



The **Regulation** and  
**Quality Improvement**  
Authority

## **Announced Primary Care Inspection**

<b>Name of Establishment:</b>	<b>Mountview Assessment and Resource Centre incorporating Mountview Workskills, Mountview Social Group and Mountview Horticultural Unit</b>
<b>RQIA Number:</b>	<b>10784</b>
<b>Date of Inspection:</b>	<b>10 and 11 February 2015</b>
<b>Inspector's Name:</b>	<b>Suzanne Cunningham</b>
<b>Inspection ID:</b>	<b>IN017668</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500    Fax: 028 9051 7501**

## 1.0 General Information

<b>Name of Establishment:</b>	Mountview Assessment and Resource Centre incorporating Mountview Workskills, Mountview Social Group and Mountview Horticultural Unit																		
<b>Address:</b>	Flying Horse Road Downpatrick BT30 6QP																		
<b>Telephone Number:</b>	(028) 4451 3818																		
<b>E mail Address:</b>	<a href="mailto:Seamus.laird@setrust.hscni.net">Seamus.laird@setrust.hscni.net</a>																		
<b>Registered Organisation/ Registered Provider:</b>	South Eastern HSC Trust Mr Hugh Henry McCaughey																		
<b>Registered Manager:</b>	Mr James Joseph Laird																		
<b>Person in Charge of the Centre at the Time of Inspection:</b>	Mr James Joseph Laird																		
<b>Categories of Care:</b>	DCS-LD, DCS-LD(E)																		
<b>Number of Registered Places:</b>	121																		
<b>Number of Service Users Accommodated on Day of Inspection:</b>	<table border="1"> <thead> <tr> <th></th> <th>10/02/15</th> <th>11/02/15</th> </tr> </thead> <tbody> <tr> <td>Mountview Main Centre</td> <td>45</td> <td>45</td> </tr> <tr> <td>Horticulture Unit - Holyview</td> <td>15</td> <td>15</td> </tr> <tr> <td>Scout Hall</td> <td>26</td> <td>28</td> </tr> <tr> <td>Lecale</td> <td>14</td> <td>16</td> </tr> <tr> <td><b>Total</b></td> <td><b>100</b></td> <td><b>104</b></td> </tr> </tbody> </table>		10/02/15	11/02/15	Mountview Main Centre	45	45	Horticulture Unit - Holyview	15	15	Scout Hall	26	28	Lecale	14	16	<b>Total</b>	<b>100</b>	<b>104</b>
	10/02/15	11/02/15																	
Mountview Main Centre	45	45																	
Horticulture Unit - Holyview	15	15																	
Scout Hall	26	28																	
Lecale	14	16																	
<b>Total</b>	<b>100</b>	<b>104</b>																	
<b>Date and Type of Previous Inspection:</b>	24 September 2013 25 September 2013 Primary announced inspection																		
<b>Date and Time of Inspection:</b>	10 February 2015 0945 – 1645 11 February 2015 0915 – 1630																		
<b>Name of Inspector:</b>	Suzanne Cunningham																		

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## 3.0 Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods / processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	22
Staff	8
Relatives	4
Visiting Professionals	0

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	25	13

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Mountview Assessment and Resource Centre is a purpose-built facility of the late 1970s. The South Eastern Health and Social Care Trust is the Registered Organisation in Control. Mr Seamus Laird (registered as Mr James Joseph Laird) is the Registered Manager and is assisted in the day to day running of the centre by a team of senior day care workers, day care workers and support staff.

The centre provides an assessment, day care and rehabilitation service to adults with a variety of learning disabilities who come from a wide geographical area within the South Eastern Health and Social Care Trust.

There are three off-site buildings with Mountview staff that have the day to day responsibility for each unit. These are the Horticultural Unit and Lecale sited within the grounds of the Downshire Hospital; and the Scout Hall, located in a residential area, close to Downpatrick town centre and local amenities. The Mountview Assessment and Resource Centre is staffed from 8.00am until 4.30pm.

## 8.0 Summary of Inspection

A primary inspection was undertaken in Mountview Assessment and Resource Centre on 10 February 2015 from 09:45 to 16:45 & 11 February 2015 from 09:15 to 16:30. This was a total inspection time of fourteen hours and fifteen minutes. The inspection was announced. The inspector visited the main Mountview site and the three satellite centres: Holyview which is the horticulture project; Lecale which is a mobile building on the Downshire site and the scout hall which is a large hall in Downpatrick town centre, during the two days of inspection.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff, service users and representatives
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incident and accidents records; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to eight care staff in the four settings during the two days of inspection regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; ensuring care plans and assessments reflect the individual needs of each service user and the management arrangement's in this day care setting. The inspector gauged from these discussions that records are kept locked and secure, recording is completed in an office and papers are disposed of confidentially.

Staff discussed how they keep service users informed regarding records kept about them and encourage service users to be involved in the recording through the person centred planning process (PCP). Service users' communication preferences and needs are also taken into account to ensure consultation is person centred.

The staff were knowledgeable regarding the term exceptional circumstances in the regulations and discussed using redirection, calming, diversion, 1 to 1 time, de-escalation, the environment, lower stimulus and knowing care plans. Hands on management of behaviour was described as a last resort and not used unless absolutely necessary to prevent further harm. The staff discussed they are moving away from using Care and Responsibility (C&R) training to MAPA which has three levels of intervention starting with low, then medium intervention then high.

Staff discussed the management arrangements in the settings and referenced the manager overseeing four services and the senior staff supporting this role. This did not reveal any concerns with regarding these arrangements. Staff identified the current manager as supportive and confirmed team meetings, supervision and training has been provided and had supported them to undertake their role and responsibilities. The senior staff identified they work together across the settings to ensure staff are supported, kept informed and knowledgeable regarding their role and responsibilities. Staff presented as motivated to work across all settings and discussed they have good supportive working relationships with each other and professionals in the trust.

Thirteen questionnaires were returned by staff members who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training and management arrangements; responding to service user's behaviour; confidentiality and recording. Over half of the questionnaires identified the staffing numbers can be short when staff are out on busses or when agency staff are being used that are not familiar with the service user's needs. The inspector reviewed arrangements with the manager, discussed the same with staff during the inspection and ascertained the staffing arrangements are reduced at times during the day for example during the bus runs. However, there are less service users on site at those times. Staff are encouraged through team meetings to discuss staffing concerns and if staffing is identified as too low the manager assured the inspector this would be addressed.

Staff made comments that praised the quality of care provided within the returned questionnaires, they said: "I find it efficient in the running day to day and high standard of quality of care"; "In my opinion Mountview provides a high standard of care for our service users and the day service provision is excellent"; "Excellent"; "Level of staff care is very good however BSU part of Mountview could do with improvement"; "I feel the quality of care is very good"; "High standard"; "Good"; "provision and care is given at the highest level at Mountview. The needs and rights of service users are paramount".

The inspector spoke informally with service users in all four settings, observed service users in all of the settings and discussed the standard and themes inspected with 22 service users and 4 representatives.

The service users were very positive about what the setting meant to them in terms of social opportunity and taking part in activities. The service users confirmed they know information is kept about them and they discussed seeing their care plan which they sign if it is updated or changed. They talked about their PCP which they said they can understand and they know it is put in a safe place where it is locked away. Representatives also confirmed they knew

information is kept about the service users and they recall seeing care plans (PCP's) and review information in review meetings. Service users described staff helping them and said staff are good, friendly and helpful. They described staff get them out and help if anything is troubling you. Representatives commented the staff receive specific training to meet all service users' needs. One representative described the staff team as "top class", "open, friendly and accommodating". Particular praise was given by representatives who'd had a child transitioning from school to adult services. The team were praised for their attention to detail in their planning and facilitating the transition.

Finally service users discussed the management structure in the setting, they described who is in charge furthermore, service users and representatives said they could speak to any of the staff if they had a concern or needed to discuss anything,

The previous announced inspection carried out on 24 & 25 September 2013 had resulted in eight requirements, six of those had been improved regarding a complaint, staffing arrangements, review timescales, restraint, unannounced monthly monitoring visits and the availability of the regulation 28 report, the inspector concluded the setting had achieved compliance in these matters. Two requirements are restated, therefore further evidence and improvement is required to achieve compliance with regard to the frequency of the regulation 28 visits and the quality of the reporting regarding the same.

The inspection also made six recommendations and four of those were evidenced as having been improved regarding the policy and procedures for: care planning, assessment and review; safeguarding; responding to service user's behaviour and regulation 28 visits. Two recommendations were not evidenced as improved during this inspection regarding the refurbishment schedule which is restated as a requirement and information reported in the regulation 28 reports which is restated as a recommendation.

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.**

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7; and they were all assessed as compliant and no recommendations or requirements are made.

Observations of service users; discussion with staff and service users; review of twelve service users' individual files provided evidence that the centre is performing well regarding standard 7 and policies and procedures were in place which described how service user's information should be kept and recording procedures.

The observation of service users and discussion with service users provided the inspector with evidence of the importance of the social aspect of the setting and how staff stimulates service users interest and involvement in the day care setting for example, in focussed activities such as horticulture, creative activities, active activities, discussion groups and jobs in the setting. The inspector concluded the centres process of maintaining and updating service users' records is generally well managed, is using a person centred approach and most significantly is focussed on service user's needs.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.



## **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. Both criteria were assessed as compliant and no requirements or recommendations are made.

Discussions with the manager, staff and examination of records provided evidence that the centre was using methods of care which promote the needs and rights of the service users who attend the centre. Staff discussed they do not use restraint, seclusion or restrictions as a first response to behaviour. Staff use low level distraction, support and the environment to deescalate behaviour. Restraint, restrictions and segregation are viewed as an exceptional circumstances level of intervention.

Based on the evidence reviewed the inspector assessed the centre as compliant in this theme. No requirements or recommendations are made

## **Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. The criteria were assessed as compliant, no recommendations or requirements are made.

Overall the inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the senior staff had been well assessed planned for and is subject to on-going monitoring.

## **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, and examined twelve service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaire and viewed the environment. These revealed improvements are required in the complaint recording and the environment.

The inspector wishes to acknowledge the work undertaken by the manager and staff for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive and person centred approach to day care that is delivered in this centre. There is a clear approach of social support for service users attending the many parts of this is day care setting which is consistent with the day care settings statement of purpose and presents as improving outcomes for service users.

As a result of the inspection a total of four requirements are made, two are restated issues regarding the frequency of the regulation 28 visits and the content of the reporting. The two other improvements required are to improve the environment in the setting and formally respond to a complaint. Two recommendations are made regarding improving the regulation 28 reporting and improving a service user's transport journey time. This was reported to the manager at the conclusion of the inspection and assurances were made these would be addressed post inspection.

## 9.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	13 (2)	The registered manager must consult with the relative who spoke with the inspector during this inspection. The communication should resolve her concerns regarding feeling engaged in the decision making process for their relative; improve communication strategies with this relative and advise her regarding her concerns about the trust's approach to referring her son to the day care service.	The manager made a number of approaches to this service user representative to meet and this did happen after the inspection. In terms of resolving concerns the manager addressed the issues but relative resisted further engagement. In conclusion the trust addressed the requirement but the outcome was not wholly achieved due to the representative's disengagement.	Substantially compliant
2.	20 (1) (a)	The registered manager must consult with all staff regarding the staffing numbers, roles, responsibilities. This consultation should identify if staffing is inadequate at any times. If staffing is inadequate, measures taken to ensure appropriate distribution of staff across the day care setting must be reported in this QIP to ensure this day care setting is compliant with this regulation.	The review of the staff rota demonstrated staffing is well planned for and gaps are covered to the minimum staffing levels. The leave and training days in this setting have been subject to review and training weeks have been established and holiday periods such as Christmas and Halloween have been extended to allow staff to take their annual leave as a group. This is going to benefit the staffing of this setting as covering annual leave will be a less of a burden. However one parent was concerned this arrangement left the family without support. The manager assured the inspector any service users who cannot be without day care will be offered alternative arrangements.	Substantially compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
3.	4 (1) (c) 5 (1) (a) & schedule 1.	The registered manager must ensure the delay in the review timescales is explained in the settings statement of purpose and in the service user guide to ensure it is clear when and why the four week review may exceed the four week timescale. If a review does exceed this timescale it should be explained why in the meeting minutes.	This had been achieved post inspection.	Compliant
4.	14 (5) & 13 (2)	<p>The registered manager, with regard to incidents of restraint, must ensure:</p> <ul style="list-style-type: none"> <li>• staff record if service users representatives are advised each time when restraint is used</li> <li>• RQIA are notified of each restraint. The registered manager must ensure this is done retrospectively for 2013 and continues to be completed from the date of the inspection.</li> </ul>	This has been improved since the last inspection.	Compliant
5.	28 (3)	The registered person must make adequate arrangements to ensure the regulation 28 visits comprise of announced and unannounced visits and this is clearly identified on each regulation 28 report.	The inspector reviewed the reports from July 2014 to January 2015. Some of these reports identified the visit was unannounced.	Compliant

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
6.	28 (3)	The registered person must make appropriate arrangements to ensure the Mountview day centre is visited at least once per month and the Horticulture unit and scout hall which are satellite services are subject to additional visits as part of the monitoring visit.	The regulation 28 reports did not consistently record where was being inspected and the last visit presents as if the visit was only undertaken in the horticultural unit. This is not compliant with this regulation and is therefore restated.	Moving towards compliance
7.	28 (4)	The registered person must make arrangements to improve the monitoring visits and the quality of the reporting for example monitoring could be improved by examining records of staff meetings; reviewing quality assurance surveys; quality assurance audits such as hygiene, environmental, records, progress with training, examination of the use of restraint, accident incident recording. There should also be a statement regarding the overall conduct of the day care setting	Reports were limited in terms of identifying information inspected and did not provide an analysis of the conduct of the day care setting in the areas inspected. This is restated.	Not compliant
8.	28 (5) (c)	The registered person must ensure service users and their representatives are aware of the regulation 28 visits and the availability of the report. This should also be recorded in the settings procedure regarding the same.	This was communicated to service users and their representatives through a newsletter and followed up in service users and representatives meetings.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	25.1	The registered person should ensure the trusts schedule for refurbishment of the remainder of the premises, to be carried out, is reported to RQIA taking account of the specific needs, e.g. sensory needs, of service users is made available to RQIA with confirmation if funding has been granted and a clear indication of timescales for works.	The building has been extended since the last inspection and this work has made a significant difference to service delivery for the service users who have significant physical needs. The rest of the building also requires decoration and refurbishment and whilst RQIA accepts there is a significant cost implication the general maintenance of the building must be maintained. A requirement is made in this regard.	Substantially compliant
2.	15.1	The registered person should make appropriate arrangements for the Assessment, care planning and review procedure to be available for staff reference in this day care setting and for future inspections.	This had been achieved.	Compliant
3.	15.5	The registered person should make arrangements for the regulation 28 visits to comment on the quality of reviews undertaken, for example the preparation for the meeting is consistent and the process is person centred.	This was not recorded in the regulation 28 visits and is restated.	Not compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
4.	13.1 & 2 Appendix 2	The registered person should make appropriate arrangements for the day care settings policies and procedures pertaining to the safeguarding of vulnerable adults to be reviewed which should have been completed in October 2012.	This had been achieved.	Compliant
5.	6.8 Appendix 2	The registered person should make arrangements for a policy and procedure to be developed for the day care settings for responding to service user's behaviour and deals with the issues contained within this standard.	This had been achieved.	Compliant
6.	Appendix 2	The registered person should make appropriate arrangements for the day care setting to have a policy and procedure regarding monitoring of the day care setting and inspections of the day care setting. This should outline the content, the timescale, arrangements, process and reporting of the regulation 28 visits and reports.	This had been achieved.	Compliant

## 10.0 Inspection Findings

### Standard 7 - Individual service user records and reporting arrangements:

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

#### Criterion Assessed:

7.1 The legal and an ethical duty of confidentiality in respect of service users' personal information is maintained, where this does not infringe the rights of other people.

#### COMPLIANCE LEVEL

#### Provider's Self-Assessment:

All service users in Mountview A.R.C has a file which contains information individual to them and necessary to meet their care needs. All records are shared with service users and their carers, parents or advocates. Information stored is person centred and accessible to the service user or their carers, parents or advocates.

Compliant

#### Inspection Findings:

The inspector reviewed twelve individual records for service users which presented as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. In all of the settings the staff discussion and observation of practice confirmed files are kept in locked cabinets in a secure office. The files are accessed as and when necessary and if recording is completed when service users are present there are areas to record away from service users to protect confidential information and ensure a timely approach to recording. Policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement reflect this criterion and are available for staff reference.

Discussion with staff validated management and staff knowledge about the duty of confidentiality and their role and responsibility regarding the need to record, the need to ensure the quality of recording and management of service users personal information commensurate with their role and responsibility. Discussion with service users and representatives confirmed they had been informed regarding the setting recording and storing information about the service users and this is kept confidentially and securely in the day care setting.

#### COMPLIANCE LEVEL

Compliant

<b>Criterion Assessed:</b> 7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.  7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> All information held in respect of all service users is accessible by the service user or another person acting on his or her behalf. Where appropriate service users and their carers, parents or advocates are encouraged to sign all reports, careplans, management plans, restrictive practice documents etc.  Any requests to access individual files would be recorded and maintained however by encouraging service users and families to read all information contained on files, we hope that this will negate the need to formally request access to files.	Compliant
<b>Inspection Findings:</b> The discussion with staff, service users and the representatives confirmed the care planning and review information is shared openly and regularly by staff to ensure the plan is current, meets needs and objectives set. The inspector found information for service users and /or their representatives regarding information kept about them, how it is kept and how they can access this information in the service users' guide.  Discussion with staff regarding how they assure a person centred approach to their records and recording revealed they do integrate service users words, wishes and feelings into records, they use pictorial representation to assist service users to express their wishes and feelings and ensure records are accurate and agreed by reading the information recorded and asking service users to sign if they agree. This was evident in the service users records reviewed.	<b>COMPLIANCE LEVEL</b>  Compliant



<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>The Person Centred Care Plan is held in a separate file and used each day as a working document available for all staff working with the service user to access daily. This plan is developed using assessments provided by the multidisciplinary team upon referral to the centre. Within ten days attendance at the centre the "All About Me " assessment is completed and a review is also held at this time. Risk assessments are developed and reviewed every three months, various other support plans may need to be introduced i.e, Behaviour , epilepsy or swallowing assessments etc. Files contain all information pertaining to medication, contact with families and the multidisciplinary team, service user programme and all other records and documents set out in Appendix 1.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The examination of a sample of twelve service user individual records evidenced the above records and notes are available and maintained.</p> <p>Case records and notes presented as updated as required, were current, person centred, incorporated service user recording when possible, care reviews had taken place as described in standard 15 criterion 3.</p>	Compliant

<b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
An entry is made on the service user's file after every five attendances at the centre.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined a sample of twelve service user care records and evidenced individual care records have a written entry at least once every five attendances for each individual service user. The content of the information was recorded and was consistent with the service plan and needs assessment.	Compliant
<b>Criterion Assessed:</b> 7.6 There is guidance for staff on matters that need to be reported or referrals made to: <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Information has been provided for all DCW's regarding what needs to be reported and to whom.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Discussion with staff, service users, representatives and review of twelve individual files revealed staff are aware of their role and responsibility to report and refer information and record the outcomes achieved. Staff described ensuring service users and or representatives are informed regarding information that may be reported or referred and consent to referrals would be agreed before information is reported. However, if there was a clear assessment that risk or actual harm would increase to the service user if consultation was undertaken, for example a vulnerable adult incident then a decision would be made that protects the service user's safety.	Compliant

<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b> All records are legible and where possible typed, they are reviewed regularly and are signed by the person making the entry.	Compliant
<b>Inspection Findings:</b> The inspector examined a sample of twelve service user individual records which met this criterion.  Consultation with a sample of staff working in the centre confirmed their understanding of this criterion.	<b>COMPLIANCE LEVEL</b> Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user's human rights</b>	
<b>Theme of "overall human rights" assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>  <b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Restraint is used as a last resort and only if the circumstances meet the criteria for use of C&R and this is clearly set out in The South Eastern Trust Procedure for the Use & Recording of C&R Techniques in Adult Disability Services. All staff have received a copy of this policy.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a selection of records including twelve service user records as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. This did include records of restraint and restriction. Discussion with staff and review of records revealed if restraint or restrictions are used they are a last resort of a planned response in place to manage service users challenging behaviour.</p> <p>The team are trained in Care and Responsibility training which focusses on initially managing behaviour through distraction and diversion and if behaviour continues to escalate causing concern that the service user or others will be at exceptional risk then a C &amp; R intervention is planned for, usually a low level hold. The plans in files were informed by professional guidance regarding behaviours from the behaviour support professionals. These had been regularly reviewed not only in terms of the behaviour assessment but also in terms of was the response proportionate to the behaviour and the risk, thus analysing are service users rights being protected and promoted. The inspector was satisfied when restraint was used this had been recorded and reviewed by the team and with the behaviour support staff in the trust.</p>	Compliant

<p>The staff have access to policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents.</p> <p>The inspector was satisfied when restraint or seclusion was assessed as a response to behaviour this was clearly described in a behaviour assessment and in their risk assessment / management plan. Management of behaviour techniques had been reviewed in the restrictive practice assessment tool which also details why interventions remain necessary and proportionate to the risk and therefore do not infringe service user's human rights.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances and their role and responsibility to protect service users' human rights.</p>	
<p><b>Regulation 14 (5) which states:</b>  <b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>All incidents of restraint are recorded and reported to RQIA in compliance with guidance.</p>	Compliant
<p><b>Inspection Findings:</b></p>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined a selection of records in respect of a sample of service users such as twelve individual files, complaints records, and incident and accident records. The inspector was satisfied behaviour management plans are reviewed by staff at least monthly in a staff meeting in the B.S.U. Plans are also discussed approximately monthly with the behaviour support professional, the content of the discussion covers review of action plans to ensure plans written remain necessary and are proportionate.</p> <p>Incidents of restraint had been reported to RQIA on a monthly basis and this had not revealed any concerns. Discussion with the manager and staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding managing service users behaviour; responding to service users behaviour; protecting the human rights of service users when delivering care; and how they ensure service users are responded to in the most appropriate and least restrictive way and maintaining a person centred approach to their practice.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</p> <p>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<b>Provider's Self Assessment:</b>	
<p>The Statement of Purpose clearly defines the management structure,- lines of accountability and roles of staff within Mountview A.R.C. Band 5 staff are located in all satellite units and when the manager is absent from Mountview A.R.C a Band 5 staff member will act as designated officer. The registered manager will carry out a competency and a capability assessment with any Band 5 who is given the responsibility of being in charge of the centre during the manager's absence.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The manager of the setting is a qualified social worker; he has professional registration, experience in this role and evidence of competence as the registered manager. The manager is supported by two senior day care workers and day care workers who work throughout the main building and in the satellite settings and they manage the day care setting in the manager's absence.</p>	Compliant

The examination of the staff records regarding training, supervision, and appraisal did not raise any concerns. Furthermore there is a staffing rota in place that evidenced adequate staffing numbers and distribution of staff across the day care setting.

The staff have access to policies and procedures pertaining to the management and control of operations, for example: absence of the manager; inspections of the day care setting; management, control and monitoring of the setting; operational policy; staff meetings; staff records; staff supervision and appraisal; staff training and development; staffing arrangements and the settings statement of purpose.

Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities regarding management arrangements of the day care setting, for example they were clear who they report to; who they should they seek support or guidance from; who supervises them and were satisfied regarding the effectiveness of the same.

Discussion with service users and representatives confirmed they were aware of what management structure is in place and they were clear who to approach if they had a concern or needed to discuss any issues.

The staffing structure of the day care setting is clearly described in the settings statement of purpose and this describes day to day staffing.

Discussion with the senior day care staff and day care staff confirmed they are fully aware of their role and responsibility to ensure management and control of operations tasks in the day care setting are competently completed. Competency assessments had also been completed with their line manager.



<b>Regulation 20 (2) which states:</b> <ul style="list-style-type: none"> <li><b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> All staff working in Mountview A.R.C are supervised in accordance Trust policy and procedure i.e. Bnd 5 staff are supervised monthly and Band 3 staff are supervised bi-monthly. All staff have a yearly appraisal using the Knowledge and Skills Framework.	Compliant
<b>Inspection Findings:</b> The inspector examined the training, supervision, appraisal and staff record of the registered manager and those staff left in charge of the day care setting in the registered manager's absence. This evidenced supervision is delivered between monthly and three monthly, the records viewed evidenced they are regular meetings and the minutes evidenced they discuss a range of practice based issues and improvements. Staff also attends team meetings and team training compliant with the day care settings standards. Records evidenced yearly appraisal meetings and reporting is in place.	<b>COMPLIANCE LEVEL</b> Compliant
<b>Regulation 21 (3) (b) which states:</b> <ul style="list-style-type: none"> <li><b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li><b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> The Job Description / Specification which is attached to the application form informs potential staff of what qualifications / training is required for the job. Essential criteria is used as part of the shortlisting process ie: Band 3 essential criteria is NVQ II in care or equivalent or one years paid experience working in the caring environment and a requirement to complete equivalent to NVQ II and completion of NISCC Induction. Disability services use a Traffic light System to indicate the required training for all levels of staff and the centre ensures that all staff are appropriately trained to meet the needs of the service users.	Compliant

Inspection Findings:	COMPLIANCE LEVEL
The staff attend the in house training programme, in 2014 there was 4 days of training that was service specific i.e. focus on learning disability, relationships but also focussed on mandatory training. The inspector noted there was good organisation of themes and the focus was to develop service and practice in the setting rather than delivering training to sign off mandatory training requirements.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

## **11.0 Additional Areas Examined**

### **11.1 Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. One complaint and issues of dissatisfaction was recorded for 2014/2015 regarding closure days. The record revealed the complainant was concerned about the amount of days the service is closing for staff training and holidays. The parent was assured by Margaret O'Hare (Senior Manager) that the centre would open for a service user if required. However the inspector discussed this matter with the complainant during the inspection and it was clear the complainant was not satisfied and was not aware of this conclusion. Therefore a requirement is made that the trust engages in further consultation with the complainant to resolve this complaint formally. Discussion with the complainant also revealed the service user is on trust transport for over one hour. I advised the manager and the complainant the standard 12 criterion 4 states transport journeys should not normally exceed 45 minutes, therefore a recommendation is made to review this arrangement and make an improvement to comply with this standard.

### **11.2 Service User Records**

Twelve service user files were inspected as part of this inspection and this revealed the files were consistent with schedule 4 and this is further reported on in the examination of standard 7.

### **11.3 Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA after this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was consistent with the outcome of this inspection and this did not raise any concerns that require further discussion or analysis.

### **11.4 Statement of Purpose & Service Users Guide**

These documents were submitted at this inspection and reference to them during the inspection did not reveal any concerns.

### **11.5 Environment**

The Mountview main site has been extended and the appropriate variation applications were submitted to RQIA regarding these structural changes. The inspector viewed the extension and was pleased to see the new area was spacious, bright and planned to specifically meet the needs of the service users who require physical intensive support. The rooms had equipment integrated into the room to meet a range of needs; the use of equipment is subject to ongoing monitoring to ensure it is necessary and still meets assessed needs. The inspector did note the improvements in this area however they also highlighted the need for renovation in other parts the setting. For example the walls in other rooms were in need of paint as areas of the wall had exposed plaster and layers of paint. This is not a reasonable level of decoration and a requirement is made to improve the décor in the older part of the Mountview building, this requirement is integrated into a restated issue. Furthermore the inspector observed furniture and configuration of space in the old part of the setting particularly in the dining area and the

ISU was not ideal or conducive to the needs of the service users using the spaces and the inspector will also be enquiring within this requirement what further renovation will be undertaken in this setting to ensure the setting is compliant with regulation 26. Nevertheless whilst staff were aware of how the areas could be improved they were clear in discussion with the inspector how they had set out each area to get the most benefit for the groups of service users.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr James Joseph Laird, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Suzanne Cunningham**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## **Quality Improvement Plan**

### **Announced Primary Care Inspection**

#### **Mountview Assessment and Resource Centre incorporating Mountview Workskills, Mountview Social Group and Mountview Horticultural Unit**

**10 and 11 February 2015**

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr James Joseph Laird (registered manager/ person receiving feedback) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007


No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	28 (3)	The registered person must make appropriate arrangements to ensure the Mountview day centre is visited at least once per month for a regulation 28 visit. The Horticulture unit; Lecale and scout hall which are satellite services must also be visited as part of the monitoring visit.	Second	The monitoring arrangements for Mountview A.R.C have been reviewed and procedures amended to ensure that Mountview main centre and satellite services are reviewed in accordance with regulation 28 (3)	14 April 2015
2.	28 (4)	The registered person must make arrangements to improve the monitoring visits and the quality of the reporting. For example monitoring could be improved by examining records of staff meetings; reviewing quality assurance surveys; quality assurance audits such as hygiene, environmental, records, progress with training, examination of the use of restraint, accident incident recording. The report must include statements regarding the overall conduct of the day care setting.	Second	The newly assigned monitoring officer will ensure that a comprehensive examination of these records is undertaken as required.	14 April 2015

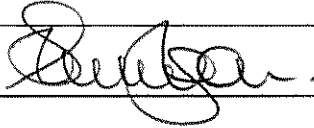
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
3.	26 (2) (b)	The registered person should report to RQIA the trusts schedule for refurbishment of the remainder of the premises. This should include minor works such as redecoration where areas have exposed plaster and layers of paint, and use of furniture in the setting to ensure it is conducive to the needs of the service users and the service. The report must take into account the specific needs, of service users and indicate timescales for works.	First time stated as a requirement	An email from The Trusts Estates department outlining proposed improvements to the environment in Mountview A.R.C will be forwarded to the inspector on 14 April 2015.	14 April 2015
4.	24 (3) & (4)	The registered manager must ensure the complaint recorded in the complaint record is reviewed. Further work must be completed to ensure the complainant is formally written to regarding the outcome of the complaint and this must detail any action proposed to address the complaint. The complaint record must detail if the complainant is satisfied with this outcome and if they are not what action and or advice has been given.	First	The complaint was reviewed and the complainant was contacted by a senior manager who provided advice and reassurance that his concerns would be acted upon. A follow up letter was issued outlining agreed actions which resolved the issue.	14 April 2015



<b>Recommendations</b>					
These recommendations are based on The Day Care Settings Minimum Standards January 2012. This quality improvement plan may reiterate recommendations which were based on The Day Care Settings Minimum Standards (draft) and for information and continuity purposes, the draft standard reference is referred to in brackets. These recommendations are also based on research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	15.5	The registered person should make arrangements for the regulation 28 visits to comment on the quality of reviews undertaken, for example the preparation for the meeting is consistent and the process is person centred.	Second	The monitor responsible for the regulation 28 visits will routinely review and report on the PCP review process.	14 April 2015
2.	12.4	The registered manager should review the trust transport arrangements for the service user whose parent raised with the inspector their relative is on trust transport for over one hour. Transport journeys should not normally exceed 45 minutes, therefore this journey must be reviewed and an improvement should be made to comply with this standard.  This complaint must also be recorded in the complaint record with the outcome recorded once the review of these arrangements has been completed.	First	The registered manager has reviewed the issued raised with regard to transport and some improvement has been made to the length of travel time for this service user.	14 April 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing QIP</b>	Seamus Laird
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes.		23.9.15.
Further information requested from provider			