

# Announced Care Inspection Report 20 August 2020



## Montra

**Type of Service: Day care**  
**Address: 6 The Rope Walk, Heights, Coleraine, BT51 3BS**  
**Tel No: 02870 347878**  
**Inspector: Jim McBride**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

**1.0 What we look for**



**2.0 Profile of service**

Montra is part of Northern Health and Social Care Trust Day Care services, situated at The Rope Walk in a residential area of Coleraine. 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. The focus of the centre is to promote independence through programmes of interaction and integration within the local community. Clients who attend Montra participate in a full and varied programme of activities incorporating leisure, education, crafts, sensory stimulation, personal care and work experience.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> NHSCT	<b>Registered Manager:</b> Peter Stanley. Acting
<b>Responsible Individual:</b> Jennifer Welsh	
<b>Person in charge at the time of inspection:</b> Day care worker.	<b>Date manager registered:</b> Peter Stanley – Acting

### 4.0 Inspection summary

An announced inspection took place on 20 August 2020 from 09.10 to 11.45.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services. The service has not had a primary inspection since the Pre- Registration inspection in April 2019.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach

This inspection was underpinned by. The Health and Personal Social Services (Quality, Improvement and Regulation (Northern Ireland) Order 2003, 2007.and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017. Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines, Covid-19 education and management including infection prevention and control measures. Individual quality measures in place completed by staff daily.

It was good to note that staff had supported both service users and relatives through the Covid-19 time as the centre provided regular phone contact and individual visits to service users.

The centre staff must be commended for contacting service users/relatives in preparation for their return to the centre.

The findings of this report will provide the centre 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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the person in charge as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this day care service. This included the previous inspection report, notifiable events, written and verbal communication received since the previous care inspection.

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

The inspector ensured that the appropriate staff checks were in place before staff work with service users and reviewed the following areas:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for Day care. Provided by RQIA for centres planning to reopen

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery.

Tell us” cards were provided for service users and those who visit them the opportunity to contact us after the inspection with their views. No responses were received prior to the issue of the report.

A poster was provided for care givers detailing how they could complete an electronic questionnaire. No responses were received prior to the issue of the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; three responses were returned and show that people were satisfied with the service.

RQIA information leaflets ‘How can I raise a concern about an independent health and social care service’ were also provided to be displayed appropriately.

During the inspection the inspector met with the person in charge, two staff and three service users.

### Service user comments:

- “It’s great to be back.”
- “Staff are very good.”
- “We have good choices.”
- “If I had any concerns, I would speak with \*\*\*\*\*.”
- “I feel safe being back to the centre.”
- “I enjoy all my activities.”

**Staff comments:**

- “All staff support each other well.”
- “Good person centred care.”
- “Good choices offered.”
- “I feel safe and secure with all the infection control training provided.”
- “I’m well supported by the managers.”
- “Training, induction and supervision is excellent.”
- “We have a good close supportive team.”

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection****6.1 Inspection findings****Recruitment records:**

The services staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the person in charge identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of four staff records confirmed that all staff are currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

**Service quality:**

The inspector noted comments from service users and staff during regular monthly quality monitoring:

**Staff:**

- “Good positive working relationships.”
- “I have supervision on a regular basis.”
- “I have no issue wearing PPE.”
- “I have been happy with the advice and guidance given.”

**Service users:**

- “A good big room for activities.”
- “I feel safe in the centre.”
- “I’m glad to be back, I missed my friends.”
- “It was kind of the staff to visit us at home.”

### Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC

### Care planning and review:

The inspector reviewed six care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews.

The inspector noted some of the comments made by service users during their annual review:

- “I enjoy coming to the centre.”
- “I have many friends here.”
- “I enjoy my time at Montra.”
- “I enjoy my day care.”

### Areas for improvement

No areas for improvement were identified during the inspection.

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

### Covid-19

The inspector spoke with the person in charge and to two staff members, who were knowledgeable in relation to their responsibility related to covid-19. Staff stated they were aware of the guidance in relation to use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed the current practices relating to the following areas of guidance and good practice pertaining to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.

- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE equipment, in line with guidance.

The inspector reviewed records relating to Infection prevention and control policies which were in-line with the guidance. The policies and procedures had been updated to include covid-19. Policies and guidance were available to all staff in hard copy within the centres office.

The inspector reviewed templates that indicated that service users and staff will have their temperatures monitored in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers have been placed in different areas throughout the centre for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC. Training records reviewed verified this.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both he and senior staff spot check the use of PPE by staff during the day. Spot checks on staff practice will be undertaken to ensure they are fully compliant with current guidance.

The procedures and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

It was noted that staff were committed to working in line with covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by a relative in their comments. Staff will be vigilant in terms of monitoring people for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading COVID-19 within the centre.

The inspector noted the contact with service users and carers in preparation for the reopening of the centre.

**Areas of good practice**

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Staff training and guidance.
- Reopening preparation and guidance.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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