

Inspection Report

10 February 2022



Mountview Assessment and Resource Centre

Type of service: DCA/SLS

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Mrs Belinda McCormack
Responsible Individual: Miss Rosin Coulter	Date registered: Acting manager
Person in charge at the time of inspection: Mrs Belinda McCormack	
Brief description of the accommodation/how the service operates: This is a day care setting with 90 places that provides care and day time activities for people living with a learning disability.	

2.0 Inspection summary

An unannounced inspection was undertaken on 10 February 2022 between 09.15 a.m. and 12.30 p.m. by the care inspector. This inspection focused on the Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty Safeguards (DoLS), restrictive practice, dysphagia arrangements, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to staff training and the monitoring of care staffs' registrations with NISCC. Good practice was also found in relation to systems in place for disseminating Covid-19 related information to staff. Care staff told us they felt supported to carry out their role and to develop further and that the manager was supportive and always approachable.

There were good governance and management oversight systems in place.

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

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this day care setting. This included any written and verbal communication received since the previous care inspection.

The inspection focused on reviewing a range of relevant documents, policies and procedures relating to the day care setting's governance and management arrangements. This included reviewing staffs registrations with NISCC.

We discussed any complaints and incidents during the inspection with the manager and we reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in accordance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007.

Information was provided to staff, service users and/or their relatives on how feedback could be provided to RQIA about the quality of services in the day care setting. This included service user/relative questionnaires and a staff poster. A number of service users/relatives responses were received within the timescale requested; they indicated that they were very satisfied with the care and support provided.

Comments received:

- "The staff are all very dedicated and the last year has been excellent."
- "The staff are appropriate."
- "I am more confident and have no problems with the staff."
- "I feel we are listened to about our relative."
- "Good staff engagement."
- "We find the staff compassionate and diligent."
- "We hope the current efforts are sustained in the future."
- "Staff are always friendly and helpful and have a caring approach."
- "I feel confident that all care needs are met."
- "I would be good to be back to full complement of days to rake pressure of families."
- "You can talk to staff with any concerns."

There were a number of responses to the staff electronic survey prior to the issue of this report. Responders were either satisfied or fully satisfied. We have included the comments received from staff:

Comments:

- "I have experience great communication with every staff member and being able to meet the needs and choices of every client. I have no concerns in my role. The clients and staff are amazing to work with and I enjoy my job role."
- "The Interim Manager is very approachable and has an open door policy!! She is very much hands on manager and includes staff in having suggestions/ideas on how we can improve or plan events for our service users"
- "I'm a relatively new employee, so I have come to the centre with fresh eyes. I'm incredibly impressed by the service and the staff, and feel very lucky to be a part of the team."

The findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service?

We spoke with the manager and a number of staff. Service users were not met during this inspection. The information provided by staff during the inspection indicated that they had no concerns in relation to the day care setting. Those spoke with gave a comprehensive overview of the setting.

Staff comments received during inspection process included:

- “Supervision is one to one and an opportunity to discuss anything.”
- “My induction was comprehensive and prepared me for the role.”
- “I had the opportunity to shadow other experienced staff during my induction.”
- “The staff communicate well with each other.”
- “We provide person centred care.”
- “A good effective and supportive manager.”
- “I have all my training completed to date.”
- “The manager has an open door policy to all.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Mountview Assessment and Resource Centre was undertaken on 11 March 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflected information contained within the Department of Health’s (DoH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns effectively.

It was confirmed by the manager that care staff are required to complete adult safeguarding training during their induction programme and required updates thereafter.

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

The day care setting has a system for retaining a record of referrals made in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that one adult safeguarding referral had been made since the last inspection. We noted that adult safeguarding matters are reviewed as part of the quality monitoring process.

The day care setting has provided service users and their relatives with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

Staff advised that there was sufficient staff to ensure the safety of the people who used the service. Observation of the delivery of care at the time of inspection and discussion with staff evidenced that service users' needs were effectively met by the staff on duty.

Incidents and accidents were recorded on an electronic system which is reviewed and audited by the manager, and the HSCT's governance department. There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Staff were provided with training appropriate to the requirements of their roles. This included DoLS training. Staff demonstrated that they had an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. It was identified that a number of service users were subject to a DoLS. Discussions with the manager evidenced that DoLS arrangements are in place and discussed with the individual service users keyworkers and when required care plans are updated.

There are arrangements in place to ensure that service users who require high levels of supervision or monitoring have had their capacity considered and where appropriate assessed. On entering the day care setting the inspector's contact tracing details and temperature were obtained by the day care worker who advised that this is completed for all persons entering the day care setting in line with current Covid-19 guidelines.

The environment was observed during the inspection and there was evidence of infection Prevention and Control (IPC) measures in place such as Personal Protective Equipment (PPE) which was available for staff. Other IPC measures were in place, which included seven step hand hygiene guidance notices being positioned at wash hand basins, supplies of liquid soap and hand towels mounted on the wall and relevant disposal bins.

There were numerous laminated posters displayed throughout the day care setting to remind staff of good hand washing procedures and the correct method for donning and doffing PPE.

Observations of the environment concluded that it was fresh smelling and clean throughout. There was a good supply of PPE throughout the service. Rooms were spacious and it was noted that social distancing guidelines were being adhered to. Staff discussed how they had adapted activities during the pandemic to reduce the risk of transmission of the virus.

There was a good system in place to share information relating to Covid-19 and IPC practices. Staff were observed adhering to guidance and were knowledgeable about IPC during discussions.

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

Discussions with staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting.

There was evidence that day care staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff were also implementing the specific recommendations of the (SALT) to ensure the care received in the setting was safe and effective.

It was noted that a number of service users have been assessed by (SALT) in relation to dysphagia needs and specific recommendations made with regard to their individual needs in respect of food and fluids. Staff spoken with demonstrated a good knowledge of service users' wishes, preferences and assessed needs; and how to modify food and fluids. It was positive to note all staff had undertaken dysphagia awareness training.

5.2.3 Are their robust systems in place for staff recruitment?

The review of the day care setting's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members' commenced employment and had direct engagement with service users. Records viewed during and following the inspection evidenced that criminal record checks (Access NI) had been completed for staff including ancillary staff.

A review of records confirmed all staff working in the day care setting were currently registered with NISCC. Information regarding registration details and renewal dates was monitored by the manager; this system was reviewed and found to be in compliance with regulations and minimum standards.

The manager confirmed that all staff are aware that they are not permitted to work if their professional registration lapses. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. Quality monitoring visits had been undertaken. A sample of reports viewed for September, October, November, December 2021 and January 2022 provided evidence that the monitoring process included engagement with service users, relatives and staff.

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. We noted some of the comments received during the monthly quality monitoring:

Service users:

- “I enjoy the art class with ***.”
- “Good choices and alternatives.”
- “I get on well with all staff.”
- “I enjoy coming to the centre.”

Staff:

- “Good support from colleagues and managers.”
- “Appraisal and supervision is up to date.”
- “Good positive activities provided.”
- “The atmosphere in the centre is good.”

Relatives:

- “The staff are brilliant.”
- “I’m happy with the service provided.”
- “Care is excellent.”
- “I would be lost without Mountview.”

It was positive to note that a number of care reviews had been completed in line with Covid guidance and the day care setting must be commended for their actions. We noted some of the comments from service users/relatives during their review:

- “If **** is happy we are happy.”
- “Good excellent care.”
- “**** enjoys the centre and can’t wait for the bus.”
- “I enjoy the activities.”
- “I am happy coming to the centre.”
- “Thanks to all the staff who support *****.”

The annual provider report as required by Regulation 17 was available for review. The report was comprehensive and gave a positive overview of the day care setting.

There is a process for recording complaints in accordance with the day care setting’s policy and procedures. It was identified that the one complaint had been received since the last inspection, this was resolved to the satisfaction of the complainant.

Discussion with staff confirmed that they knew how to receive and deal with complaints and the process for ensuring the information was forwarded to the manager.

There was a system in place to ensure that staff received supervision and appraisal in accordance with the day care settings policies and procedures.

It was established during discussions with the manager that the day care setting had not been involved in any Serious Adverse Incidents (SAIs)/Significant Event Analyses (SEAs) or Early Alerts (EAs).

6.0 Conclusion

Based on the inspection findings and discussions held with the manager and staff. RQIA was satisfied that this service was providing safe and effective care in a caring and compassionate manner; and that the service was well led by the manager.

6.1 Quality Improvement Plan/Areas for Improvement

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



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