

# Unannounced Care Inspection Report 11 and 19 January 2018



## Mountview Assessment and Resource Centre incorporating Mountview Workskills and Mountview Social Group

Type of Service: Day Care Setting  
Address: Flying Horse Road, Downpatrick, BT30 6QP  
Tel No: 02844513818  
Inspector: Priscilla Clayton

[www.rgia.org.uk](http://www.rgia.org.uk)

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><br>South Eastern HSC Trust.<br><br><b>Responsible Individual:</b><br>Hugh Henry McCaughey   | <b>Registered Manager:</b><br>James Joseph Laird    |
| <b>Person in charge at the time of inspection:</b><br>James Laird, registered manager, on 11 January 2018 and Joanne Mullan, day care worker, on 19 January 2018. (second day of inspection) | <b>Date manager registered:</b><br>26 February 2009 |
| <b>Number of registered places:</b><br>130 - DCS-LD, DCS-LD(E)   |   |

### 4.0 Inspection summary

An unannounced inspection took place over two days; 11 January 2018 from 10.00 to 16.00 hours and on 19 January 2018 from 12.00 until 14.30 hours.

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 day care setting was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the culture and ethos of the service provided; listening to and valuing service users, taking into account their views and preferences. Overall there was evidence of good governance arrangements; staff mandatory training and professional development opportunities, supervision and appraisal, continuous quality improvement and good team working.

Positive feedback on the provision of safe, effective, compassionate and well led care was received from service users, representatives and staff. No issues or concerns were expressed or indicated.

One area requiring improvement related to repair of a leakage of rain water through the ceiling in the main corridor.

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.

## 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 Joanne Mullan, senior day care worker, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 and 15 June 2017.

## 5.0 How we inspect

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

- RQIA Registration status
- inspection report dated 14 and 15 June 2017
- correspondence
- notifications of events

The following records were examined during the inspection:

- Statement of Purpose
- Service User Guide
- Staff induction programme
- SEHSC Trust-Confirmation of recruitment/selection e-mail
- Staff mandatory training
- Staff registration status
- Staff duty roster
- Senior staff competency and capability
- Accidents/incidents/events
- Policies/procedures relevant to this inspection
- Staff supervision/appraisal programme
- Northern Ireland adverse Incidents (NIAIC) alerts
- Care records X 3
- Audits
- Annual Quality Report
- Fire risk assessment
- Fire equipment checks
- Monthly visits made on behalf of the registered provider

An inspection of the internal environment of the day centre was undertaken.

Ten service user/relative satisfaction questionnaires were provided for distribution, completion and return to RQIA. Three questionnaires, one from a service user and two from relatives, were completed and returned to RQIA.

An RQIA poster containing information on how staff could access satisfaction questionnaires was provided for display purposes. No staff questionnaires were received at RQIA within the timescale.

During the inspection the inspector met with all service users, several individually and with others in group format, four care staff, and one service user’s representative.

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

The findings of the inspection were provided to Joanne Mullan, care support worker 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 14 and 15 June 2017.**

The most recent inspection of the day care setting 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 14 and 15 June 2016**

| 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><br><b>Ref:</b> Standard 28.3<br><b>Stated:</b> First time | The registered manager should respond to the action plan in the day care settings fire risk assessment dated January 2016 to ensure all areas of risk identified are responded to without delay.        | <b>Met</b>               |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the registered manager and review of the fire risk assessment action plan evidenced that recommendations had been addressed. |                          |

|   |   |            |
|---|---|------------|
| <b>Area for improvement 2</b><br><b>Ref:</b> Standard 12.7<br><b>Stated:</b> First time | The registered person should improve the two identified bus drivers communication with service users. Transport staff should be trained to deliver the necessary care and support for service users in their care.  | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>The registered manager explained that both issues in respect of transport communications with service users had been addressed with training provided. Monitoring of the transport service provided for service users will continue by the registered manager. |            |
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 8<br><b>Stated:</b> First time    | The registered person should:<br><br>(a) make appropriate arrangements for the summary/evaluation report to include qualitative comments and issues raised by service users and any actions, presented in an action plan regarding the day centres response to same (Minimum Standard 8.5)                                | <b>Met</b> |
|   | <b>Action taken as confirmed during the inspection:</b><br>Discussion with the registered manager and review of the satisfaction survey report evidenced that this commentary was included.   |            |

### 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.**

The registered manager confirmed the staffing levels for the centre and that these were subject to regular review to ensure the assessed needs of service users were being met.

There was a staff duty roster in place which reflected the staff on duty each day including the actual hours worked.

The centre had a policy on "Recruitment of Staff" which was dated February 2016. The registered manager confirmed that all staff were recruited in accordance with Regulation 21 of The Day Care Regulations (Northern Ireland) 2007 and that records were retained at the

South Eastern Health and Social Care Trust (SEHSCT) Human Resource department. Compliance was evidenced within an e-mail held by the registered manager.

Review of completed staff induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all new staff appointments, relevant to their roles and responsibilities.

The registered manager confirmed that competency and capability assessments were undertaken for any person who is given responsibility of being in charge of the day centre for any period in the absence of the registered manager. One assessment reviewed was found to be comprehensive and based on Northern Ireland Social Care Council (NISCC) Standards.

Discussions with the registered manager, staff and review of records including staff mandatory training, supervision and appraisal of staff was regularly provided.

Discussion with the registered manager and review of accident and incidents notifications was undertaken. The registered manager advised that behavioural issues were of a low risk and that measures were in place to minimise recurrence. Care records reviewed contained behavioural management care plans which were prescribed and agreed in collaboration with trust professional staff and the service user/representative. Discussion with staff and review of staff training records evidenced that training in challenging behaviour/restraint was provided and ongoing.

Audits of accidents and incidents undertaken were in place with action taken to address trends and patterns. Notifications submitted to RQIA were discussed with the registered manager and cross referenced with records retained within the centre. The registered manager advised that accidents and incidents were monitored by the trust governance team and the designated trust professional who undertakes review each month on behalf of the day centre's responsible person.

The registered manager explained the restrictions used within the centre namely; key pad entry system and lap strap for wheel chair users which had been risk assessed with multi-professional input and deemed necessary for the health, safety and wellbeing of service users in attendance.

The centre had policies/procedures on Management of Violence and Aggression, Use of Restraint (January 2016) and Responding to Service User Behaviour (2016) which were known by staff who spoke with the inspector. Staff training in challenging behaviour was provided in December 2017. The registered manager advised that when challenging behaviour arises that staff were trained to handle the situation as reflected within the service user individual behavioural support plans. All incidents are subsequently reviewed and staff debriefed accordingly. Notifications of behavioural issues arising were being submitted to RQIA.

Discussion with the registered manager identified that the day care centre did not accommodate any service user whose assessed needs could not be met.

The centre had a policy on Adult Safeguarding policy/procedures (2017) which was consistent with Department of Health (DoH) regional policy/procedures and included the named champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact telephone information and documentation to be completed. The registered manager

advised that one adult safeguarding matter remains under investigation. Records and correspondence in this regard were retained by the registered manager. When available the outcome of this investigation is to be forwarded to RQIA when available.

Discussion with the registered manager and staff confirmed that they were aware of the trust new policy and procedures on adult safeguarding and that recent staff training had been provided. A review of staff training records evidenced that staff mandatory training had been provided during the staff learning programmes held over four closure dates during 2017. Staff who spoke with the inspector demonstrated good knowledge and awareness of adult safeguarding.

The registered manager confirmed that equipment in use within the day centre was well maintained and serviced. Observation of mechanical hoists and review of maintenance records evidenced that hoists were maintained in accordance with Lifting Operations and Lifting Equipment Regulations (LOLER).

The centre had a corporate Infection Prevention and Control (IPC) policy and procedure (2015) which was readily available to staff. Training records viewed evidenced that staff had received training on 26 April 2017. Adequate resources were throughout the centre; disposable aprons, gloves, liquid hand soaps, disposable hand towels, pedal operated bins and pictorial seven steps hand washing notices at wash hand basins. All areas of the centre were observed to be clean, tidy and organised.

Periodic observation of staff practice during the inspection identified that staff adhere to IPC procedures. Good standards of hand hygiene were observed to be promoted among service users, staff and visitors.

The centre's Fire Risk Assessment was dated 16 June 2017. One recommendation regarding an identified gap of the door at the lower corridor was a work in progress. A new door had been delivered for fitting. RQIA are to be notified when this work has been completed with the door fitted to meet fire safety recommendations. Staff training in fire safety and fire drill had been provided on 08 and 22 September 2017.

The Control of substances hazardous to health (COSHH) was observed to be appropriately managed; stored and locked within a secure area. Fire doors were closed and fire exits unobstructed.

One area of the centre requiring attention related to the periodic leakage of rain water into an area of the main corridor. The registered manager advised that this had been reported to the estates department some time ago. One recommendation was made in this regard.

Service users who spoke with the inspector commented;

- "Seamus thinks he owns this centre but we know it's ours."
- "Seamus is always here to see to things and the staff helps us to make things."
- "The staff are very good; they ask what we like to do."

Three of the ten service user/relatives' satisfaction questionnaires were completed and returned to RQIA within the timescale. The three respondents indicated they were "very satisfied" that the care provided was safe. Some comments made included;



- “The carers and staff do a great job.”
- “If I have any problems I can go to any of the staff.”
- “I am very happy with the care I get.”
- “Mountview is an excellent facility and always provides a high standard of care.”

One relative who afforded time to meet with the inspector commended the staff on the good care provided. Comment included; “can’t praise the staff enough; service users are so well looked after and I know my daughter is safe as staff are very well trained”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, audit and the day centre’s environment.

**Areas for improvement**

One area identified for improvement related to the repair of the roof area of the main corridor which has caused periodic leakage of rain water into the building.

|  | 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 day centre’s had a Statement of Purpose with information stated within Regulation 4 of The Day Care Setting Regulations (2007) and Day Care Settings Minimum Standards (2012).

Three service user’s care records were provided for review. Records contained a wide range of information including; individualised needs assessments which were complemented with various risk assessments, life histories, care plans, progress notes and review records. Each service user had an individual written agreement that set out their terms of the day care placement. There was also recorded evidence of multi-professional collaboration in planned care. For example; behavioural management plans, speech and language assessments and recommendations to minimise identified risk. Care reviews were held with service user/ relatives in attendance.

Systems were in place to review the service user’s placement to ensure the day centre was appropriate and meeting the identified health and social care needs.

The registered manager and staff confirmed that all service users have a number of personal risk assessments in place which range from environmental issues to moving and handling, epilepsy and behavioural issues. Risk assessments were reviewed three monthly and when necessary consultation takes place with relatives and trust key worker changes to ensure appropriate measures were in place to minimise identified risks.

Staff who spoke with the inspector demonstrated knowledge on how to escalate concerns about care. No issues or concerns were raised or indicated by staff who spoke with the inspector during the inspection.

Service users and relatives who spoke with the inspector demonstrated awareness on how and to whom they could raise issues of concern.

The registered manager and staff confirmed that systems were in place to ensure effective communication with service users, their representatives and other stakeholders. These included for example; pre-admission information, multi-professional reviews, service users meetings, staff meetings, and staff briefings held each morning. In addition; service user’s notice boards contained pictorial information on health matters, pictorial communication cards were available for service users who are unable to speak and pictorial planned daily therapeutic activities were displayed.

One relative who spoke with the inspector during the inspection was very satisfied with the care provided and complemented the staff on their commitment to ensuring the needs of their relative were met. No issues or concerns were raised or indicated.

Three service user/relatives’ satisfaction questionnaires were completed and returned to RQIA within the timescale. Respondents indicated they were “very satisfied” that the care provided was effective.

No staff satisfaction questionnaires were returned to RQIA within the timescale.

Service users who spoke with the inspector expressed satisfaction that the care provided was good. Some comments included;

- “We really enjoy coming here were there are lots of good things to do.”
- “Sometimes I forget to do things but the staff always help me “

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

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There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

**Areas for improvement**

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.**

Discussion with service users, one representative, staff and observation of interactions demonstrated that service users were treated with dignity and respect while promoting and maintaining their independence.

Staff advised that service users are enabled and supported to engage and participate in a wide range of meaningful activities, social events, work and education opportunities, hobbies and interests. Activities and skills development were based on service user choice, preferences and capability. Examples of activities provided included; Boca, Music therapy, arts and crafts, dance, sensory activities and relaxation therapy. In addition service users have the opportunity to go swimming and shopping. The service users' community group based at the scout hall avail of many community activities such as; outdoor pursuits, horticulture activities at Silent Valley, and educational programmes at South Eastern Regional College, healthy living projects, dance and computer classes. On the day of inspection service users were participating and enjoying a birthday party held for one service user.

Service users who spoke with the inspector confirmed that their views and opinions are taken into account in all matters affecting them. They advised that they are always consulted by staff at service user meetings and each day within their group. The service user forum group meet on a monthly basis. This is a representative group of service users which gives them opportunity to discuss issues such as activities, menus and transport. Minutes of meetings were retained and shared with all service users. In addition service users were consulted about their care on a monthly basis by way of unannounced visits undertaken by the trust monitoring officer. Service user views were reflected within monthly reports retained within the day centre.

Staff explained that service users are enabled to be involved in and given opportunity to influence the running of their service through daily informal group discussions and formal meetings which were held on a regular basis with minutes recorded.

Service users were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their care and treatment. For example; pictorial person centred care plans, pictorial communication cards and daily pictorial activity boards. A service user two way communication diary was recorded each day for relatives to be kept fully informed of the service users time spent within the centre and other information as necessary. Relatives also use the diary to convey information to staff.

In addition a "big mac button" was used by one service user with limited speech. This enables the service user to respond in yes/no response. Two members of the staff care team are Makaton trainers who provide support and training of service users and staff to communicate. A Makaton choir has been developed.

Discussion with staff and service users and frequent observation of practice throughout the inspection confirmed that service users' needs were recognised and responded to in a prompt and courteous manner by staff.

The annual service users' satisfaction survey which was completed June 2017 was discussed and the report reviewed. In the main service users/representatives were satisfied that the care provided was very good.

Staff who spoke with the inspector gave positive feedback in regard to the compassionate care provided to all service users.

Service users who spoke with the inspector commented;

- “Staff always ask what I would like to do each day.”
- “Some use cards to talk to the staff, I think that is good.”

Three service user/relatives' satisfaction questionnaires were completed and returned to RQIA within the timescale. Respondents indicated they were “very satisfied” that the care provided was compassionate.

One relative who spoke with the inspector stated that staff knew her relative's ways and that they kept her fully informed by way of the two way communication diary. No issues or concerns were expressed or indicated.

**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.

**Areas for improvement**

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 centres RQIA registration certificate was up to date and displayed appropriately.

There was a wide range of policies and procedures available to guide and inform staff which reflected governing Northern Ireland legislation, Day Care Regulations, Minimum Standards and current good practice guidance. Policies and procedures were held electronically which staff can access when required. In addition several policies were held in hard copy format.

The centre's whistleblowing policy and procedure was discussed with staff who demonstrated awareness and knowledge of the procedure to follow and support which would be provided.

Staff confirmed they were notified by the registered manager when new policies/procedures were received.

The registered manager advised that all staff have recorded individual, formal supervision and a recorded annual appraisal. In addition when required, increased staff supervision would take place. A programme of staff supervision with staff names and arranged dates was displayed. Senior care workers are supervised monthly and care support worker supervised on a bi-monthly basis.

Staff meetings are held on a regular weekly basis with minutes recorded. These were distributed to staff.

The day centre had a policy and procedure on complaints. Discussion with the registered manager and review of records evidenced that no complaints had been received since the previous inspection. Information on “how to complain” was displayed and included within the Service User Guide and Statement of Purpose. Service users’ who spoke with the inspector knew how to complain if they were unsatisfied with any aspect of their care. Respondents indicated in returned satisfaction questionnaires that they knew how to complain.

The registered manager explained the range of audits which were undertaken on a regular basis to ensure that the day centre was operating in compliance with The Day Care Setting Legislation (2007), Day Care Settings Minimum Standards (2012) and South Eastern Health and Social Care Trust policies/procedures. For example audits undertaken during 2017 included; care records/care plans, accidents/incidents, hand hygiene, medication, fire safety and environmental. An annual satisfaction survey was also conducted during 2017. Improvements made during the past year included redecoration of the behavioural support unit.

The day centre’s annual quality report dated 09 June 2017 was discussed with the registered manager and reviewed by the inspector. This report reflected the manager’s responsibility and statutory obligation to monitor and improve the quality of the service provided.

A review of the previous three monthly monitoring visits was undertaken. These were undertaken in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Reports were retained within the day centre and readily available to service users, representatives, staff and visiting trust professional staff.

Staff who spoke with the inspector advised that there was very good team working within the day centre and that the registered manager was always very supportive. Staff felt they could approach the manager at any time as he operated an “open door” to all.

Completed service user/relatives satisfaction questionnaires returned to RQIA following the inspection indicated that respondents were “very satisfied” that the day centre was well led.

### **Areas of good practice**

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

## Areas for improvement

No areas for improvement were identified during the inspection.

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

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Joanne Mullan, senior day care worker, 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

|  |   |
|--|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard N1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 March 2017</p> | <p>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.</p> <p>Ref: 6.4</p> <p><b>Response by registered person detailing the actions taken:</b><br/>During the last three years the Trust has implemented a programme to address maintenance issues and refurbish areas within Mountview main centre, the final stage of this programme will involve works to repair or replace sections of the roof. A business case has been developed to secure the necessary funding to complete this work within 2018/19 financial year.</p> |
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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