

Inspection Report

19 September 2023



Mount Oriel Day Centre

Type of service: Day Care Setting
Address: 53 - 57 Saintfield Road, Belfast, BT8 7HL
Telephone number: 02895042695

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast Health and Social Care Trust (BHSCT)	Registered Manager: Ms Julie-Anne Robinson
Responsible Individual: Dr Catherine Jack	Date registered: Registration pending
Person in charge at the time of inspection: Ms Julie-Anne Robinson	
Brief description of how the service operates: Mount Oriel Day Centre is a day care setting which provides services to a maximum of 75 service users. The centre provides 50 places per day for older people and 25 places for adults living with a learning disability. Day care and day time activities are provided for adults who meet some or all of the following criteria: have a learning disability, are aged over 65 years, have a diagnosis of dementia, have needs arising from a mental health diagnosis, have a physical disability and/or sensory disability. This service is operated by the Belfast Health and Social Care Trust.	

2.0 Inspection summary

An unannounced inspection was undertaken on 19 September 2023 between 10.45 a.m. and 3.45 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas including but not limited to: staff selection and recruitment; professional registrations; staff induction and training; adult safeguarding arrangements; and the reporting and recording of accidents / incidents.

Enforcement action resulted from the findings of this inspection. RQIA was concerned that the quality of services provided by the agency had fallen below the standard expected due to the lack of robust managerial and governance arrangements.

A serious concerns meeting was held on 26 October 2023 with the representatives of the Responsible Individual to discuss these shortfalls.

During the meeting the Responsible Individual's representatives provided a full account of the actions taken/to be taken in order to drive improvement and ensure that the concerns raised at the inspection were addressed.

Following the meeting, RQIA decided to allow the Responsible Individual a period of time to demonstrate that the improvements had been made and advised that a further inspection will be undertaken to ensure that the concerns had been effectively addressed.

A Quality Improvement Plan (QIP) was issued outlining the areas for improvement required in respect of the following areas: lack of robust governance arrangements and managerial oversight in place.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

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

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided at that time indicated that the majority of service users were satisfied with the care and activities provided.

Comments received included:

Service users' comments:

- "The centre I have found is excellent, full of fun and laughter and meets our needs."

- “I am not sure which staff to speak to if I had a problem.”
- “I don’t know where to put my belongings to keep them safe.”
- “The staff are lovely and very helpful and always about for each client and cannot help enough.”
- “The buses are excellent and the drivers are kind and helpful.”
- “I love coming here and have developed a craze for colouring in flowers. It is great to get a break from normal day things.”
- “I feel very at ease talking to staff and asking questions. I really miss it when it’s closed.”

The comments received from service users were shared with the manager for follow up as appropriate.

Returned questionnaires indicated that service users were satisfied/very satisfied with the care and support provided. Written comments included:

- “I really enjoy attending the centre as it breaks the week up. The activities are varied and include bingo, quizzes, painting, knitting. Most of all I enjoy the company.”
- “I really enjoy doing my art in the centre. People always admire my work. I’m encouraged by staff and I like the other people in the group.”
- “If you are feeling down, I think it gives you a wee lift coming here. If you need someone to speak to, there is always someone there. I enjoy having my hair done every week.”
- “The centre is a nice place and the staff are lovely. I enjoy the company and the dinner is very good.”

A number of staff responded to the electronic survey.

The information provided by staff indicated that there were concerns in relation to the management and governance arrangements within the service. This feedback received supported the inspection findings, which are detailed within the main body of the report.

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 care inspection of the day care setting was undertaken on 31 August 2021 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 outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager established that she was knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse and the process for reporting concerns. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; the majority described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns. The feedback provided by two service users indicated that they were unsure of the process for reporting concerns and where to leave their belongings for safe keeping. This was discussed with the manager for follow up as appropriate.

The manager did not have oversight of all staff training. The training records for staff providing care to services users living with a learning disability were managed by an assistant manager. Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

All staff had been provided with training in relation to medicines management. A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. It was confirmed that a competency assessment had been undertaken before staff undertook this task.

No concerns were raised with the manager under the whistleblowing policy.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff who spoke with the inspector demonstrated their 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.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Staff reported that a number of the service users were subject to DoLS. A resource folder was available for staff to reference.

The day care setting's governance arrangements for the management of accidents/incidents were reviewed. Discussion with staff and review of governance records confirmed that an effective incident/accident management system was not in place; specifically, the manager only had oversight of accidents / incidents involving older service users while oversight of accidents/incidents involving service users living with a learning disability was being carried out by other staff

This was discussed during a serious concerns meeting on 26 October 2023 with representatives of the Responsible Individual. RQIA were assured that changes would be made to managerial arrangements within the service with immediate effect; such changes will, help to enable the manager to have meaningful and effective oversight of the entire service irrespective of the assessed needs of service users. This is discussed further in section 5.2.6.

The environment was observed during a tour of the day care setting and there was evidence of infection prevention and control measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other infection prevention and control 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.

The day care setting was found to be warm, fresh smelling and clean throughout. There were no hazards noted to the health and safety of service users, visitors or staff.

The day care setting's fire safety precaution records were reviewed. Discussion with staff confirmed they were aware of the fire evacuation procedure. Fire exits were observed to be clear of clutter and obstruction. Review of fire drill records evidenced that a fire drill had been completed on 7 September 2023. An updated fire risk assessment was completed on 10 January 2023.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that a service user forum (for service users living with a learning disability) was in place which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

Concerns were identified, however in relation to management oversight of service users under both programmes of care (older people and those living with a learning disability). This was discussed during a serious concerns meeting on 26 October 2023 with representatives of the Responsible Individual. RQIA were assured that a communications strategy would be developed, to engage with service users, their families/ representatives, regarding new staffing arrangements within Mount Oriel Day Centre. An area for improvement has been identified.

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

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' 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 staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

We reviewed the systems in place for the recruitment of ancillary staff working in Mount Oriel Day Centre.

The day care setting's recruitment records for ancillary staff were not available for review. The manager advised that ancillary staff (transport, catering and domestic) working in Mount Oriel Day Centre were recruited and managed by other departments within the HSC Trust.

The manager confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified by the HSC Trust's human resources (HR) department before staff members commenced employment and had direct engagement with service users.

Checks were made to ensure that all care staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures.

There was a robust, structured, three-day induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

Serious concerns were identified in regard to the lack of robust governance arrangements and managerial oversight in place.

Discussion with the Manager highlighted that she exercised managerial oversight only in relation to care delivery and service provision relating to older people using the service; the manager informed the inspector that she had no managerial responsibility for overseeing any aspect of care delivery and service provision to service users living with a learning disability who also use the service; care provision to service users living with a learning disability was being monitored by an assistant manager.

Review of care and governance records indicated that the service was not being managed in a robust and effective manner; for example, it was noted that some service users' care records along with accident / incident records were being used within a part of the service for which the Manager exercises no oversight. Also, staff feedback and review of some staff records indicated that staffing arrangements were inadequate with some staff not falling under the operational oversight of the Manager.

In addition, feedback from staff during and/or following the inspection highlighted a lack of clarity among staff regarding managerial arrangements within the service; a significant number of staff also expressed a lack of support and/or clear communication from management.

In addition, discussion with staff and review of governance records evidenced that monthly monitoring reports were not being completed for this service in keeping with Regulation; it was noted that two distinct reports were being completed in order to quality assure care delivery and service provision for two types of service users using the facility, rather than the service as a whole.

These deficits were discussed during a serious concerns meeting on 26 October 2023 with representatives of the Responsible Individual. During this meeting, it was agreed that the Manager would maintain operational oversight of the entire service with immediate effect; it was also noted that the manager will be supported in her role by two assistant managers.

It was further agreed that Standard Operating Procedures (SoP) would be developed and submitted to RQIA, to reflect the newly implemented staffing arrangements within Mount Oriel Day Centre. An area for improvement has been identified in this regard.

Assurances were provided by the Responsible Individual's representatives that the quality of the service would be monitored on a monthly basis and one report completed for the service as a whole. An area for improvement has been identified.

The Statement of Purpose and Service User Guide requires to be updated to reflect the new staffing arrangements within Mount Oriel Day Centre. An area for improvement has been identified accordingly.

A notification should be submitted to RQIA in the case of the absence of the Registered Manager, including the arrangements that have been made for appointing another person to manage the Day Care Setting. An area for improvement has been identified.

The day care setting's registration certificate was up to date and displayed appropriately. The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

6.0 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.

	Regulations	Standards
Total number of Areas for Improvement	6	0

The Areas for improvement and details of the QIP were discussed with the Manager and representatives of the Responsible Individual, during and/or following the inspection. The timescales for completion commence from the date of inspection or as otherwise agreed with BHSCT.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 11 (1) Stated: First time To be completed by: 30 November 2023	<p>The registered person shall ensure there is a defined management structure that clearly identifies lines of accountability, specifies roles and responsibilities for all staff within the service.</p> <p>Develop Standard Operating Procedures (SoP) which reflect the newly implemented staffing arrangements within Mount Oriel Day Centre. Submit copy of the SoP to RQIA no later than 30 November 2023.</p> <p>Ref: 5.2.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>There is an agreed management structure in place within the day centre. The Band 7 Manager is responsible for the operational service delivery within the centre, for all service users attending the centre. A structure for ensuring effective communication with both programmes of care has been developed and implemented. The SOP and communication strategy detailing the arrangements for operational delivery, governance and communication has been submitted to RQIA. The registered manager is supported by three Band 6 deputy managers who are clearly aligned to specific programmes of care, two of the band 6 deputy managers are aligned to the Older People's programme and the third is aligned to the learning disability programme. These deputy managers communicate to the manager on all aspects of service delivery including incident, accidents, staffing and any other issues or concerns arising in the day centre. The communication strategy and governance structure implemented will focus on promoting effective communication, governance oversight and accountability for all staff working in the day centre and provide the required level of governance assurance to Service Managers.</p> <p>Emer O'Malley ASM within ACOPS will provide mentorship and support to the new band 7 manager, on a week basis (1/2 day per week) to support her settling into the management role and to implement the action plans arising from this inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 28</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect from 26 October 2023</p>	<p>The registered person shall ensure that the monthly monitoring visits (and associated reports) are conducted at Assistant Service Manager level or above for a minimum of six months with immediate effect. One report is to be completed on a monthly basis for Mount Oriel Day Centre going forward and must include a clear focus on staff culture, and engagement with all key stakeholders.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: An AMS from either Adult Community Older People's Services or Learning Disability Services will rotate undertaking a monthly monitoring visit within the centre. The ASM from Adult Community Older People's Services undertake a monthly monitoring visit on 28th November 2024 and the ASM from Learning Disability Services undertook a monthly monitoring visit 8th December. A rota is in place for the rotation of these monthly visits by the two ASMs. The visit monitors care delivered to all service users within the centre and the finding, outcomes and recommendations for both programmes of care will be recorded in a one template which will be shared with the Services Managers for day care in LD and ACOPS. ASM Emer O'Malley has been identified to provide ongoing support, equating to 1/2 day per week for 3 months xxx to support the new manager of the day centre to settle in to her role.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 4 (1)(2)</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2023</p>	<p>The registered person shall ensure the Statement of Purpose has been updated to reflect the new staffing arrangements within the Day Care Service. Submit copy of the updated Statement of Purpose to RQIA no later than 30 November 2023.</p> <p>Ref: 5.2.6</p> <p>Response by registered person detailing the actions taken: The Statement of Purpose has been updated to reflect new staffing arrangements with the day centre. This has been submitted to RQIA.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 5 (1)(2)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the Service User Guide has been updated to reflect the new staffing arrangements within the Day Care Service. Submit copy of the updated Service User Guide to RQIA no later than 30 November 2023.</p>

To be completed by: 30 November 2023	Ref: 5.2.6
	Response by registered person detailing the actions taken: The Service User Guide for Mount Oriel has been updated to reflect the new staffing arrangements within the centre. This has been submitted to RQIA.
Area for improvement 5 Ref: Regulation 13 (3) Stated: First time To be completed by: 30 November 2023	The registered person shall ensure that a communications strategy is developed to engage with service users, their families/ representatives, regarding the proposed new staffing arrangements within Mount Oriel Day Centre. A copy of the communications strategy should be submitted to RQIA no later than 30 November 2023. Ref: 5.2.2
	Response by registered person detailing the actions taken: A SOP has been devised and outlines the communication strategy implemented to staff , service users and families. A news letter has been devised and sent to all carers and service users which included an update of the new staffing arrangements within Mount Oriel. A Carers morning was facilitated in the centre on 7th December 2023 to introduce the new manager and deputy managers within the centre, and there was representation from both Learning Disability and Older people's carers which was positively received. The Communication strategy has been sent to RQIA with a follow up action plan to be submitted by 15th December 2023
Area for improvement 6 Ref: Regulation 30 (2)(e) Stated: First time To be completed by: 15 December 2023	The registered person shall submit a notification of absence of the registered manager, the arrangements that have been, or are proposed to be, made for appointing another person to manage the day care setting. Ref: 5.2.2
	Response by registered person detailing the actions taken: A notification of absence has been sent to RQIA and application to register the new manager has been submitted.

Please ensure this document is completed in full and returned via Web Portal



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