

Inspection Report

31 August 2021



Mount Oriel Day Centre

Type of service: Day Care Setting
Address: 53 - 57 Saintfield Road, Belfast, BT8 7HL
Telephone number: 028 9504 2695

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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	Registered Manager: Mr Gerry McKeaveney
Responsible Individual: Dr Catherine Jack	Date registered: Acting – no application required
Person in charge at the time of inspection: Mr Gerry McKeaveney	
Brief description of the accommodation/how the service operates: Mount Oriel Day Centre is a day care setting with a maximum of 75 service users. The centre provides 50 places per day for older people and 25 places for adults 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 (BHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 31 August 2021, at 10.00am until 4.15pm by the care inspector.

The inspection focused on staff recruitment and the day care setting's governance and management arrangements as well as registrations with the Northern Ireland Social Care Council (NISCC), adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring, 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 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:

- speaking with 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 four staff members and the manager. We provided a number of questionnaires to service users and/or relatives to facilitate them to provide comments on the quality of service provision; four responses were received. Staff were also provided with an electronic survey and one response was received. We observed a variety of activities and good communication between staff and seven service users.

The returned questionnaires showed good satisfaction levels. We noted some of the comments received:

- "There are lots of free exhibitions, both inside and out we could enjoy."
- "The staff are so caring, if you come with a problem you leave with satisfaction."

One staff member responded by way of the electronic survey and stated they were very satisfied that the care being delivered was safe, compassionate and effective and the agency was well led.

Comments received during the inspection process:

Service user comments:

- "I enjoy doing jigsaws."
- "I like coming here."
- "I'd be lost without this place."
- "The company is brilliant."
- "We do several different things such as bingo, exercise, relaxation, stories."
- "The staff are brilliant, they would do anything for us."
- "I can't wait to get more days."

Staff comments:

- “Zoom has been great. We have been able to maintain contact with the service users who haven’t come back.”
- Management have kept us updated on all Covid related guidance to keep everyone safe.”
- “We have a team meeting every morning and are provided with updates of any changes with our service users.”
- “We have completed Eating and Swallowing Awareness and DoLS training.”
- “It’s a really nice place to work.”
- “We have a great wee team.”
- “We work with the service users, not for them.”
- “When doing reviews, I always encourage the service user to participate, even through pictures.”

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 Mount Oriel Day Centre was undertaken on 6 June 2019 by a care inspector. A Quality Improvement Plan was issued. This was approved by the care inspector and will be validated during this inspection.

Areas for improvement from the last inspection on 6 June 2019		
Action required to ensure compliance with Day Care Settings Minimum Standards,		Validation of compliance
Area for Improvement 1 Ref: Standard 7 & appendix 1 Stated: Third time	<p>The registered person shall improve arrangements in place; including following up on audits activity to ensure service user’s individual records are kept up to date, are current and contain records as stated in Appendix 1.</p> <p>This relates to, but is not limited to ensuring service user agreements are in place and updated as required if any changes occur; support needs and care plans are updated in a timely manner if any change in needs; care plans reflect service user objectives and goals they want to achieve from attending day care; progress records are reflective of the outcomes of service user attendance at the day centre and includes details of any contacts with relatives; the service user is encouraged and enabled to be involved in the care planning and review process but when he</p>	<p>Met</p>

	or she is unable or chooses not to, this is recorded.	
	<p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of a sample of service users' files evidenced that this area for improvement had been satisfactorily addressed.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 21.3</p> <p>Stated: Second time</p>	<p>The registered person shall ensure restraint and seclusion should be used only for controlling violent behaviour or to protect the service user or other persons; and then only as a last resort when other less restrictive strategies have been unsuccessful. Any intervention used is proportionate to the risk of harm; and any situation that led to use of restraint or seclusion is subject to multi-disciplinary review, with a view to avoiding the need for such intervention in the future. Records are kept of all instances when restraint or seclusion is used, and of the review of their use.</p> <p>This relates to ensuring that appropriate records are maintained for individual service users where it has been identified that a restrictive practice is necessary and that it is subject to a regular multi-disciplinary review.</p> <p>Action taken as confirmed during the inspection:</p> <p>The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. Review of a sample of service users' file evidenced that DoLS are in place and that this area for improvement had been satisfactorily addressed.</p>	<p>Met</p>

Area for improvement 3 Ref: Standard 17.4 Stated: First time	<p>The registered person shall ensure all accidents and incidents are reported to RQIA in accordance with statutory notification guidelines.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed.</p>	Met
Area for improvement 4 Ref: Standard 23.7 Stated: First time	<p>The registered person shall ensure that an accurate and contemporaneous record is kept of staff working each day and the capacity in which they worked.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager and staff confirmed that this area for improvement had been addressed. The rota was reviewed and it was evident that there were daily meetings before any service users arrived so that all staff were aware of their role for that day.</p>	Met
Area for improvement 5 Ref: Standard 23.2 Stated: First time	<p>The registered person shall ensure that at all times the staff on duty meets the assessed care, social and recreational needs of all service users, taking into account the statement of purpose, the size and layout of the day care setting and fire safety requirements.</p> <p>Action taken as confirmed during the inspection: The returned quality improvement plan and discussion with the manager confirmed that this area for improvement had been addressed. The number of service users attending the centre daily has greatly reduced due to the Covid-19 pandemic, however there is sufficient staff on duty to meet the needs of the service users.</p>	Met

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). The (ASC) report was available for review and was satisfactory.

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 satisfactory.

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

The setting had a system for recording referrals made to the HSC Trust's Adult Safeguarding Team in relation to adult safeguarding. Records viewed and discussions with the manager indicated that three adult safeguarding referrals had been made since the last inspection. It was noted that the safeguarding referrals had been managed in accordance with the day care setting's policy and procedures.

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.

All staff had completed DoLS training appropriate to their job roles; records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

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

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. A number of assessments were reviewed and were satisfactory. It was noted that staff had completed relevant training.

A number of service users required supervision when eating and drinking due to having swallowing difficulties; some of whom 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. Pre-employment checks were completed before staff members commenced employment and had any direct engagement with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided were appropriately registered with NISCC. Information regarding registration details and renewal dates were monitored by the manager; 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 day care setting'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 and HSC Trust professionals during the monthly quality monitoring:

Service users:

- "It's a great place, sure look at the way we are treated, royalty wouldn't be treated any better."

Relatives:

- "I am content that xxxx is safe while I am at work."

- “Gives me peace of mind.”

HSC Trust Staff:

- “The manager is professional, accommodating and operates a quality service.”
- “The manager is responsive to needs.”

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 one complaint had been received since the last inspection.

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 annual care reviews had been completed and the day care setting must be commended for their actions.

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are 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

	Regulations	Standards
Total number of Areas for Improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Gerry McKeaveney, manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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