

Unannounced Care Inspection Report 17 September 2019



SCA Montague Centre

Type of Service: Day Care Service
Address: 27 Clonard Crescent, Belfast, BT13 2QN
Tel No: 02890235350
Inspector: Heather Sleator

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

The Springfield Charitable Association, Montague Centre, is a day centre that provides care, support and day time activities for persons over the age of 55 years.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 17 September 2019 from 10.00 to 16.45 hours

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

As a public-sector body RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. During inspections of day care services, RQIA are committed to ensuring that the rights of people who receive services are protected. This means RQIA will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service, listening to and valuing service users, taking into account their views, choice and preferences. Good practice was demonstrated regarding the provision of therapeutic activities and recreational opportunities. Overall there was evidence of good governance arrangements; staff training, professional development opportunities, supervision and appraisal, management of accidents/incidents and complaints, continuous quality improvement and effective team working.

Areas for improvement were identified regarding; infection prevention and control measures/the control of substances hazardous to health, the scale of charges for service users, the provision of an annual quality report, robust monitoring of staffs registration with the Northern Ireland Social care Council (NISCC) and the regulation 28 monthly quality monitoring reports.

Two standards in 6.2 were assessed as partially met and have been stated for a second time in this report.

Service users said that they enjoyed the centre, liked coming to see their friends (staff included) and were spontaneous in their interactions with other service users and staff. Service users and staffs comments are provided throughout the report.

The findings of this report will provide the day centre 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	3	*4

*The total number of areas for improvement includes two standards which has been stated for a second time.

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 3 July 2019

No further actions were required to be taken following the most recent inspection on 3 July 2019.

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 care centre
- incident notifications submitted to RQIA since the last care inspection
- unannounced care inspection report and QIP of 20 May 2018
- information and correspondence received by RQIA since the last inspection.

During the inspection the inspector met with:

- the registered manager, Jacqueline McNeill
- six staff
- ten service users on an individual basis, the remaining service users in a group discussion

Questionnaires were given to the staff on duty to distribute between service users and relatives. Ten questionnaires were returned from service users and there were none returned from service users' representatives.

The person in charge was provided with a poster to be displayed in the service advising of how staff could complete electronic questionnaires and submit these to RQIA. There were no questionnaires were completed and returned to RQIA by staff.

The following records were examined during the inspection:

- three service users' care records
- a sample of daily staff rotas
- two completed staff competency and capability assessments
- the complaints and compliments records
- incidents and accidents records
- the minutes of service user self-advocacy group meetings
- the minutes of staff meetings
- supervision and annual appraisal planner
- three months of quality monitoring reports
- a staff training matrix
- quality audits/governance arrangements for the centre
- the annual fire safety risk assessment dated 4 February 2019
- records of fire drills undertaken during 2019
- the Statement of Purpose and Service User Guide
- the annual quality report of 2018/2019

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 3 July 2018

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 July 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
Area for improvement 1 Ref: Regulation 7 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: The Statement of Purpose was reviewed and the required information was in evidence.</p>	
Area for improvement 2 Ref: Regulation 16 Stated: Second time	<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>	Met
	<p>Action taken as confirmed during the inspection: The review of three service users' care records evidenced that care plans/information was present in sufficient detail to enable staff to support the service users in accordance with their assessed need.</p>	

<p>Area for improvement 3</p> <p>Ref: Regulation 20</p> <p>Stated: Second 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: 6.2 & 6.4</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The review of the staff training records evidenced that an individual record is maintained and staff had completed their mandatory training requirements.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 16</p> <p>Stated: Second 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>Met</p>
<p>Action taken as confirmed during the inspection:</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 21</p> <p>Stated: First time</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>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed two personnel records of volunteers in the centre. All required information was in evidence.</p>		

<p>Area for improvement 6</p> <p>Ref: Regulation 14 (1)</p> <p>Stated: First time</p>	<p>The registered provider must ensure that;</p> <ul style="list-style-type: none"> • A deep clean of the day care setting is completed. • 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. • An audit of the settings infection prevention and control measures must be undertaken and recommendations from this must be actioned. • Staff working in the day care setting must attend an update to their infection prevention and control training. • 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 • 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. <p>Action taken as confirmed during the inspection: Observation of the premises evidenced that the centre was clean and infection prevention and control procedures were being adhered to. There were no obvious risks or hazards to service users in evidence.</p>	<p>Met</p>
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<p>Area for improvement 7</p> <p>Ref: Regulation 15</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: The review of three service users care records evidenced that referral information was present and individuals' assessment of need remained under review and were discussed with the service user.</p>	<p>Met</p>
<p>Area for improvement 8</p> <p>Ref: Regulation 14 (3)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Visitors to the building are required to sign into and out of the building on completion of their business. The manager has implemented a system for the weekly clinic with the day care centre whereby a staff member is allocated to monitor and assist the members of the general public who attend the clinic.</p>	<p>Met</p>
<p>Area for improvement 9</p> <p>Ref: Regulation 13 (2)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: Evidence was present that service users have the opportunity to contribute to the daily life of the day centre through monthly meetings. Customer satisfaction surveys were also undertaken with service users and/or their representatives.</p>	<p>Met</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 7.7 Stated: Second time	The registered person shall improve the processes for ensuring all service users' records are accurate and up to date at all times.	Met
	Action taken as confirmed during the inspection: The manager has implemented governance system to audit the services provided by the day centre including service users' records. These records are also reviewed at the monthly quality monitoring visits and are discussed at staff meetings and at individual staff supervision meetings.	
Area for improvement 2 Ref: Standard 4.4 Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: Evidence was present in the three service users records selected for review of contact/s made with other professionals in the relevant Trust areas or other service providers.	
Area for improvement 3 Ref: Standard 23.3 & 23.7 Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: A competency and capability assessment was present for staff who are in charge of the day centre in the absence of the manager. However, the assessments viewed did not evidence that these were reviewed on at least an annual basis. This standard has been stated for a second time.	
Area for improvement 4 Ref: Standard 23.8	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	Met

Stated: First time	who is responsible for the completion of actions agreed.	
	Action taken as confirmed during the inspection: The review of the minutes of staff meetings evidenced an improvement in the recording of the minutes and that actions to be taken were stated.	
Area for improvement 5 Ref: Standard 17.10 & 24 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The inspector reviewed two personnel records of volunteers in the centre. All required information was in evidence.	
Area for improvement 6 Ref: Standard 14 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The review of the complaints record evidenced that a new template had been developed which incorporates if a satisfactory resolution was gained. However, there had been no complaints received from the time of the previous inspection and the template had not been used.	

Area for improvement 7 Ref: Standard 17.9 Stated: First time	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.	Partially met
	Where action is identified as necessary to improve compliance and consistency an action plan should be put in place and outcomes monitored.	
	Action taken as confirmed during the inspection: Whilst a system of auditing was operational, shortfalls were noted in the auditing of infection prevention and control, accident (a thematic review should be in evidence) and staff training. This standard has been stated for a second time.	

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 review of the staffing arrangements evidenced that the planned staffing levels were adhered to. The duty rotas reflected the staff on duty and the capacity in which they worked. Staff and service users attended specific activities of their choice; the staffing arrangements promoted continuity of care and support and enhanced the relationship between the service users and staff. Ten completed satisfaction questionnaires from service users returned to RQIA raised no issues regarding the staffing arrangements. The inspector met with service users during the inspection who expressed their satisfaction with the staff and staffing arrangements. One service user commented; "I get the best of care from all the staff." No issues were raised by staff during the inspection in respect of the staffing arrangements and there were no completed staff questionnaires returned to RQIA

Competency and capability assessments had been completed for any person in charge of the centre in the absence of the registered manager. The inspector reviewed the records of assessments retained. The assessment of one staff member had not been signed off as being reviewed from 2017. All assessments should be up to date. This has been identified as an area for improvement in the previous inspection report and has been stated for a second time in this report.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were provided. A schedule for mandatory training, annual appraisal and staff supervision was maintained and was reviewed during the inspection.

Staff, who supervise others, had completed training in supervision and appraisal. In discussion with the manager it was suggested that a central training matrix was maintained as this would more readily identify staffs compliance with mandatory training as opposed to individual records.

Recruitment and selection records for two staff members (including one volunteer) evidenced compliance with employment legislation as set out within The Day Care Setting Regulations and Minimum Care Standards (2012) were provided prior to new staff commencing duty.

Robust arrangements to monitor the registration status of care staff with their professional Body, the Northern Ireland Health and Social Care Council (NISCC) were not in place. This was discussed with the manager and has been identified as an area for improvement.

The inspector was advised that the use of restrictive practices was very limited, for example; the entrance to the designated rooms that the day centre use were locked. The locking of the doors was due to other areas of the building being used by the general public and others and this was seen as a means of ensuring the service users were not disturbed.

Discussion with staff and inspection of records confirmed that staff had a good understanding of adult safeguarding principles and their obligation in relation to raising concerns about poor practice and whistleblowing. A review of staff training records evidence that mandatory training in adult safeguarding had been provided for all staff. The review of records evidenced that there had been no safeguarding referrals made from the previous inspection in July 2018.

The premises of the Montague Centre were well maintained and in good decorative order. This was a new centre and service users transferred from the previous location to the new centre on 1 April 2019. There are several rooms, of varying sizes, available for group activities and for individual work with service users, when necessary. There is a small garden area to the side of the centre which service users have use of and this is a very popular place for service users. Service users were keen to say that the apples in the lunchtime dessert came from the apple trees in the grounds. There was a hydro pool and 'gym' area within the area designated for the day centre. The manager stated that it was anticipated that these rooms would be used by the general public who required physiotherapy. Currently access to these areas is from the day centre. When these rooms are in use they should not be accessed through the day centre. This was discussed with the manager who agreed and also stated that there was presently no date for when these rooms would be functional. There were notice boards throughout the centre providing service users, relatives and staff with information regarding activities, photographs of activities and events and information leaflets.

Service users and staff, who met with the inspector, confirmed that they have confidence in the practice of all members of the staff team in their work with service users. Staff members had generally been employed in the centre for lengthy periods and expressed strong commitment to their work with service users, which, they confirmed, is enjoyable and rewarding. A staff member commented: "It's (day centre) a place of love and kindness."

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls, foot pedal operated bins and seven step hand hygiene notices which were positioned at wash hand basins. Staff also had effective access to gloves and aprons as required. However, shelving was required in the designated cleaners store as cleaning materials were stored on top of the washing machine

and the room was not locked. Cleaning materials should be stored in a locked cupboard or locked room so as these materials are not readily accessible by service users. This has been identified as an area for improvement.

The most recent report from the fire risk assessor was viewed and dated February 2019. There was evidence that the recommendations made in the report had been actioned and signed off by the manager. The fire safety records evidenced that there had been a number of fire drills and staffs attendance was recorded to evidence the required number of fire safety training events per year had been complied with. Service users also participated in fire evacuation drills and records indicated that the last evacuation drill was in June 2019.

Service users spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated. A service user commented:

“My lifeline here (day centre).”

Areas of good practice

Examples of good practice found throughout the inspection included: staff work rotas, staff induction, staff training, adult safeguarding, fire safety records and service user and staff engagement.

Areas for improvement

Areas for improvement were identified regarding infection prevention and control, the control of substances hazardous to health and maintaining robust evidence of the regular monitoring of staffs registration with the Northern Ireland Social Care Council (NISCC).

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

A review of three service users' records confirmed that these were maintained in line with the legislation and standards. They included an assessment of need, life history, risk assessments, care plans and regular statement of health and well-being of the service user. Care needs assessment and risk assessments, including falls, moving and handling were reviewed and updated on a regular basis or as changes occurred.

The records also reflected the multi-professional input into the service users' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual service users. Service users and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the service user and/or their representative. Records were stored safely and securely. Discussion with staff confirmed that a person centred approach underpinned practice and staff demonstrated their knowledge of individual service users throughout the inspection. The auditing of care records should be more robust and evidence a structured approach, where shortfalls are identified during audit evidence should also be present that the manager has signed off the record to validate that remedial

action had taken place. This was identified as an area for improvement at the previous inspection and has been stated for a second time in this report.

Individual agreements, setting out the terms of placement and fees were in place and appropriately signed. However, on review of the Statement of Purpose, the individual agreements and discussion with staff identified that the information regarding the daily charge for attending was day centre was unclear particularly regarding transport arrangements. This was discussed with the manager at the time of the inspection and with the Senior Inspector in RQIA following the inspection. RQIA require that the Statement of Purpose, service user's guide and the centre's charging policy are reviewed and the revised copy forwarded to RQIA with the returned quality improvement plan (QIP) of the report. This has been identified as an area for improvement.

The inspector confirmed that systems were in place to ensure effective communication with service users, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly quality monitoring visits, service users' meetings and staff meetings. The staff and a service user's representative confirmed that management operated an "open door" policy in regard to communication within the day centre. A service user commented, "The manager is a lovely girl, very approachable."

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the service users. Staff confirmed that arrangements were in place, in line with the legislation, to support and advocate for service users.

A service user commented about the day centre:

- "They've (staff) time for you, time to listen to you; I'm on my own so it's good to have them."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between service users, staff and service users' representatives.

Areas for improvement

Areas for improvement were identified regarding the scale of charges for attendance at the centre and that all associated documentation sets this out clearly.

	Regulations	Standards
Total number of areas for improvement	1	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.

On the day of this inspection, the atmosphere in centre was welcoming and purposeful and service users, arriving at the centre, were greeted warmly by their friends and by staff members. Observations of interactions throughout the day provided evidence of service users relating

positively to staff and to each other. Service users were engaged by staff with respect and encouragement at all times.

While service users were assigned to specific groups and activities in both morning and afternoon sessions, staff respected the wishes of any person who did not wish to participate. A service user commented, "Love the company here."

Activities, such as art, music, quizzes, crafts and board games were part of the weekly programme. Service users spoke very positively in respect of the range of activities available and were appreciative of any outings which were arranged. Service users confirmed that staff listen to them and encourage them to take a full part in developing their plans for day care through the members meetings and the approachability of staff. Therefore, activity programmes are organised with each individual's agreement and service users contributed positive comments on its value to them. Staff members were observed interacting sensitively with service users and being attentive to each person's needs.

The systems in place to ensure that the views and opinions of service users were sought and taken into account included regular service user meetings, an annual quality survey of service users and their carers or relatives and daily discussions with service users in groups or individually. The minutes of the service users meetings provided evidence of a strong focus on involving and empowering service users to contribute to decisions about the way in which the day care service is run. The review of the minutes of the service users meetings evidenced that the on-going issue regarding the transport arrangements was referenced and service users had made suggestions of some other activities that they would like. The manager stated that the management committee of the centre were aware of the transport difficulties and were seeking to resolve it. Preparation for each person's annual review included a meeting with the key worker to discuss the value of attending the centre and appropriateness of the existing programme of activities.

During each monthly monitoring visit the views of a sample of service users were sought and their views were reflected in good detail in all three of the monthly monitoring reports that were reviewed. Each person's file contained progress notes relating to that person's involvement and wellbeing and these reflected the caring nature of the relationships and interactions observed during the inspection. Staff members' comments and actions, along with the views expressed by service users, and confirmed that compassionate care was being provided consistently in SCA Montague Day Centre.

The review of the recent compliments received in the centre included the following:

- "The day centre has had a huge and positive impact on her mental health and life in general." (Service users representative July 2019)
- "Care and support from everyone has been exceptional." (Service users representative July 2019)

Ten service user responded by questionnaire to RQIA. All the respondents indicated that they were very satisfied with all aspects of the care and management of the day centre and commented, "I get the best of care from all the staff."

Service users met with during the inspection made the following comments:

- "Love the company."
- "The cook tries to satisfy us."

- “You can tell the carers anything, anything troubling you, very confidential.”
 - “It’s grand here, I enjoy it here.”
 - “Couldn’t get better people, very understanding.”
- There were no completed questionnaires returned to RQIA from staff within the specified timescale.

Staff comments during the inspection included:

- “You get to know everyone’s ways.”
- “It’s knowing that you’ve been able to help in some small way.”
- “We don’t have handover meetings in the morning as everyone starts at different times, we update each other.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the centre, listening to and valuing service users and taking account of their views.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 registered manager, Jacqueline McNeill, facilitated the inspection and demonstrated an understanding of The Day Care Setting Regulations, minimum standards and the systems and process in place for the daily management of the day centre. A wide range of documentary evidence to inform the inspection’s findings, including minutes of staff meetings, service users meetings, monitoring reports, audit records, work rotas, service users’ files, staffing information and written policies and procedures were made available. We discussed a range of the centre’s current strengths and the aspects that require further development, as identified in 6.4 and 6.5.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of meetings, service user’s guide and trust information leaflets displayed. The review of records evidenced that complaints received had been fully investigated and resolved to the complainant’s satisfaction.

The manager completed a number of quality audits each month. However, following a review of the audits provided further development is required in respect of the auditing of infection prevention and control measures, auditing of accidents (should be a thematic review), service

users care records and of staff training. This was identified at the previous inspection and has been stated for a second time in this report.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process.

A monthly monitoring visit was undertaken in accordance with Regulation 28. Records of the past three months were reviewed, the reports showed the visits were both announced and unannounced, provided a view regarding the conduct of the setting and qualitatively reflected service users and staff views and opinions. The outcomes/outcomes/action plans of each visit require to be reviewed at the commencement of the next visit. More detail should be provided as an identified action simply stated 'activities' and did not clarify what action was actually required. Where action is required the manager should provide evidence that the action has been addressed. This has been identified as an area for improvement.

The annual quality report was unavailable for review. The report is a regulatory requirement and should provide a summary of the monitoring of matters detailed in schedule 3, The Day Care Settings (Northern Ireland) 2007 and of improvements in respect of the quality of care provided in the day centre. This has been identified as an area for improvement.

SCA Montague Day Centre has systems in place to ensure that staff were well-informed on the responsibilities of their roles and the expected standards of practice. Staff confirmed that there were good working relationships within the day centre and that the manager was always responsive to suggestions and/or concerns raised. One service user commented:

"I could go to Jacqui (manager) about anything."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of complaints and incidents and maintaining good working relationships

Areas for improvement

Areas for improvement were identified regarding the provision of an annual quality report and the monthly quality monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the 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.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 19 (2) Schedule 5 (8)</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</p>	<p>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.</p> <p>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: The Statement of Purpose and Service Users Guide have been reviewed and revised to accurately reflect what the Schedule of Fees are for and will be returned with the Quality Improvement Plan.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: Immediate</p>	<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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: A handyman has been commissioned to put up shelving in the cleaners/housekeepers storeroom; date for completion is Monday, 18 November 2019. The storeroom will be locked at all times when service users are in attendance as is policy. Staff have been spoken to regarding cleaning products and will not store any cleaning product in any area that service users may have access to; cleaning products will only be stored in the cleaners storeroom which will be locked at all times that service users are in attendance.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 1 December 2019</p>	<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>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken: The annual quality report has been completed and service users will be advised that a copy of the report will be available to read should they wish to see it; this will be discussed at the next client committee meeting in November 2019.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<p>Area for improvement 1</p> <p>Ref: Standard 23.3 and 23.7</p> <p>Stated: Second time</p> <p>To be completed by: 1 November 2019</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>Response by registered person detailing the actions taken:</p> <p>On 18 September 2019 both the Senior Care Worker MM and Care Worker LD completed a Competency and Capability Assessment and were assessed as being competent and capable to be in charge of the Day Centre in the absence of the manager and both signed and dated their renewed assessments. This issue was discussed in full at a Centre Management Meeting on 29 October 2019 and it was agreed that Gerard O'Neill, Operations Manager would have overall responsibility for the day centre in the absence of the manager and would be the go to person if any issues/concerns arose. This information is also noted in the front of the staff rota along with designations of staff and contact details.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 17.9</p> <p>Stated: Second time</p> <p>To be completed by: 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>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The manager already has in place a file review audit for service users files which are audited every three months. Staff receive supervision every three months and appraisal yearly. Competency and capability assessments will be completed on a yearly basis. Incidents, accidents, compliments and complaints will be audited in the same way and will be discussed in management meetings to discuss unmet need, assess good practice or where practice needs to be improved with the intention of improving outcomes for our service users.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 21.6</p> <p>Stated: First time</p> <p>To be completed by: 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>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The day centre manager has implemented a system for monitoring of staff registration for NISCC. As the organisation pays for NISCC registration for staff, when registration is due for renewal or has been paid it will be noted and information will be kept by the manager in her office in a bespoke file; details are also noted in the manager's diary as to when registration is due again.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 17.10</p> <p>Stated: First time</p> <p>To be completed by: 1 November 2019</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> <p>Ref: 6.7</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The day centre manager has advised the General Manager and Operations Manager that, on advice from the RQIA Inspector, we will be using the template provided for monthly monitoring visits by RQIA from the next site visit in September 2019. The manager will provide evidence that recommendations have been actioned and the date of the action by reviewing the monthly quality monitoring visit and completing an audit of same.</p>



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
Web www.rqia.org.uk
Twitter @RQIANews