

Inspection Report

18 October 2021



Montra Day Centre

Type of service: Day Care Setting
Address: 6 The Rope Walk, Heights, Coleraine, BT51 3BS
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Northern HSC Trust	Registered Manager: Mr Peter Stanley
Responsible Individual: Ms Jennifer Welsh	Date registered: Acting manager
Person in charge at the time of inspection: Day Care Worker	
Brief description of the accommodation/how the service operates:	
Montra is part of Northern Health and Social Care Trust Day Care services. As part of the Northern Health and Social Care Trust Montra provides Day Care support services for adults aged 19+ with a wide range of learning disabilities.	

2.0 Inspection summary

An unannounced inspection was undertaken on 18 October 2021 between 10.00 a.m. and 12.00 p.m. by the care inspector. This inspection focused the Northern Ireland Social Care Council (NISCC) registrations, Adult Safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, Covid-19 practice and guidance.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to the system in place for disseminating Covid-19 related information to staff.

There were good governance and management oversight systems in place.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as PPE which was available for staff.

Two areas for improvement were identified during this inspection relating to:

- 1 The current Statement of Purpose.
- 2 The Current Service Users Guide.

However both documents were reviewed and forwarded to RQIA on the 21 October 2021 prior to the issue of this report.

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.

The inspection focused on:

- contacting the service users and staff to find out their views on the service
- reviewing a range of relevant documents and policies and procedures relating to the day care setting's governance and management arrangements.

4.0 What people told us about the service

We spoke to staff and we observed a variety of activities and good communication between staff and service users. Service users present were observed involved in a range of activities including one to one work with staff. We had the opportunity chat with the four service users present. No questionnaires were issued to either service users or staff due to low numbers and to Covid arrangements. The inspector had the opportunity to meet everyone present.

Comments received during the inspection process:

Service user comments:

- "It's a good centre."
- "It's good to be back."
- "Staff are excellent."
- "Good activities."
- "I feel safe here."
- "Staff are helpful."
- "We all get on."

Staff comments:

- "Good comprehensive induction."
- "Good management."
- "I feel safe and secure with the Covid guidance and the PPE."
- "Service users are provided with a wide range of activities."
- "Good training."
- "We communicate well with each other."

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 Montra Day Centre was undertaken on 20 August 2020 by a care inspector; no areas for improvement were identified.

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 outlines 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. Staff could describe the process for reporting concerns.

It was noted that staff were required to complete adult safeguarding training during their induction programme and annual updates thereafter. All training records reviewed were in place and satisfactory, including ancillary staff safeguarding training.

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 agency's policy and procedure with regard to whistleblowing.

The setting had a system for recording referrals made to the HSC Trusts adult safeguarding team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals had been made since the last inspection.

The day care setting had provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

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 to RQIA since the last inspection.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject. One current service user has arrangements required relating to DoLS; this was clarified by the manager and all relevant documentation.

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

There was a good system in place in relation to the dissemination of information relating to Covid-19 and Infection Prevention and Control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Question with regards Dysphagia.

The manager confirmed that the setting had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users' dysphagia needs to ensure the care received in the service was safe and effective. One assessment was reviewed and was satisfactory. It was noted that staff had completed relevant training.

One service user required supervision when eating and drinking due to having swallowing difficulties; this required their food and drinks to be of a specific consistency. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards; required pre-employment checks were completed before staff members' commenced employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with the NISCC. Information regarding registration details and renewal dates were monitored by the manager; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations 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. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, relatives, staff, and HSCT staff. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff training and staffing arrangements.

We noted some of the comments made by service users; relatives, HSC Trust and staff during the monthly quality monitoring:

Service users:

- “Everyone is nice I have no issues.”
- “I enjoy coming t the centre.”
- “Staff are very helpful.”

Staff:

- “Regular supervision.”
- “Good staff consistency.”
- “Good service.”

Relatives:

- “I’m pleased that *** has settled.”
- “I’m happy with the care.”
- “Staff are fantastic.”

HSC Trust Staff:

- “The staff team are good with service users.”
- “Staff team are strict with the Covid guidelines.”
- “I feel safe and secure in the centre.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that matters had been actioned.

There was a process for recording complaints in accordance with the day care setting’s policy and procedures. It was noted that no complaints had been received since the last inspection. It was good to note that a number of positive compliments had been received by the setting.

Staff described their role in relation to reporting poor practice and their understanding of the setting’s policy and procedure on whistleblowing.

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

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

It was positive to note that a number of care reviews had been completed in line with Covid restricted services and the day care setting must be commended for their actions. We noted some of the comments from service users and relatives during this review:

- “I like Montra and I’m glad to be back.”
- “I attend the service user meetings and share my opinions.”
- “I’m happy here and enjoy it.”
- “I’m happy and could not ask for better.”

6.0 Conclusion

Based on the inspection findings and discussions held, RQIA is satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team.

7.0 Quality Improvement Plan/Areas for Improvement

The areas for improvement identified during this inspection were resolved prior to the issue of this report.

	Regulations	Standards
Total number of Areas for Improvement	0	0

Findings of the inspection were discussed with the manager, as part of the inspection process and can be found in the main body of the report.



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