

# Unannounced Care Inspection Report 8 & 9 October 2018



## Mountview Assessment & Resource Centre

Type of Service: Day Care Service  
Address: Flying Horse Road, Downpatrick, BT30 6QP  
Tel No: 02844513818  
Inspector: Jim McBride

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 What we look for



## 2.0 Profile of service

This is a day care setting with 130 places that provides care and day time activities for people living with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Southern Health & Social Care Trust  <b>Responsible Individual:</b> Hugh McCaughey	<b>Registered Manager:</b> James Laird
<b>Person in charge at the time of inspection:</b> James Laird	<b>Date manager registered:</b> James Laird - 26/02/2009

### 4.0 Inspection summary

An unannounced inspection took place over two sites on 8 October 2018 from 09.30 to 13.00 and 9 October 2018 from 09.30 to 10.30.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to: the care provided for service users, staff and service user relationships, assessment and care planning, involvement of service users in activity programmes including one to one service, physiotherapy inputs, staff training and the promotion of independence.

One area for improvement has been restated regarding occasional roof leakage.

#### Service users' comments:

- "I like my activities."
- "Music is good for me."
- "The staff help me with all my activities."
- "I love going to outside activities."
- "All the staff are good."

#### Staff comments:

- "Excellent induction."
- "Good shadowing experience."
- "Good effective communication between staff."
- "Good effective managers."
- "We provide a range of personal activities relating to individual need."
- "We always review care and support for outcomes."
- "Very supportive manager."
- "Excellent training and support from the managers and others."
- "Training is intense but effective."

**Relatives' comments:**

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

**4.1 Inspection outcome**

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with James Joseph laird, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

**4.2 Action/enforcement taken following the most recent care inspection dated 19 January 2018**

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 January 2018.

**5.0 How we inspect**

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Records of notifications of significant events
- Quality improvement plan from the previous inspection 19 January 2018
- The RQIA log of contacts with, or regarding the centre.

During the inspection the inspector met with the registered manager, locality manager, six staff members who spoke enthusiastically and comprehensively of the service provided, five services users and others in the group setting completing their daily activities. All comments received have been added to this report.

The following records were examined during the inspection:

- File records for six service users, including assessments, care plans and reviews
- Progress records for eight service users
- Care file audits for six service users
- Monitoring reports for the months of May 2018 to September 2018
- Minutes of members/service users' meetings held during 2018
- Minutes of staff meetings held during 2018
- Record of incidents and accidents
- Selected training records for staff pertaining to:
  - Safeguarding
  - Fire safety
  - Medication
  - Complaints
  - Supervision and appraisal

- Medication
- MAPA
- Records management
- Communication through signing
- Equality and human rights
- Deaf Blind training.
- Records of formal supervision for six staff
- The Statement of Purpose 2018
- The Service user Guide 2018
- Fire safety records, including the report of a fire risk assessment dated 3 July 2017 Due 2019.

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; one response was received. Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

Ten service user and/or relatives' questionnaires were provided for distribution; three questionnaires were returned to RQIA within the timeframe for inclusion in this report.

### **Comments:**

- "The care of my \*\*\*\*\* gets at Mountview is exceptional."
- "Communication between staff and me is key and is done regularly with the aid of a daily diaries and phone calls."
- "Staff are excellent."
- "We are lucky to have such an excellent service to be provided to our \*\*\*."

The inspector requested that the manager place a 'Have we missed you' card in a prominent position in the day centres two sites to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the manager, service users and staff for taking time to give their views and co-operation throughout the inspection process.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as partially met.

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

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 19 January 2018

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 11 January 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard N1  <b>Stated:</b> First time	The registered person shall ensure that repair to the roof is carried out to address the periodic leakage of rain water into the main corridor of the day centre.  Ref: 6.4	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager has been in touch with the relevant department within the HSC Trust and the roof should be replaced during this financial year. The roof is currently safe and the manager states that no service users are in any immediate danger. This area for improvement has been restated.	

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Discussion with the manager, staff and service users confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. The manager meets the qualification requirements and the other staff were a mix of care workers, and senior day care workers. A review of the staffing arrangements for w/e 12/10/18

evidenced that the planned staffing levels were adhered to. The manager and other staff had been present across both sites on a daily basis. Records showed the number of staff working each day and the capacity in which they worked. Records available for outside agency staff were in place and were satisfactory.

In the event of the manager's absence a number of staff have been assessed as competent and capable in an acted up role, evidence in place confirmed the centre has used this arrangement. The staff arrangements were formalised in the settings policy and procedure for the absence of the manager. An assessment of the staff member's competency and capability was completed in this regard. Observation and discussion with the staff and service users on the day of inspection provided examples of how staff had met service users' needs and supported service users to improve their health outcomes and social experiences. Discussion with staff revealed they understood the service users' needs and how those needs should be met in day care.

Staff induction records informed the staff members regarding their role and responsibility, included familiarising themselves with the settings statement of purpose and staffing arrangements.

The manager had a record of staff training in place which evidenced that the staff had received mandatory training including additional training relevant to their roles and responsibilities. Discussion with staff members on the days of inspection confirmed that they had received sufficient training to enable them to fulfil the duties and responsibilities of their role and the needs of service users.

Review of governance records confirmed that an effective incident/accident reporting policy and system was in place. Discussions with the manager confirmed that restrictive practices were required for some service users. The required risk assessments in place show clear evidence of the review of current practices. Practices described by the manager and staff are used for no longer than necessary and are proportionate to the risks and the least restrictive options for individual service users.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, and had suitable lighting. On the days of inspection the inspector observed service users undertaking a number of activities, and using the space to socialise. No obvious health and safety hazards were identified and fire exits were clear and free from obstruction. Discussion with the manager and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users.

Records examined identified that a number of checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 14 February 2018, no improvements were identified previously. The fire risk was available for the inspection dated 3/7/18 and is due again 2019. No areas of concern were identified.

Discussion with staff confirmed they felt care was safe in the setting. The staff confirmed they had access to and received training to ensure their practice is safe. Staff described they use risk assessments to ensure individuals have the right support to maintain their safety. Discussion with staff found they had a good knowledge of service users and communicate with them individually on a regular basis to ensure the assessment and care plans are current.

Discussion and observations of service users confirmed they can speak to staff when they need to and get one to one time with staff as needed.



Three returned questionnaires from service users indicated that a safe service meant:

- “There are enough staff to help you.”
- “You feel protected and free from harm.”
- “You can talk to staff if you have concerns.”
- “The environment is safe and clean.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, risk management and the centres environment.

### Areas for improvement

One area of the centre requiring attention related to the periodic leakage of rain water into an area of the main corridor. One area for improvement in this regard has been restated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Eight service users’ individual files were inspected. They contained referral information; service user agreements, assessments; individualised care plans with risk assessments; and multi- disciplinary assessment information as applicable. Care plans presented as comprehensive, and person centred, and they clearly described service users’ needs and individual service user’s objectives.

There were systems in place to review service users’ placements within the setting to ensure it was the best place to meet their health and social care needs. There was also evidence of annual care reviews in partnership with the service user and the HSC Trust representatives. On each record there was evidence service users were supported to be involved in the annual review process and their care plan by staff. The inspector noted some of the comments made by service user and relatives during their review:

- “Many thanks for all the staff support.”
- “I’m very happy with \*\*\*\*\* day care.”
- “Transport is better.”
- “Thanks to staff.”
- “I’m happy with my range of activities.”
- “A good quality of care is given to \*\*\*\*\*.”
- “The improvement in \*\*\*\*\* heath is excellent.”



- “Current service meets the needs of \*\*\*\* and \*\*\* parents.”
- “\*\*\*\*\* really enjoys Mountview and all the staff.”

In summary service user care records were well organised and stored safely and securely in line with data protection requirements. File audits had also been undertaken to assure the minimum standard was achieved.

Discussion with staff provided evidence that they were knowledgeable regarding service users' individual needs. They had undertaken training to expand the activity schedule. Staff explained they follow the care plans, use the policies and procedures and communication at all levels to ensure they provide the most effective care they can. They identified the monthly meetings with service users; daily team meetings and communication were effective ways of ensuring they were providing effective care.

Three returned questionnaires from service users indicated that an effective service meant:

- “You get the right care, at the right time in the right place.”
- “The staff know your care needs.”
- “You are kept aware of your care plans.”
- “Your care meets your expectations.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and staff.

No areas for improvement were identified during the inspection.

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

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Observations of staff interactions with service users were observed to be compassionate, caring and timely. Staff spoken with reflected the ethos of the day care setting which promotes respect, openness, honesty, good quality care and individual attainable goals.

On the day of inspection, a variety of different activities were facilitated by staff. During observation of the activities the inspector observed service users approaching staff freely, communicating their needs and making requests. Staff responses were noted to be cheerful and appropriate. Service users who engaged with the inspector spoke positively about the staff and that they felt staff treated them well.

Consultation with service users and when appropriate and their relatives was evidenced in the records relating to the assessment, care planning and review process. In addition, governance arrangements to promote effective communication with service users and/or their relatives included service user meetings that occurred at least monthly and an annual quality satisfaction questionnaire. Samples of minutes from service user meetings were reviewed which provided

evidence service users had been consulted about a range of matters related to the day care setting including:

- activities
- food variety
- transport

The inspector also noted the minutes of staff meetings facilitated by centre that included discussions pertaining to:

- health and wellbeing
- NISCC
- RQIA
- training
- staffing issues/needs
- service users' updates
- transport

Results from the annual carer's quality assurance survey evidenced that respondents gave positive feedback. The manager has in place action plan to deal with any areas of concern raised by service user or relatives. The inspector noted some of the areas carers had the opportunity to comment on:

- written information you receive
- communication diary
- transport
- bus escorts
- personal centred reviews
- are your son/daughters hopes and wishes taken into account at the review?
- do the activities and opportunities we provide meet your son/daughter's needs?

### **Some comments received during quality assurance survey:**

- "Yes all the information is very easy to understand."
- "My mum reads it for me."
- "My son can't read, but staff explain information to him."
- "Everything is written down on paper or communication diary which is good."
- "I like to hear what my son is doing and then talk to him about this."
- "We find this very helpful as we can explain moods and we get to know."
- "Excellent! I enjoy talking to the bus escort and driver every morning. They are always extremely friendly."
- "I think the transport is fine, sometimes the bus comes at different times but I don't mind as long as my son gets to Mountview."
- "Reviews are important to have a meeting with the service users and family in attendance."
- "But with me being deaf now I would find it quite difficult. I would need everything written down and then I can understand."
- "It's good to meet all who are involved with my daughter."
- "My brother is very happy at Mountview."
- "The staff are excellent at explaining whatever we need to know."
- "There are plenty of choices."

Three returned questionnaires from service users indicated that a compassionate service meant:

- “Staff treat you with kindness.”
- “Staff ensure you are respected and that your privacy and dignity is maintained.”
- “Staff inform you about your care.”
- “Staff support you to make decisions about your care.”

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users and community involvement initiatives.

No areas for improvement were identified during the inspection.

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

### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The Statement of Purpose for the day care service was reviewed. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007. The registration certificate was up to date and displayed appropriately.

Discussion with the manager and staff confirmed they were aware of their roles, responsibilities and accountability. They confirmed that they had a good understanding of their role and responsibilities under the day care legislation.

A review of governance records evidenced that staff typically received individual, formal supervision at least quarterly and an annual appraisal. Staff confirmed that there were systems in place to ensure they received support and guidance from the manager as needed.

Staff gave positive feedback in respect of leadership and good team working. Staff stated that this is achieved through effective communication, supervision, staff meetings and the open door approach provided by the manager.

Evidence that staff meetings were held weekly were maintained. The records included the date of the meeting, names of those in attendance, updates from the previous meeting, a record of discussion and any agreed actions.

A complaints and compliments record was maintained in the day centre. There were no complaints recorded since the previous inspection.

The inspector discussed the monitoring arrangements in compliance with regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Monthly and annual quality monitoring

reports were completed by the service and the last eleven months reports were inspected. These records demonstrated that at appropriate intervals the effectiveness and quality of care delivery was monitored, audited and reviewed in order to identify and act upon any improvements required. The reports were a mix of announced and unannounced visits. The monitoring arrangements identified improvements, carried forward and reviewed them as part of each subsequent monthly monitoring visit.

The manager and staff advised there were a range of policies and procedures in place to guide and inform staff, they knew they were stored on the staff intranet which everyone confirmed they could access.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- Adult Safeguarding
- Advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment

Discussion with service users and staff evidenced that they felt the care provided was well led. They knew who was the manager and who acts up in his absence, they described the service was well planned and they confirmed they are asked to be involved in the monitoring visits.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

Discussion with staff revealed they felt well supported by the manager. They described service users were central to the service and they need to ensure care and support was safe, effective and compassionate. They identified they were well supported by management in staff meetings, supervision and the manager makes himself available as needed.

Three returned questionnaires from service users indicated that a well led service meant:

- "You always know who is in charge at any time."
- "You feel the service is well managed."
- "Your views are sought about your care and the quality of the service."
- "You know how to make a complaint."

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints, quality improvement and maintaining good working relationships.

No areas for improvement were identified during the inspection.

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

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with James Joseph Laird registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## 7.1 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 and the Day Care Settings Minimum Standards, 2012.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard N1  <b>Stated:</b> Second time	The registered person shall ensure that repair to the roof is carried out to address the periodic leakage of rain water into the main corridor of the day centre.  Ref: 6.4
	<b>Response by registered person detailing the actions taken:</b> The Trust's Estates Department has completed a survey of the roof and repairs have been made which appear to have rectified the issues identified.



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