

# Unannounced Care Inspection Report 30 May 2018



## SCA Montague Centre Broadway

**Type of Service: Day Care Setting**

**Address: 2 Fallswater Street, Belfast, BT12 6BZ**

**Tel No: 02890235350**

**Inspectors: Suzanne Cunningham & Wendy McGregor**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 open Monday to Friday.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Springfield Charitable Association  <b>Responsible Individual(s):</b> Mr Gerard O'Neill	<b>Registered Manager:</b> Jacqueline McNeill
<b>Person in charge at the time of inspection:</b> Jacqueline McNeill	<b>Date manager registered:</b> 18 January 2018
<b>Number of registered places:</b> 25	

### 4.0 Inspection summary

An unannounced inspection took place on 30 May 2018 from 09.30 to 17.30.

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 the number of staff working in the day care setting; care records, the review of service users day care; listening to and valuing service users; taking account of the views of service users; and feedback received from the service users.

Areas requiring improvement were identified in relation to the recording of the person who is in charge in the managers absence; the use, management and support of volunteers in the setting; staff training; the environment; assessments of service user's needs; care plans; visitors to the day care setting; improving communication between the service, service users and their relatives; the statement of purpose; the visiting chiropody service; staff meetings; implementation of the settings policies and procedures; the complaints records; audit arrangements; and the Monthly Monitoring Visit and reporting.

Service users said about SCA Montague Centre: "couldn't do without it"; "gets me out of the house"; "were well looked after"; "everything is good"; and "everything is perfect".

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
<b>Total number of areas for improvement</b>	9	7

Details of the Quality Improvement Plan (QIP) were discussed with Gerard O'Neill, Responsible Person and Jacqueline McNeill, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection. Two Failure to Comply notices were issued to this setting on 5 June 2018 in relation to Failure to Comply (FTC) with:

*The Day Care Setting Regulations (Northern Ireland) 2007:*

1. *Regulation 28.— Visits by registered provider*
2. *Regulation 14.— Further requirements as to care and welfare*

Compliance with actions outlined within the notices must be achieved by 3 July 2018

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 4.2 Action/enforcement taken following the most recent care inspection dated 26 February 2018

The inspection dated 26 February 2018 was undertaken in response to information received from the safeguarding team in Belfast Health and Social Care Trust (BHSCT). The inspection revealed a number of concerns in relation to the setting's assessment of service users' needs, the plans in place to meet those needs; recording in relation to risk management and safeguarding; and the training provided to staff. The inspection findings, which did not include any safeguarding concerns, were shared with the BHSCT safeguarding team after the inspection. RQIA met with a BHSCT representative on 22 June 2018 to discuss the inspection findings from this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre.
- Information and correspondence received from the registered manager and Springfield Charitable Association.
- Information and correspondence received from the BHSCT safeguarding team.

- Incident notifications which revealed one incident had been notified to RQIA since the last care inspection in February 2018.
- Unannounced inspection report 26 February 2018.

During the inspection the inspector met with:

- the manager
- two care staff
- two volunteers
- eleven service users

Questionnaires were given to the staff on duty to distribute between service users and representatives. A poster was provided for staff to be displayed in an accessible location which informed them how to access the RQIA online questionnaire for this inspection. No questionnaires were returned by staff; and five were returned by service users or relatives.

The following records were examined during the inspection:

- The records of staff working/staff rota.
- Individual volunteer's records of application, induction and ongoing support.
- Staff training information for 2018.
- Fire risk assessment and fire evacuations.
- Six service users' care files.
- A sample of service users' daily records.
- A sample of incidents and accidents records from February to May 2018.
- Complaints and areas of dissatisfaction records.
- Regulation 28 monthly quality monitoring reports.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met in one area for improvement, partially met in five areas for improvement and not met in one area for improvement.

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 26 February 2018**

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 26 February 2018

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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 7  <b>Stated:</b> First time	<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>	<b>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed the statement of purpose was available and had been reviewed and updated since the last inspection. However; review of the content of the statement revealed it did not define or contain adequate detail regarding what service will be provided in the day care setting. In particular the following sections required further review and updating at the time of the inspection.</p> <ol style="list-style-type: none"> <li>1. Details of the registered provider/ responsible person should be consistent with the day care setting's registration with RQIA.</li> <li>2. The range and needs that the day centre is intended to meet should be clearly described and consistent with the general description of the service provided.</li> <li>3. Criteria used for admission should be consistent with the range of needs that the day centre is intended to meet in this setting.</li> <li>4. Services provided should be consistent with the facilities available within the setting.</li> <li>5. Volunteers should not be included in the staff compliment.</li> </ol>	

	<p>This improvement is carried forward to the QIP for this inspection.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 16 <b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> The inspector confirmed six service user's individual care plans had been reviewed and updated. However, the inspection of the content of the care plans showed the plans did not include all of the referral and assessment information, and the omission of this information could result in needs not being met in the day care setting. This practice was not a safe approach to care planning and must be improved without delay. This improvement is carried forward to the QIP for this inspection.</p>	<p><b>Partially met</b></p>
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 19 &amp; Schedule 4 <b>Stated:</b> First time</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><b>Action taken as confirmed during the inspection:</b> There had not been any safeguarding concerns reported since the last inspection therefore the progress with this improvement was evidenced by discussion with the manager and staff. They confirmed that arrangements were now in place for staff to record in individual case records and notes.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>Stated:</b> First time</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><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed training arrangements were being reviewed and plans would be put in place to improve staffs discharge of their roles and responsibilities in this setting. For example the manager had undertaken safeguarding champion training since the last inspection and the manager was sourcing training providers to deliver the staff training schedule for 2018. To date these were indications of improvement however this could not be evidenced as in place and effective. Therefore this improvement is carried forward to the QIP for this inspection.</p>		
<p><b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 7.7</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall improve the processes for ensuring all service users records are accurate and up to date at all times.</p> <p>Ref: 6.3</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Discussion with staff and the manager confirmed they were aware service users' records must be accurate and up to date at all times. Since the last inspection an audit pro-forma had been introduced and was used to audit four of the six files inspected. It was acknowledged processes had been put in place to improve the quality of recording in the service users' records. However the inspection found some records were not accurate therefore the effectiveness of the audit process and pro-forma was raised as a concern. This improvement is carried forward to the QIP for this inspection.</p>		

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.4</p> <p><b>Stated:</b> First time</p>	<p>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.</p> <p>Ref: 6.3</p>	<p><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The registered manager described she had met with the trust and put in place arrangements to update all assessments through the annual review process with the trust. The six individual service user records inspected had been reviewed, however the inspection revealed the assessment information did not include all areas of need and missed important detail in records inspected, this raised concerns regarding the improvements implemented. Therefore this improvement is carried forward to the QIP for this inspection.</p>		
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4.4</p> <p><b>Stated:</b> First time</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><b>Not met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The monthly monitoring visit records were inspected for the January, March and May 2018 visits, this revealed the records did not identify the concerns regarding the premises that were found during this inspection; report on the record of events and complaints; or form an opinion regarding the standard of care and conduct of the day care setting based on the findings of the visit. In view of the inspection findings it was likely the records were not a reliable or an effective monitor of the setting.</p> <p>This improvement is stated again under the regulation in the QIP for this inspection.</p>		

### 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 the staff rota/record of staff working each day showed the planned staffing compliment was the registered manager; the senior day care worker, four care workers and two drivers whom met the needs of 25 service users daily. The staff numbers reduced occasionally due to leave, training and sickness however, the records showed staffing had remained stable and there was no significant reduction in staffing numbers that may have impacted on the quality of care provided. The record did not identify who was in charge in the manager's absence; this should be improved to ensure the rota identifies the working hours of the manager in the setting; and in her absence the person who acted up as manager. An area for improvement is made in this regard.

The qualifications and experience of the team, was described in the settings statement of purpose. The manager is a qualified social worker and the staff team had a range of qualifications including nursing and NVQ qualifications with at least five years or more working in a care setting. This mix of qualifications and experience provided assurance staff had the right qualifications and experience to work in this setting and to meet the assessed needs of the service users, taking into account the size and layout of the premises, the number of service users, fire safety requirements and the statement of purpose.

Three volunteer records were requested for inspection to ensure arrangements for the recruitment, induction and support of volunteers was safe and compliant with the day care settings standards. One volunteer's record was produced; this showed the volunteer had completed an Access NI check and basic induction to the setting; however no reference's, record of training, monitoring or support arrangements were in place. The organisation's failure to produce the required evidence at the time of the inspection revealed a risk that volunteers working in this setting may not be fit to work/volunteer in this setting. In accordance with RQIA's Enforcement Policy and Procedures, a meeting was held with the responsible person, and registered manager on 4 June 2018 to discuss these concerns. During this meeting the registered person assured RQIA that since the inspection, only volunteers with the necessary pre-employment checks were working in the setting. RQIA were advised at this meeting that volunteers' would not return to their volunteering role until the required documentation was in place. RQIA was satisfied the immediate risk had been addressed by the organisation however this improvement will be detailed in the QIP for this inspection to ensure documentation and arrangements for undertaking pre-employment checks have been improved at the next inspection.

The staff continued to attend mandatory training and other training relevant to their roles and responsibilities since the last inspection. The manager had attended safeguarding champion training and advised inspectors she was looking at new training providers that may assist the organisation in training the day care setting staff. However plans in this regard had not been progressed. Furthermore, inspection of one service user's record revealed the staff were delivering a specific care practice without specific training; and no arrangements were in place to deliver this training. The training record also identified the staffs fire training was out of date

however the manager later identified the training record may not be accurate. Overall the organisation did not have in place adequate arrangements that evidenced staff were provided with the right training, within the right timescales that enabled staff to safely and competently undertake their role and responsibilities in this setting. This improvement is stated for a second time in the QIP for this inspection.

The accidents and incidents record was inspected and this showed they were documented detailing safety issues, concerns and risks. As required, one incident had been reported by the manager to RQIA and this was consistent with the legislation.

Restrictive practices were discussed with the manager and staff team which identified potential restrictions in place were: the use of a lap belt; and the use of supervision to divert a service user away from the front door so they did not leave the day care setting on their own. Discussion with the staff and manager revealed they did not recognise these practises could be restrictive. Staff were advised whilst restrictions may be necessary to manage an assessed risk, the reasoning for the use of restrictions and how they should be used as the least restrictive and safe option to support a service user in the day care setting must be clearly recorded in the care planning documentation for staff to follow. Care plans were identified for improvement in the last inspection, and they are discussed in more detail in section 6.5 of this report.

The inspectors walked around the setting during the inspection and their observations of the environment, records and discussions with the manager and responsible person revealed the following serious concerns:

- The day care setting was not tidy, clean or well kept.
- The inspectors recommended one toilet should be locked until cleaned and repaired.
- A deep clean of the environment was required.
- A cleaning schedule should be put in place including emptying bins regularly.
- A review of day care space was required because the centre was generally disorganised with clutter that was assessed as a fire risk, slip and trip hazard and infection control issue.
- Bags of rubbish, discarded Personal Protection Equipment for example gloves, with cigarette butts, discarded containers and black bin bags full of rubbish were noted outside where service users had undertaken activities.
- The fire risk assessment dated 10 May 2018 detailed that clutter was a fire hazard and at the time of the inspection this risk had not been addressed.

In conclusion the environment was not safe because it was neither clean nor tidy. On 4 June 2018 these concerns were discussed with the representatives of SCA Montague at a meeting in the RQIA office. The organisation's representatives presented evidence that a deep clean of the setting had been done since the inspection, the setting had been decluttered and a cleaning schedule was in place. RQIA was satisfied the immediate risk had been addressed by the organisation however maintaining improvement had been an ongoing concern in this setting therefore a Failure to Comply notice was issued in this regard. This improvement is also included in the QIP for this inspection and incorporates other improvements identified as essential to maintain a safe environment such as locking away substances hazardous to health, the use of Personal Emergency Evacuation Plan (PEEP), the availability of the fire risk assessment and action plan.

During the inspection the inspectors talked to a total of eleven service users, they said they felt safe in the day care setting. One service user who was asked if care was safe said “it is surely, it’s a lifeline”. Other comments were the setting gives them “company”, “the girls are helpful”, “staff know what they are doing, any problems or worries we can go to staff”, “very nice”. They described the furniture felt safe for them to sit on and use and furniture was well kept; if there was a fire service users said staff would help them and they knew this because they had practiced in a fire drill with staff. Generally service users agreed staff knew what they were doing.

Two staff were spoken to during the inspection regarding is care safe in the setting? One staff member identified the care had improved since the last inspection, for example they said the staff now planned if they were taking service users out and staff would openly discuss safe care. Staffing numbers were identified as “ok” but they did say it is noticeable when staff are off. However they said they felt the staff team was capable of providing safe care and could “deal with more pressure”. They felt the building they were in was satisfactory but were looking forward to moving to the new building that they were moving to later in the year.

Five service users and relatives returned questionnaires to RQIA post inspection, they identified they were “very satisfied” regarding the question “is care safe” in this setting. By this they indicated there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

In conclusion the inspection of records, discussion with staff and observations revealed significant gaps in the inspection of is safe care and support delivered by staff to help service users be involved in day care in the day care setting.

**Areas of good practice**

There were examples of good practice in this inspection in relation to the number of staff working in the day care setting.

**Areas for improvement**

Four areas for improvement were identified during the inspection in relation to arrangements for the recording of the person who is in charge in the manager’s absence; the use of volunteers in the setting; staff training; and the environment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	4	0

**6.5 Is care effective?**

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

The inspection of six service user’s individual care files provided evidence that the service users had an individual assessments and a care plan in place that aimed to meet their physical, social, and emotional needs. Whilst this documentation was in place other required documents were not and the quality of recording required improvement, examples found for improvement were:

- Only three out of the six service user records had an individual written agreement that set out the terms of their day care placement.
- The care plans inspected did not include all of the needs identified in the referral information, the assessment of needs, risk assessments and review minutes that should have been used to direct the day to day care to be provided to each individual service user.
- Needs that required a risk management approach were not detailed in the risk assessment documentation.
- Risks that were detailed did not adequately describe the risk or action to be taken to minimise or eliminate the risk.
- In three service user's individual assessments there was not sufficient assessment information in place to ensure staff could meet service users individual needs safely and effectively.

On 4 June 2018 the assessment of service users was discussed with the representatives of SCA Montague at a meeting at the RQIA office. The organisation's representatives presented an action plan that stated that service user's individual records would be reviewed and updated to ensure all needs were included in the care plan and needs would be met safely and effectively. RQIA was satisfied with the organisations action plan and this matter is detailed in the QIP for this inspection.

Since the last inspection the review of service user's individual records found improved processes had been put in place that ensured service users' needs had been reviewed with the trust representative and service user. The inspection did find one service user's review minute had been written in advance of the meeting. Discussion and further inspection of the document revealed the outcome of the meeting and actions agreed had not been written therefore advice was given to the manager to adapt the document thus allowing the day care setting report for the meeting to be written in advance. In summary systems were in place to review the service user's placement within the centre. Whilst it was acknowledged the timeliness of reviews had been improved the inspection of the recording in care planning documentation found the following concerns:

- Potential restrictive practices were not clearly recorded in the care planning documentation (discussed in more detail in section 6.4 of this report).
- Care plans inspected did not plan to meet all of the individual service users' needs which were identified in the referral and assessment information.
- Detailed plans were not in place for service users who had specific needs other than general needs arising from being elderly. Plans should be in place that are informed by professional assessments and consultation.

The care plans were identified for improvement in the last inspection and whilst some updating of documentation had occurred; overall the care plans should be further improved to ensure service users receive the right care, at the right time in the right place. The inspectors did find one key worker had written care plans that featured good practice examples and promoted the delivery of person centred care. Discussion with the staff member revealed they had written the care plan using the assessment information, discussion with the service user and had referred to the Day Care Standard on care planning (standard 5). This good practice example was highlighted with the registered manager for her reference. This improvement is stated for a second time in the QIP for this inspection.

The service users spoken to during the inspection were asked if this setting met their needs when they attended day care, they said the setting did meet their needs because: it “keeps me active”, “they (staff) meet with us to find out what we need”, “they (staff) help us to sort things out, give us a shoulder to cry on”. The service users also identified they knew about their care plans, staff had helped them with medicines and staff had their emergency contacts if they need to be contacted.

Staff spoken to during the inspection said care was effective because the staff knew service users well and the service users knew them well which meant there was good lines of communication. One staff member said the service users “don’t let me make a mistake”; they trust each other in a relaxed and homely environment. One staff member identified the records should detail the minimum standard of care to be provided and they described they use the standards to guide what goes in the care plan which was acknowledged as good practice.

Five service users and relatives returned questionnaires to RQIA post inspection, they identified they were “very satisfied” regarding the question “is care effective” in this setting. By this they indicated they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

In conclusion the review of records showed there was gaps in communication, procedures and practice and there was no assurances provided that the most effective care was being delivered in this setting and the best outcomes were being achieved at all times.

**Areas of good practice**

There were examples of improvement found during this inspection in relation to care records, and reviews.

**Areas for improvement**

Two areas for improvement were identified during the inspection in relation to assessments and care plans.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	2	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.**

At the commencement of the inspection the inspectors observed the morning routine. The driver was observed sitting with a group of service users. Discussion with him and the group of service users revealed he was knowledgeable regarding the service users’ needs that were sitting with him and important facts about their life. This level of attention to detail was important because this helped the service users to be engaged and interested in remaining at the table where they were getting a morning snack and drink.

Discussion with service users, staff and observation of interactions during activities showed that service users felt they were treated with dignity and respect by staff. Staff were observed encouraging service users to take part in word searches and other table top activities which aimed to promote and maintain their cognitive and independence skills. One service user said they “loved the centre and wouldn’t be without it”, another said “we can do what we like and what we want”. These were some of the examples of service users expressing they felt involved and cared for.

Since the last inspection the manager had arranged for an independent consultant to visit the service users in the setting to ascertain their views regarding the care and quality of service they had received in SCA Montague, the report was not available for inspection. Using an external person to consult with service users may have assisted the organisation in seeking service user’s feedback; however enquiries made identified there was no record in place that assured the inspectors the independent visitor was qualified to undertake this consultation safely, effectively and compassionately. An improvement is made in the QIP to ensure there are robust arrangements in place for inviting visitors to the setting. This issue was also noted in regard to the provision of a Chiropody service in the setting during day care setting hours; and is further described in section 6.7.

Discussion with the staff, review of activity records and observation of activities revealed some concerns regarding the provision of meaningful activities for service users in this setting. The manager provided evidence that staff had reviewed the delivery of activities in the setting and were introducing new ideas to service users; further evidence was provided of service users being consulted regarding activities for example in service users meeting minutes held monthly in February, March and April 2018. Advice was given to the manager to ensure there is a varied activity schedule available for service users to engage in, which is informed by service users’ choices, preferences and interests. The activity plan should also aim to improve service users’ outcomes when they attend the day care setting.

One service user feedback/relative feedback form that was provided for this inspection to evidence the settings ongoing consultation with service users and their relatives detailed a relative was not satisfied with the care their relative had received. At the time of the inspection the manager had not responded to the issues raised and discussion with the manager revealed no plan was in place to respond to this however, this was addressed by the end of the inspection. The communication identified service users and relatives may need to be reminded they can raise issues or concerns with the service at any time. Furthermore the service should review their communication strategy to ensure it is robust and enables individual service users and their relatives at any time to influence and inform the care the service users receive. An improvement is made in this regard.

The service users said they had taken part in a range of activities such as Boccia, bingo, and craft activities. One service user said they had learnt to crochet and they were happy with the new skill they had learnt. They described staff had supported them, for example if they were unwell or if they asked staff for help. Service users said they can ask for whatever they want to do and they liked the setting because it is homely and they feel like they are part of a community. They said they wouldn’t be without the place and they were happy to be there.

Staff said they deliver compassionate care by being person centred, they described this meant knowing each service user’s personality, past experiences and memories that are important to them. An example was given by a staff member when they had promoted and respected service users abilities whilst supporting them to meet their needs in a dignified and subtle way.

Five service users and relatives returned questionnaires to RQIA post inspection, they identified they were “very satisfied” regarding the question “is care compassionate” in this setting. By this they indicated that they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

In summary the inspection of compassionate care found there were systems in place that could promote communication between service users, relatives and staff however the systems should be reviewed and improved to ensure they are robust and effective.

### Areas of good practice

There were examples of good practice during the inspection in relation to listening to and valuing service users and taking account of the views of service users.

### Areas for improvement

Two areas for improvement were identified during the inspection in relation to visitors to the day care setting and improving communication between the service, service users and their relatives.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 up to date and displayed appropriately.

The statement of purpose for the day care service had been reviewed and updated by the provider since the last inspection. Inspection of the document revealed the statement did not clearly describe the nature and range of services to be provided and should be improved. This improvement will be stated for a second time in the QIP for this inspection.

The review of the settings statement of purpose also revealed a chiropody service was operating out of the day care setting for service users and members of the public to use. On the day of the inspection the visiting chiropody service was operational and occupying one activity room, thus reducing day care space. The public were seated in the day care setting while waiting for their appointment, the quality of the service received by service users' was not monitored, and there was no evidence in place that the delivery of the service or management of visitors during this time was managed safely. On 4 June 2018 the chiropody service operating out of the day care setting during day care hours was discussed in a serious concerns meeting with the representatives of SCA Montague at a meeting in the RQIA office. The organisation's representatives presented an action plan that assured RQIA the public will not access the chiropody service during day care setting hours. The action plan presented to RQIA provided assurance the service was delivered by a professional whose qualifications had been

checked; therefore the improvement is included in the QIP for this inspection and the improved arrangements will be monitored during the next inspection.

Inspection of management and governance arrangements in this setting revealed a number of weaknesses in arrangements in place, they were:

- Staff meetings had been held in February, April and May 2018, the minutes and attendance were recorded however the minute recorded did not include action plans or follow up of issues discussed. The recording should be improved and this is detailed in the QIP for this inspection
- The volunteer's policy and procedure was sampled to gauge if practice was consistent with the policy. The content of the policy was consistent with the Day Care Settings Minimum Standards however as detailed in section 6.4 of this report; the procedure had not been followed by the manager in relation to the volunteers working on the day of the inspection. Safe recruitment practices and evidence of support for volunteers was not in place therefore an improvement is made in this regard in the QIP for this inspection
- The complaints record was inspected and this showed the outcome of the complaint was not recorded thus it was not clear if the complaints had been investigated, what action had been taken to resolve the complaint and if the complainant was satisfied with the outcome. This improvement is made in the QIP for this inspection
- There was not a range of audits being undertaken to monitor, audit and review the effectiveness and quality of care delivered to service users at suitable intervals. There was a general lack of evidence that staff who worked in the setting were encouraged to reflect on how they were delivering day care and could they improve what they were doing. Practice in regard to audits and review of effectiveness should be improved and this is included in the QIP for this inspection.

A sample of Regulation 28 monthly quality monitoring visit reports were inspected for January, March and May 2018. The reports showed in 2018 only three visits and reports had been completed in a period of five months. The reports inspected did not report on the conduct of the setting and specifically did not report on an incident or serious concern raised by the BHSC during this period. This matter had been stated in QIP for the last inspection and no improvement had been achieved. The inspection also concluded the continued weaknesses in quality monitoring had led to other service failures being undetected by the organisation which have been identified throughout this inspection report. On 4 June 2018 this was discussed with the organisation representative's at a meeting at RQIA offices. The registered person reported they had reflected on their monitoring arrangements and they accepted they were not effective or compliant with regulation 28. RQIA was not satisfied the organisation could improve the reporting in a timely manner and effectively without close monitoring. Therefore a Failure to Comply notice was issued in this regard which included a stipulation that monitoring reporting should be increased to weekly. This improvement is also included in the QIP for this inspection

Discussion with the service users revealed they knew the manager but associated the role of the person in charge with the senior care assistant. They said she was "very nice" and they said they can go to her with anything and talk to her privately if they needed to.

Five service users and relatives returned questionnaires to RQIA post inspection and they identified they were "very satisfied" regarding questions on "is care well led" in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

## Areas of good practice

There were examples of good feedback received from the service users during the inspection in relation to support from the person in charge in the setting.

## Areas for improvement

Seven areas for improvement were identified during the inspection in relation to the statement of purpose, the visiting chiropody service, staff meetings, implementation of the settings policies and procedures, the complaints records, audit arrangements and the monthly monitoring visits and reporting.

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	4

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqui 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.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall review the setting's Statement of Purpose to ensure it clearly describes the range of needs the setting is intended to meet, 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>A copy of the revised SOP should be submitted to RQIA with the returned QIP.</p> <p>Ref 6.2 &amp; 6.8</p> <p><b>Response by registered person detailing the actions taken:</b> The Statement of Purpose has been revised to clearly describe the range of needs the setting is intended to meet, however, the Belfast Trust are also currently reviewing a copy of the Statement of Purpose to ensure that the needs of all the service users attending the centre can be met by the centre.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 16</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 30 November 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 6.2 &amp; 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> All care plans are being reviewed to ensure they contain the information staff need to know to meet service users' needs in the setting. The care plans, general needs assessment, risk assessment and any other relevant pro forma will all have the same information and will all be updated as and when appropriate and at least every year.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 July 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: 6.2 &amp; 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager recently organised Fire Warden training (facilitator Rea Fires) for key staff, as recommended by the recent Fire Risk Assessment completed McL fire. Infection, Prevention and Control training was also organised with 3five2 group with special IPC Audit training given to manager and senior care worker. The manager</p>

	<p>has also written to the Belfast Trust asking them if they have a list of approved trainers or indeed, if they can offer us any training. It is felt that the staffing arrangements are more than adequate for maximum the number of service users attending the centre.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 July 2018</p>	<p>The registered person shall improve the monthly monitoring visit and reporting to ensure:</p> <ul style="list-style-type: none"> <li>• visits are undertaken at least once a week from the date of this notice</li> <li>• the visits must consist of announced and unannounced visits</li> </ul> <p>The person carrying out the visits must form an opinion regarding the standard of care provided and the conduct of the day care setting by:</p> <ul style="list-style-type: none"> <li>• Inspecting a sample of the day care setting records that are described in schedule 4 and 5 of The Day Care Setting Regulations (Northern Ireland) 2007, including the record of events and the record of complaints.</li> </ul> <p>The written report of the visits reports must be submitted to RQIA until further notice</p> <p>Ref: 6.2 &amp; 6.8</p> <p><b>Response by registered person detailing the actions taken:</b> All four weekly visits were completed and reports sent to the RQIA as agreed. After a discussion with the Inspector and further discussions with the General Manager and Operations Manager, it was decided they would continue to do these visits twice a month for the foreseeable future.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 21</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the arrangements in place to recruit, induct and support volunteers working in this setting. Arrangements must be robust and provide evidence that the volunteers are fit to work/volunteer in this setting, that volunteers have received training and support which is identified as necessary for them to undertake their volunteering role</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has written a Volunteer Handbook which includes an volunteer induction and volunteer agreement. All volunteers will continue to be Access NI checked before they take up their volunteering role and the information will be properly stored. The volunteers will require two references which will be checked out to ensure that they are the right person for the volunteering role applied for. All volunteers will continue to receive training with staff, when appropriate. The manager will be known to volunteers as the Volunteer Manager and will be their first point of contact if any</p>

	<p>issues/concerns arise.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 14 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 3 July 2018</p>	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> <li>• A deep clean of the day care setting is completed.</li> <li>• An effective cleaning schedule and process is in place that ensures the day care setting is kept clean and in a good state of repair.</li> <li>• An audit of the settings infection prevention and control measures must be undertaken and recommendations from this must be actioned.</li> <li>• Staff working in the day care setting must attend an update to their infection prevention and control training.</li> <li>• Robust systems must be put in place that monitor and evaluate the day care setting environment to ensure it is free from hazards to service users safety; and any risk identified must be recorded and a plan put in place to eliminate them without delay</li> <li>• The day care setting environment must be kept free from clutter, and fire risks, free from slip and trip hazards, assessments and plans should ensure service users can exit safely if there is a fire, hazardous substances must not be left out and infection prevention and control practices must in place and embedded in practice.</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The centre closed for two days after the 30/05/18 inspection, on 1/06 and 4/06/18. Staff carried out a major de-clutter and deep clean of the centre. This was followed by a professional deep clean of the carpets by Diamond Bright Cleaning Services on 7/06/18 and a professional deep clean by the Belfast Cleaning Company on 25/06/18. An effective cleaning shedule has been put in place. This entails the senior care worker, using a checklist, checking all areas of the centre ensuring, for example, all bins are emptied every day. The manager will then check the centre on a weekly basis and report back any issues/concerns to the senior and the Operations Manager during their weekly meetings. These checks will ensure that the day care setting environment is free from hazards and any risk identified will be recorded immediately on a Work Order form and the manager will contact an appropriate professional to ensure that the issue is fixed asap. After IPC Audit training an IPC audit is ongoing and will be completed asap; this will be carried out between the senior and manager. All staff and 3 volunteers attended IPC training by 3fivetwo Group on 27/06/18; certificates have been received and are held in the main Training File; copies of volunteer certificates will also be retained in their individual files. The day care setting environment will be kept free from clutter, fire risks and trip hazards and service users can exit safely if there is a fire. A daily list of all SUs is now placed in reception so that the designated Fire Warden can immediately check off SUs who are present that day to ensure they are safely removed from the</p>

	<p>premises. IPC control practices are being practised by staff and will be embedded in all interactions with SUs and embedded in good practice. This will be overseen by the Operations Manager, manager and senior care worker.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 15</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the arrangements in place to assess service users' individual needs. The assessment information in place must incorporate referral information; ongoing assessment information and needs discussed in service users individual review meetings.</p> <p>Ref: 6.5</p> <p><b>Response by registered person detailing the actions taken:</b> All SU reviews have been held and assessments have been updated or are in the process of being updated. The manager will then audit all SU files, initially on a monthly basis, to ensure all relevant information is current and included in the pro formas contained in the files. All assessment pro forma are live documents and will be updated as and when appropriate and at least on a yearly basis.</p>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Regulation 14 (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall ensure there are robust arrangements in place to assure any visitors invited into the setting during day care setting hours can safely undertake their role in a day care setting with the service user group and, if necessary, have the right qualifications.</p> <p>Ref: 6.7 &amp; 6.8</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager will ensure that any facilitator carrying out activities with service users has the right qualifications and experience to safely undertake their role as facilitator in our day care setting with our service user group.</p>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Regulation 13 (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the setting's communication with service users and relatives to ensure arrangements in place support individual service users and their relatives to give their views, influence and inform the care the service users receive.</p> <p>Ref: 6.7</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has recently written several times to families of all service users, informing them of outside agencies we have engaged with for activities, giving them relevant information about the centre, asking them for their opinions and advising them of our open door policy, for example. It is envisaged that families will be contacted more regularly in this way to update them on important issues like the move to Cupar Street and what activities we have planned in the centre, for example.</p>

<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 7.7</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the processes for ensuring all service users' records are accurate and up to date at all times.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> This process is ongoing. We are working closely with the Integrated Care Team to ensure service users records are up to date at all times. This is done through the process of yearly reviews and the provision of up to date information from the ICT through the provision of Domiciliary Care Services Care and Support Plan information for individual service users, where appropriate, information that we never had before. All day centre staff are aware of what improvements need to be made and the manager will carry out monthly inspections of the files to ensure that named keyworkers are being held accountable for their individual service users files.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 4.4</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the arrangements in place for the continual review of assessments including the procedure for communication with the trust and care providers for each service user</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager has worked closely with the named ICT social worker in order to ensure that all reviews have been completed. Direct contact with this lead has proved beneficial regarding our communication with the Trust and care providers. The manager has liaised with the Senior Practitioner at Beech Hall Social Work Team who agreed that we could have access to the Domiciliary Care Services Care and Support Plan information of our current SUs that we never had access to before which again has proved to be beneficial. The manager has impressed on any social workers that she has met that we have an open door policy and that they can drop in to the centre at any time without an appointment.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23.3 &amp; 23.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall ensure at all times there is a competent and capable person in charge of the day care setting, this is recorded in the record of staff working each day/ staff rota and includes the capacity in which they worked.</p> <p>Ref: 6.2</p> <p><b>Response by registered person detailing the actions taken:</b> There is a large visual display at reception which clearly shows who the Person in Charge is on that day and who the Fire Warden is on that day. The manager is a registered social worker and the senior is trained to NVQ Level 3 as are the other two competent and capable members of staff who may have to fulfil this role at some time; one of the other two members of staff is also a former nurse.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23.8</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the arrangements in place for staff meetings to ensure the minute recorded of the meeting includes actions agreed with time frames and who is responsible for the completion of actions agreed.</p> <p>Ref: 6.8</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 17.10 &amp; 24</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> The staff meeting minute pro forma has been amended to include actions agreed, with time frames and the name of the person who is responsible for the completion of actions agreed. The staff meetings are now taking place every week as opposed to monthly and this will happen into the foreseeable future.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 17.10 &amp; 24</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the settings compliance with the volunteer's policy and procedure. Records must be improved to show there are safe recruitment practices, induction and evidence of support for volunteers is in place.</p> <p>Ref: 6.8</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p>The registered person shall improve the complaints record to ensure the outcome of the complaint is recorded, what action has been taken to resolve the complaint and if the complainant was satisfied with the outcome.</p> <p>Ref: 6.8</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 14</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 July 2018</p>	<p><b>Response by registered person detailing the actions taken:</b> The registered manager has improved the complaints record to ensure the outcome of the complaint is recorded and what action has been taken to resolve the complaint and if the complainant was satisfied with the outcome.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 August 2018</p>	<p>The registered person shall implement robust arrangements to systematically audit working practices. Audits should ensure practices are consistent with the day care settings documented policies and procedures.</p> <p>Where action is identified as necessary to improve compliance and consistency an action plan should be put in place and outcomes monitored.</p>

	<p>Ref: 6.8</p> <p><b>Response by registered person detailing the actions taken:</b> The organisation understands that it is good practice to audit our working practices. The Operations Manager in conjunction with the General Manager will continue to audit the centre on a twice monthly basis via their monthly monitoring visits; during these visits staff and service users are asked for their opinions on the service, the cleanliness of the centre is checked and SUs files are audited. The manager will audit all care files initially on a monthly basis. The organisation has implemented a weekly meeting between the Operations Manager, day centre manager and senior care worker to discuss any issues/concerns, cleanliness of the centre, A/L, S/L etc to ensure that the centre is a safe and clean environment for our Service Users. The day care staff now engage in a weekly staff meeting where staff have an opportunity to discuss any issues/concerns they may have; these meetings are minuted with an agreed action plan and a named person to carry out that action. Moving forward, the staff meeting will also be used as a forum to discuss policies and procedures or minimum standards, as well as staff supervision and appraisal. The manager and the senior are currently completing a Protection and Control audit of the centre which will hopefully be completed by the end of July 2018.</p>
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The **Regulation** and  
**Quality Improvement**  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)