

Unannounced Follow up Inspection Report 23 February 2017



SCA Montague Centre Broadway

Type of service: Day Care Setting
Address: 2 Fallswater Street, Belfast, BT12 6BZ
Tel No: 02890235350
Inspector: Priscilla Clayton

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced care inspection of SCA Montague Centre Broadway took place on 23 February 2017 from 10.00 to 13.00 hours.

The focus of this inspection was on the action taken by the registered provider to address requirements and recommendation made at the previous care inspection dated 1 November 2016.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gerard O'Neill, registered person and Marie Murray, Acting 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.

1.2 Actions/enforcement taken following the most recent type care inspection

A serious concerns meeting with the registered provider was held at RQIA on 22 November 2016 to discuss the outcome of the previous care inspection dated 01 November 2017.

2.0 Service details

Registered organisation/registered person: Springfield Charitable Association/Gerard O'Neill	Registered manager: Marie Murray - Acting Manager (Post vacant)
Person in charge of the home at the time of inspection: Marie Murray - Acting Manager	Date manager registered: Post vacant

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous report and returned QIP

During the unannounced care inspection the inspector met with Marie Murray, acting manager and Gerard O'Neill, Registered Person.

The following records were examined during the inspection:

- RQIA Registration certificate
- Four randomly selected staff employment records
- Fire risk assessment
- Staff duty roster
- Staff training records
- Adult safeguarding policy
- Accident/incident policy
- Whistleblowing policy
- Continence Promotion policy
- Competency and capability assessments
- Audit records
- Cleaning schedule
- Statement of Purpose

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 01 November 2016

The most recent inspection of the day care centre was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. The QIP was validated by the care inspector during this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 01 November 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 19 (2) Schedule 5</p> <p>Stated: First time</p>	<p>The registered provider shall retain a record of all persons employed in the day care setting, including in respect of each person employed –</p> <p>(a) a record of his full name, address, date of birth, qualifications, experience;</p> <p>(b) a copy of his birth certificate and passport (if any);</p>	<p>Met</p>

	<ul style="list-style-type: none"> (c) a copy of each reference obtained in respect of him; (d) the dates on which he commences and ceases to be employed; (e) the position he holds in the day care setting, the work that he performs and the number of hours for which he is employed each week; (f) correspondence, reports of disciplinary action and any other records in relation to his employment including the recruitment process under which he was appointed; (g) the training and development activities completed by him 	
<p>Requirement 2</p> <p>Ref: Regulation 26 (4) (b)</p> <p>Stated: First time</p>	<p>Action taken as confirmed during the inspection:</p> <p>The acting manager explained that all staff files had been reviewed with all of the above documents sourced and included.</p> <p>A random selection of four staff files provided evidence that individual staff files contained documents as required, including photographic evidence.</p> <p>The registered provider gave an assurance that all staff files were securely stored and would be available as required.</p>	<p>Met</p>

<p>Requirement 3</p> <p>Ref: Regulation 17 (1) Schedule 3 11</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that staff duty rosters of persons working in the day centre are retained and that these are actually worked.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The staff duty rosters examined provided evidence of the staff working in the centre alongside the time worked each day.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: First time</p>	<p>The registered provider shall ensure that staff receives mandatory training and other training appropriate to the work they are to perform.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered person confirmed that all mandatory training was provided.</p> <p>Review of staff training undertaken confirmed compliance with this recommendation. A training analysis was undertaken with the schedule displayed in the manager's office.</p>	<p>Met</p>
<p>Last care inspection recommendations</p>		<p>Validation of compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 18</p> <p>Stated: Second time</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"> (a) Where a service user requires continence products, how and where these are to be stored. (b) Include the provision of Personal Protective Equipment (PPE) and the location for the storage of these. (c) Details of the specific training provided to staff for example: Infection Prevention and Control training; core values etc. <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The acting manager explained that service users had chosen to retain their own continence products. Allocated storage space was available should storage ever be necessary.</p> <p>Staff training in infection prevention had been undertaken by all staff with a record of training retained.</p>	<p>Met</p>

	The centre's policy included reference to protective clothing and storage of same. This was reflected within training records.	
Recommendation 2 Ref: Standard 23.3 Stated: First time	<p>The registered provider should ensure that a competency and capability assessment is completed for any person in charge of the centre in the absence of the manager.</p> <p>Action taken as confirmed during the inspection:</p> <p>Competency and capability assessments were undertaken and recorded as recommended.</p>	Met
Recommendation 3 Ref: Standard 21.8 Stated: First time	<p>The registered provider should ensure that records of all staff training, included induction, and professional development activities undertaken by staff are retained within the centre and are available for inspection.</p> <p>Action taken as confirmed during the inspection:</p> <p>Staff training records, including induction were retained in the centre as recommended.</p>	Met
Recommendation 4 Ref: Standard 18.1 Stated: First time	<p>The registered provider should ensure that the following policies are reviewed and revised:</p> <ul style="list-style-type: none"> (a) Adult safeguarding to ensure this is in keeping with the new DOH policy entitled Adult Safeguarding Prevention and Protection in Partnership, July 2015. The organisation's named Champion should be included. (b) Staff training in the new Adult safeguarding policy/procedure is recommended. (c) The policy entitled accidents/incidents should reflect, where appropriate, detail in regard to notification to RQIA within three working days. (d) The policy on whistle blowing should be reviewed and revised to include notification of allegations to RQIA. <p>Action taken as confirmed during the inspection:</p> <ul style="list-style-type: none"> (a) Policy/procedure review and revision was discussed with the acting manager. The centre's adult safeguarding policy (January 2017) did not contain adequate detail in regard to the Department of Health's (DOH) Adult Safeguarding policy titled Protection and 	Partially Met

	<p>Prevention in Partnership. (July 2015) Rather, reference was made to previous DHSSPS guidelines which are now outdated. Further review and revision of the policy is necessary to ensure that comprehensive information is included and available to staff. The reporting procedures of safeguarding should be included within the revised policy and reference made to informing RQIA of any allegations arising. The inclusion of a reporting information flow chart was recommended.</p> <p>The acting manager explained that the named champion for the organisation would be the new manager.</p> <p>(b) Examination of staff training records evidenced that training in adult safeguarding had been provided.</p> <p>(c) The policy on accident/incidents had not been reviewed and revised as recommended. Detail in regard to notification to RQIA within the timescale should be included as discussed.</p> <p>(d) The centre's whistle blowing policy did not reflect notification to RQIA.</p>	
<p>Recommendation 5</p> <p>Ref: Standard 17.9</p> <p>Stated: First time</p>	<p>The registered provider should ensure that regular audit is undertaken on the standard of cleanliness and general organisation/storage of items within the centre. Reference to this should be made by the registered provider within monthly monitoring visit reports.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Audits on the standard of cleanliness had been undertaken with records retained. Audits conducted were signed and dated. Ongoing regular audits are planned.</p> <p>The standard of cleanliness was reflected within monthly monitoring reports.</p>	<p>Met</p>
<p>Recommendation 6</p> <p>Ref: Standard 25.3</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the loose notice board positioned on the corridor wall is made secure.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The acting manager explained that repair to the notice board within the hallway was work in progress and that this would be made secure within the near future.</p>	<p>Not Met</p>

Recommendation 7 Ref: Standard 25.3 Stated: First time	The registered provider should ensure that the staff cleaning schedule includes all rooms within the centre and that the schedule is signed when cleaning completed.	Met
	Action taken as confirmed during the inspection: The acting manager explained that a complete cleaning of all areas was undertaken and the cleaning was ongoing in accordance with the newly developed cleaning schedule which was signed as recommended.	
Recommendation 8 Ref: Standard 17.6 Stated: First time	The registered person should undertake a review and revision of the statement of purpose to ensure that the named registered provider is included and that the current staffing levels are reflected within section 4.	Met
	Action taken as confirmed during the inspection: Review of the centre's statement of purpose evidenced the named registered provider and staffing levels.	

4.3 Inspection Findings

The inspector met with the registered person, Gerard O'Neill and the acting manager, Marie Murray to discuss and review action taken to address requirements and recommendations made at the previous unannounced care inspection undertaken on 01 November 2016 and subsequent serious concern meeting held at RQIA on 22 November 2016. The General Manager, Terry McNeill was present for part of the meeting but left to attend another pre-arranged meeting.

Three requirements and five of the seven recommendations identified for improvement had been addressed. Two recommendations, one partially met and one not met has been restated for a second time.

The centre's statement of purpose had been reviewed and revised to reflect the named registered person and staffing levels.

The acting manager confirmed that staffing levels, as reflected within the staff duty roster, were satisfactory to meet the number/dependency levels and needs of service users in attendance.

The staff duty roster was positioned at the reception desk where all employed staff sign in when entering and leaving the premises.

Competency and capability assessments of staff in charge of the centre were available and reviewed. Assessments were signed by the staff member and acting manager.

Records of staff training were reviewed and evidenced that staff training had been provided as required. A staff training analysis for 2017 was undertaken and a schedule developed.

No accidents or incidents had occurred since the previous inspection. Records were retained. The centre's policy/procedure on accidents and incidents requires to be reviewed and revised to include notification, where appropriate, to RQIA within the required timescale. This recommendation was restated for a second time.

The centre's policy on adult safeguarding requires further review and revision to ensure that information fully reflects the Department of Health (DOH) policy titled Adult Safeguarding Prevention and Protection in Partnership (April 2015). The policy should include reference to the centre's named champion.

No adult safeguarding issues/allegations or complaints had been received since the previous inspection.

The whistle blowing policy reviewed did not reflect notification to RQIA as recommended following the previous inspection. One recommendation was restated for a second time.

Individual staff employment files were in place. Random selection of four records evidenced that these contained all required documents including Access NI records. The acting manager confirmed that all care staff were registered with Northern Ireland Social Care Centre (NISCC).

Inspection of the day centre's environment was undertaken. All areas were observed to be clean, tidy, organised and appropriately heated throughout. Audits of the standard of cleanliness were undertaken with dated and signed records retained.

The notice board within the hallway requires attention. This recommendation was restated for a second time.

Areas for improvement

Areas identified for further improvement related to the following:

- Further review and revision of policies including adult safeguarding, whistle blowing and accident/incidents were recommended for a second time
- The loose notice board within the hallway requires attention. This recommendation was restated for a second time.

Number of requirements:	0	Number of recommendations:	2
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gerard O'Neill, registered person and Marie Murray acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

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

5.1 Statutory requirements

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

5.2 Recommendations

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

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to Day.Care@rqia.org.uk for assessment by the inspector.

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

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 18.1</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2017</p>	<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> <p>Response by registered provider detailing the actions taken: The policies identified above have now been reviewed and amended to comply with the recommendations.</p>
<p>Recommendation 2</p> <p>Ref: Standard 25.3</p> <p>Stated: Second time</p> <p>To be completed by: 30 April 2017</p>	<p>The registered provider should ensure that the loose notice board positioned on the corridor wall is made secure.</p> <p>Response by registered provider detailing the actions taken: The work required to ensure the safety of the notice board has now been completed.</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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