroom.</p>		
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> All in place</p>		
<p><b>Registered Manager Completing QIP</b></p>	<p>Jackie Magee</p>	<p><b>Date Completed</b></p>	<p>14/08/2015</p>
<p><b>Registered Person Approving QIP</b></p>	<p>Gerard O Neill</p>	<p><b>Date Approved</b></p>	<p>17/08/2015</p>
<p><b>RQIA Inspector Assessing Response</b></p>	<p>Louise McCabe</p>	<p><b>Date Approved</b></p>	<p>20/08/15</p>

*\*Please ensure the QIP is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

Please provide any additional comments or observations you may wish to make below: