

Unannounced Follow up Care Inspection Report 26 February 2018



SCA Montague Centre Broadway

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

www.rqia.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 provider 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 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: 18 January 2018
Categories of care: 25 - DCS-DE, DCS-I, DCS-LD(E), DCS-PH(E), DCS-PH	

4.0 Inspection summary

An unannounced inspection took place on 26 February 2018 from 09.20 to 12.20.

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

Discussion with the adult safeguarding team from Belfast Health and Social Care Trust (BHSCT) indicated SCA Montague day care setting may have provided care that was not consistent with a service user's current assessment of needs. This inspection was planned to seek evidence that staff in the day care setting were providing care that was consistent with the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

It is not the remit of RQIA to investigate adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the establishment.

The following areas were examined during the inspection:

- service users assessments and care plans
- records in relation to risk management and safeguarding
- staff training in relation to moving and handling service users
- staff understanding of their role and responsibilities
- accident and incident recording

On the day of inspection service users said they were enjoying the group activity they had taken part in, they said it was “great fun”, and they were helped by staff to take part. Regarding the care they had received in the day care setting: they said “staff are great”. Service users were asked for their general thoughts about SCA Montague and they said they were “well looked after”.

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	4	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline McNeill, registered 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 21 June 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 21 June 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 four incidents had been notified to RQIA since the last care inspection in June 2017.
- Unannounced inspection report 21 June 2017.

During the inspection the inspector met with:

- The manager
- Two care staff
- A group of ten service users

The following records were examined during the inspection:

- Two service users care files
- A sample of service users’ daily records

- A sample of incidents and accidents records from June 2017 to February 2018
- Staff training information for 2017-18
- Manual handling and management of risks policies and procedures

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 21 June 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 21 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 (4) Stated: First time	The registered person shall improve the monthly monitoring visit and reporting to ensure they report on the conduct of the setting.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 21 June 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

6.3 Inspection findings

Service users' assessments and care plans

Inspection of two service user's assessment information found the service user's individual records did not include up to date assessments regarding their physical care and safe moving and handling needs. . The information inspected was the referral information that was forwarded to the setting before the implementation of Day Care Settings Minimum Standards, 2012. The information had not been reviewed by the setting with the referrer since admission. The processes for ensuring assessments are accurate and up to date at all times must be improved, an improvement is made in this regard.

The risk assessment and general assessment that was made available for inspection for two service users was written by staff from information in the referral assessment and updates provided by the service user and family. The assessments had been reviewed annually with the service users and their family representative.

There was evidence that staff had communicated with the trust speech and language therapist to ensure a dysphagia assessment for a service user was updated, However the service users individual records did not contain evidence that staff had communicated with any other professionals or care providers that provided care for the service users in the community. This communication was required to ensure the physical needs assessment held by the day care setting contained the most up to date information to ensure they could provide safe and effective care. Communication with the trust must be done for all areas of assessed need. An improvement is made in this regard.

The two assessments of need inspected described care needs that were consistent with the settings statement of purpose and registration with RQIA. However the findings of this inspection concluded whilst the statement of purpose described a service that could meet any needs, this was not consistent with the lay out of the setting and environment, the settings resources, the training staff received and the managers experience. The findings of this inspection did show the setting is not resourced to meet complex needs. If it is the intention of the setting to provide care for service users with complex needs they will be required to provide RQIA with evidence of how they will meet those needs. An improvement is made in for the responsible person and registered manager to review the sections of the statement of purpose that describe the range of needs the setting is intended to meet and the admission criteria.

The concerns forwarded to RQIA were in relation to staff not using a hoist in the day care setting. The inspection concluded no service users in this setting had an assessment that required a hoist to be used and those service users that required support to mobilise were moved by two staff. The day care setting did not have a hoist in the setting to use with service users and staff were not trained to use a hoist.

The inspection of the care plans and risk assessments found the records detailed two staff were required to support the service users, the records did not describe how the service user should be physically supported by staff , the service user's preferences or any other information to ensure care was safe, effective and compassionate. The service users' individual care plans should detail how individuals care and welfare needs will be met safely, effectively and compassionately by staff. The inspector identified that the plans in place did not contain the most current information, sufficient detail or service users' preferences. This raised the concern

that proper provision for service users who required detailed care plans was not in place. Further checks verified care provided in these examples, at the time of the inspection, did not include any moving or handling tasks. The manager was told to ensure their information was updated without delay and an improvement is made for all service users plans to be reviewed to ensure they contain the information staff need to know to meet service users’ needs in the setting.

In summary the inspection concluded the day care setting was moving service users and providing care that was consistent with the information inspected on the service users’ assessments and care plans, which had been stored in the service user’s individual records. However it was likely the assessments were not the most up to date and therefore care plans were not likely to be current. To ensure care and support provided in this setting is safe, effective, and compassionate the manager, staff and the registered persons must make the improvements identified without delay.

Areas of good practice

Areas of good practice were found in relation to staff communicating with the service user and their relatives.

Areas for improvement

Four areas for improvement were identified during the inspection in relation to: assessments of need; continual review of assessments; review of the settings statement of purpose; and service users care plans.

	Regulations	Standards
Total number of areas for improvement	2	2

Records in relation to risk management and safeguarding

The staff recording of risk and safeguarding was inspected to verify there was adequate recording for individual service users in relation to risk management and safeguarding concerns kept by the day care setting. The records inspected showed contacts made by the manager and the key workers were recorded in the daily notes, there was evidence of communication with social workers and family members. One record of a concern was recorded in a summary report format; the record was completed by the manager and not the key worker that had dealt with the concern. This record did not provide a first-hand account of the concern and was not consistent with Adult Safeguarding Operational Procedures (2016) which states staff who are made aware of a safeguarding concern should “Record in writing (date and sign your report)” . . or the regulation regarding records. An improvement is made in this regard.

Areas of good practice

Areas of good practice were found in relation to general recording by staff regarding a service user’s activity in the day care setting.

Areas for improvement

One area for improvement was identified during the inspection in relation to: the first hand recording regarding a concern or safeguarding by staff in service users files.

	Regulations	Standards
Total number of areas for improvement	1	0

Staff training in relation to moving and handling and safeguarding service users

Staff training records showed staff were last trained in manual handling in December 2017. The training was provided by an independent training company. The trainer last did their training in relation to moving and handling service users in 2017. The registered persons have been advised to ensure the training is adequate to ensure care is safe, effective and compassionate in this setting.

After this inspection it became apparent the safeguarding training delivered by the same independent company was not likely to be adequate to prepare staff to safely and effectively respond to safeguarding concerns. The registered persons must review the staff training needs without delay in this setting. Training and staffing arrangements must be adequate to ensure staff are competent to safely and effectively meet the needs of the service users who attend this day care setting. An improvement is made in this regard.

Areas of good practice

Areas of good practice were found in relation to arrangements were in place to provide staff with training relevant to their roles and responsibilities.

Areas for improvement

One area for improvement was identified during the inspection in relation to: the quality of staff training.

	Regulations	Standards
Total number of areas for improvement	1	0

Staff understanding of their role and responsibilities

Two staff discussed their understanding of their role and responsibility to respond to concerns or incidents in the day care setting; record; and update service users' records. The staff described the need to respond without delay to any concerns, to ensure action required was discussed with the service user and or relatives and reported immediately to the manager of the day care setting. They were not aware they should record their observations, conversation or discussions in the individual service user's records and said in the past the manager had done that for them. As detailed in the section "Records in relation to risk management and safeguarding" an improvement is made to improve staff recording in this regard.

Areas of good practice

Areas of good practice were found in relation to staff understanding of their role and responsibilities in this day care setting to listen, respond to and report onto their manager areas of concern.

Areas for improvement

No additional areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Accident and incident recording

The inspection of two service user's individual care files, the day care setting incidents and accidents records and discussions with the staff and manager confirmed that all notifiable incidents since the last inspection had been notified to RQIA.

Areas of good practice

Areas of good practice were found in relation to reporting notifiable incidents to RQIA.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the quality improvement plan (QIP). Details of the QIP were discussed with Jacqueline McNeill, registered 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 via Web Portal 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 Day Care Setting Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 7</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2018</p>	<p>The registered person shall review the settings statement of purpose to ensure it clearly describes the range of needs the setting is intended to meet and the admission criteria and is consistent with the lay out of the setting and environment, the settings resources, the training staff receive and the skills of the manager.</p> <p>Ref 6.3</p> <p>Response by registered person detailing the actions taken: The Statement of Purpose has been reviewed and updated and the registered person is confident that we can meet the range of needs the setting is intended to meet as described and can meet the needs of individual service users safely, effectively and compassionately at all times.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 16</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2018</p>	<p>The registered person shall review and update the care plans for all service users in this setting to ensure they contain the information staff need to know to meet service users' needs in the setting</p> <p>Ref 6.3</p> <p>Response by registered person detailing the actions taken: Following reviews, care plans will be updated to reflect any new information received from the statutory representative. This is an ongoing process as not all the reviews have taken place, as yet, however, all care plans will be updated to ensure they contain the information that staff need to know to meet individual service users' needs safely, effectively and compassionately by staff in the setting as soon as reviews are completed. Staff will continue to update care plans as and when required or on a 3 monthly basis, as before, and the care plans will be reviewed yearly, following reviews.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 19 & Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 23 April 2018</p>	<p>The registered person shall improve each individual service user's records to ensure records of concern, risk or safeguarding are made by the person who has first-hand experience of the information that is being recorded and those records must be kept up to date.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered person will improve the recording process to ensure records of concern, risk or safeguarding are made by the person who has first-hand experience of the information that is being recorded and these records will be kept up to date. All staff have been informed that if they are made aware of a safeguarding concern that they should</p>

	<p>record the concern in writing and date and sign off their report. The manager has attended Adult Safeguarding Champion and Appointed Person Training and the Senior Care Worker has also been booked on this training.</p>
<p>Area for improvement 4 Ref: Regulation 20 Stated: First time To be completed by: 23 April 2018</p>	<p>The registered person shall improve the training and staffing arrangements in the setting, they must be adequate to ensure staff are competent to safely and effectively meet the needs of the service users who attend this day care setting.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: The registered person is confident that the staffing arrangements are more than adequate to ensure that the needs of the service users who attend the Centre are met safely and effectively. All care staff at the Centre are trained to NVQ Level II, three of them trained to NVQ Level III; even the cook has recently completed Level II Health and Social Care. Care staff at the Centre have also completed Dementia Awareness and a more advanced Dementia Awareness training through the University of Sterling. Staff have also received mandatory training which was updated in December 2017. However, the registered person is reviewing how staff have been trained and how other organisations train their staff in possibly a more effective way. The registered person will then book trainers that have come with high recommendation from these organisations.</p>

Action required to ensure compliance with Day Care Settings Minimum Standards 2012	
Area for improvement 1 Ref: Standard 7.7 Stated: First time To be completed by: 23 April 2018	The registered person shall improve the processes for ensuring all service users records are accurate and up to date at all times. Ref: 6.3
	Response by registered person detailing the actions taken: The registered person has compiled a monthly audit pro forma and will initially audit service users files on a monthly basis, post reviews, to ensure all service users records are accurate and up to date at all times.
Area for improvement 2 Ref: Standard 4.4 Stated: First time To be completed by: 23 April 2018	The registered person shall improve the procedure for the continual review of assessments including the procedure for communication with the trust and care providers for each service user. Ref: 6.3
	Response by registered person detailing the actions taken: The registered manager has contacted the Senior Practitioner from the Trust and an appointment has been made to discuss how we move forward with the procedure for communication and continual review of assessments. This meeting is to take place on 30/04/2018.
Area for improvement 1 Ref: Regulation 28 (4) Stated: First time To be completed by: 16 August 2017	The registered person shall improve the monthly monitoring visit and reporting to ensure they report on the conduct of the setting. Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection. Ref: 6.7
	Response by registered person detailing the actions taken: The registered person revisited the Monthly Monitoring Visit in June 2017 and made improvements to the pro forma to include a section on a specific theme/standard that the General Manager and Operations manager look at on a monthly basis.

****Please ensure this document is completed in full and returned via Web Portal****



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