

# Inspection Report

## 30 November 2021



## Montague Centre Cupar Street

Type of service: Day Care Setting  
Address: 27 Clonard Crescent, Belfast, BT13 2QN  
Telephone number: 028 9023 5350

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Springfield Charitable Association	<b>Registered Manager:</b> Mrs Jacqueline McNeill
<b>Responsible Individual:</b> Mr Gerard O'Neill	<b>Date registered:</b> 18 January 2018
<b>Person in charge at the time of inspection:</b> Mrs Jacqueline McNeill	
<b>Brief description of the accommodation/how the service operates:</b>  Montague Centre Cupar Street is a day care setting with 25 places that provides care and day time activities for people over the age of 55 years. The day care setting is open Monday to Friday and is managed Springfield Charitable Association.	

## 2.0 Inspection summary

An announced remote care inspection took place on 30 November 2021 from 10.00 a.m. to 2.30 p.m.

This inspection focused on staff registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

Five areas requiring improvement were identified in relation to staff training, fire drills, recruitment, the management of service users' monies and the recruitment policy and procedure.

Service users said that they were very satisfied with the standard of care and support provided.

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

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA in relation to the day care setting. This included the previous inspection report and the quality improvement plan (QIP) and any written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using video technology, with the manager.

During our inspection we focused on speaking with the service users and staff to find out their views on the service.

The inspection also focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included checking how care staffs' registrations with the NISCC were monitored.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. Seven responses were received and the respondents were very satisfied that care was safe, effective, compassionate and well led. One staff response was received within the timescale requested, however the response was incomplete.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

### 4.0 What people told us about the service

The information provided by service users during the inspection indicated that there were no concerns in relation to the day care setting. All confirmed that they were very satisfied with the standard of care and support provided. During the inspection we spoke with four service users and three staff including the manager.

**Comments received during the inspection process included:**

**Service users' comments:**

- "I missed the day centre when it was closed."

- “Staff are very polite and very pleasant and always have a smile on their faces.”
- “The centre is always clean and the staff are always cleaning everything you touch now to keep us safe from Covid-19.”
- “I am offered choice in everything that I do here.”
- “Staff always wear their PPE.”

#### Staff comments:

- “We have one service user with SALT recommendations. We are all fully aware of the importance of ensuring that the service user gets the right meal to ensure their safety”
- “Very good communication in the day centre, as soon as a service users’ needs change we are all informed immediately.”
- “I have regular supervision and I had supervision last week.”
- “I got good information about Covid-19 and we adhere to all the guidelines.”
- “Care and support of service users is very much about the individual and their needs.”
- “No restrictive practice in place in the centre and the service users’ human rights are respected.”

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Montague Centre was undertaken on 17 September 2019 by a care inspector; seven areas for improvement were identified. A QIP was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 17 September 2019		
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 19 (2) Schedule 5 (8)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 November 2019	The registered person shall ensure the record of the day centre’s charges to service users is clearly defined. The Statement of Purpose and Service users Guide should be reviewed and revised, where necessary, to accurately reflect what the charges are for. The revised documentation should be forwarded to RQIA with the returned quality improvement plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Following the last care inspection the Statement of Purpose and Service Users Guide had been reviewed and revised to	

	accurately reflect the Schedule of Fees. These documents were returned with the quality improvement plan.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 (1) (a) <b>Stated:</b> First time <b>To be completed by:</b> Immediate	<p>The registered person shall ensure that all parts of the day centre that service users have access to is free from hazards. This includes providing shelving in the cleaners/housekeepers store and adherence to the guidance on the control of substances hazardous to health.</p> <p><b>Action taken as confirmed during the inspection:</b>  The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. We undertook a virtual tour of the day care setting and evidenced that shelving had been erected and all chemicals were stored appropriately.</p>	<b>Met</b>
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 17 (1) <b>Stated:</b> First time <b>To be completed by:</b> 1 December 2019	<p>The registered person shall ensure that an annual quality report is written and available for service users and or others to read. The report should reflect the monitoring of the areas identified in schedule 3 and the quality of care in the day centre.</p> <p><b>Action taken as confirmed during the inspection:</b>  The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The annual quality report had been completed and was made available to service users.</p>	<b>Met</b>
<b>Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 23.3 and 23.7 <b>Stated:</b> Second time <b>To be completed by:</b> 1 November 2019	<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><b>Action taken as confirmed during the inspection:</b>  The returned quality improvement plan and discussion with the manager confirmed that</p>	<b>Met</b>

	<p>this area for improvement had been addressed. Review of two staff competency and capability assessments evidenced that this area for improvement had been satisfactorily addressed. Records were maintained of the capacity in which staff worked.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 17.9</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 November 2019</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><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The manager advised that audits were undertaken including audits of the environment. Evidence was provided in this regard.</p>	<b>Met</b>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 November 2019</p>	<p>The registered person shall ensure that a robust system is in place for the regular monitoring of staff registration with their professional body, for example, The Northern Ireland Social Care Council (NISCC)</p> <p><b>Action taken as confirmed during the inspection:</b> The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. A NISCC matrix was in place and reviewed on a monthly basis by the manager.</p>	<b>Met</b>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that the monthly quality monitoring visit and report reviews comments on the action taken to any recommendations made in the report. The registered manager should also provide evidence that recommendations have been actioned and the date of the action.</p>	<b>Met</b>



1 November 2019	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Monthly quality monitoring reports were available in the day care setting. Review of a sample of these reports evidenced that they were in line with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.</p>	
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## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was confirmed that staff were required to complete adult safeguarding training during their induction programme and regular updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

The day care setting had a system for retaining a record of referrals made to the relevant Health and Social Care Trust in relation to adult safeguarding matters.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that no incidents had been reported since the last inspection.

Staff had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The manager told us that no service users met the criteria to have a DoLS process put in place at this time. The manager also told us that there were no restrictive practices in place at the time of the inspection.

Review of the staff training matrix and discussion with the manager confirmed that a number of staff had not completed DoLS training. An area for improvement has been identified.

The manager advised that staff manage monies on behalf of a small number of service users. These monies were used for the payment of service users' lunch meals in the day care setting.

Review of records evidenced that receipts were not provided to service users' for monies paid for the lunch meal nor indeed were two signatures provided for monies lodged. The manager must ensure that a record of, and receipts for all transactions undertaken by staff must be recorded and two signatures provided. An area for improvement has been identified.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 10 June 2019. Fire drills had not been undertaken in line with legislative requirements. This has been identified for an area for improvement. Discussion with staff confirmed they were aware of the evacuation procedure.

The environment was observed during a virtual tour of the day care setting and there was evidence of infection prevention and control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene notices positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and foot pedal operated bins. Wall mounted hand sanitisers were strategically located throughout the day care setting. There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning (putting on) and doffing (taking off) PPE.

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. We discussed the provision of mandatory training specific to IPC measures with staff. Staff confirmed that they had undertaken IPC training and that the training provided them with the necessary skills and knowledge to care for and support service users. A review of staff training records confirmed that staff had received training in IPC and Covid-19 awareness including the donning and doffing of PPE. The manager confirmed that management were monitoring progress with overall mandatory training to ensure full compliance.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and



appropriate. Staff were also implementing the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was noted that one service user had been assessed by SALT in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of the service user's wishes, preferences and assessed needs and how to modify food and fluids.

Training records reviewed did not provide assurances that dysphagia training had been undertaken by all staff. An area for improvement has been identified.

### **5.2.3 Are there robust systems in place for staff recruitment?**

We reviewed two recruitment records. We noted that only one reference had been obtained for an applicant prior to commencing their post. An area for improvement has been identified.

We reviewed the day care setting's staff recruitment policy and procedure dated May 2019. The policy and procedure did not fully reflect all matters outlined in The Day Care Setting Regulations (Northern Ireland) 2007 and DHSSPS guidance. An area for improvement has been identified.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to ensuring that their registration with NISCC was up to date.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken by a monitoring officer. A sample of reports viewed provided evidence that the monitoring process included engagement with service users, service users' representatives and staff, also that the conduct of the day care setting was examined and that action plans for improvement were developed, if necessary.

Quality monitoring reports also included review of accident/incidents; safeguarding matters; complaints; compliments and training and staffing arrangements.

There was a process for recording complaints in accordance with the day care setting's policy and procedures. The manager confirmed that no complaints were received since the date of the last inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints.

Discussions with staff evidenced that they were knowledgeable regarding service users' individual needs. Staff also demonstrated awareness of the need for person-centred interventions which facilitate engagement with service users and promote effective communication and social engagement.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held with staff and service users, RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner and that the service was well led.

Five areas requiring improvement were identified in relation to staff training, fire drills, recruitment, the management of service users' monies and the recruitment policy and procedure.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

## 7.0 Quality Improvement Plan/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.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed Mrs Jacqueline McNeill, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (4) (f)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure, by means of fire drills and practices at suitable intervals, that the persons employed in the day care setting and, so far as practicable, service users, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> To ensure all service users experienced an emergency evacuation, fire drills were carried out on Thursday, 2 December, Monday, 6 December, Tuesday, 7 December, Wednesday, 8 December and Friday, 17 December 2021. All who attended are now fully aware of the procedures to be followed in case of a fire. All staff have had Fire Awareness training (06.05.21); the manager and senior care worker have completed Fire Warden training (06.05.21) and this is done on a yearly basis. Risk Assessing and Fire Safety is also covered in our Health and Safety training. All staff have been trained in Emergency First Aid (05.05.21) which includes procedures such as dealing with an unconscious casualty, administering CPR and being confident in assessing the situation and circumstances to act safely, promptly and effectively; again, this is carried out on a yearly basis.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 21 (1) (a) (b) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall not employ a person to work in the day care setting unless—</p> <p>(a) the person is fit to work in the day care setting;</p> <p>(b) subject to paragraph (3), he has obtained in respect of that person the information and documents specified in Schedule 2;</p> <p>(c) he is satisfied on reasonable grounds as to the authenticity of the references referred to in paragraph 3 of Schedule 2 in respect of that person.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> SCA will ensure that all day care staff are fit to work in the day care setting and we will ensure that we have all the necessary paperwork completed in respect of employment, including not only two references but contact with referees either by telephone or email, for example, to ensure authenticity of those references.</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 20.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure the policy and procedures for staff and volunteer recruitment detail the recruitment process and comply with legislative requirements and relevant guidance.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The Recruitment and Selection Policy has been updated in order to fully comply with legislative requirements and will be ratified by SCA's Board at their next meeting in February 2022.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 11.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of inspection</p>	<p>The registered person shall ensure that records of, and receipts for, all transactions undertaken by the staff on each service user's behalf are maintained. Where the service user is unable or chooses not to sign two members of staff sign and date the record.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> Records of, and receipts for, all transactions undertaken by staff on each service users behalf are signed off by a member of staff and the service user. Where the service users is unable or unwilling to sign the receipt two members or staff sign and date the record. This procedure was implemented immediately by the senior care worker and is now standard procedure.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 21.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate and ongoing from the date of the inspection</p>	<p>The registered person shall ensure that the training needs of individual staff for their roles and responsibilities are identified, and arrangements are in place to meet them.</p> <p>This relates specifically to DoLS and dysphagia training.</p> <p>Ref: 5.2.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All care staff completed a WHO online course on Deprivation of Liberty Safeguards training in 2019/2020; the manager is currently investigating a face-to-face DoLS Level 2 course as a matter of urgency. The manager completed a one-day course on 'Putting Deprivation of Liberty (DoL) Requirements into Practice - this is a Level 3 course approved by Department of Health. The manager will endeavor to find a Dysphagia course asap; to date the manager has contacted the PHA, BH&amp;SCT and Kingbridge Hospital regarding training and will continue to look for a facilitator to carry this out as pandemic restrictions ease.</p>

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



The **Regulation** and  
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**Authority**

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