

Inspection Report

2 November 2023



Mountview Assessment and Resource Centre

Type of service: Day Care Setting
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: South Eastern Health and Social Care Trust (SEHSCT)	Registered Manager: Mrs. Belinda Cockcroft
Responsible Individual: Ms. Roisin Coulter	Date registered: Acting since 5 July 2021
Person in charge at the time of inspection: Mrs. Belinda Cockcroft	
Brief description of the accommodation/how the service operates: Mountview Assessment and Resource Centre is a day care setting with 90 places. It is operated by SEHSCT. The setting provides care and a range of day time activities for adults living with a learning disability. These adults also have a range of needs including mental health, physical disability, dementia, sensory impairment and behaviours that challenge.	

2.0 Inspection summary

An unannounced inspection was undertaken on 2 November 2023 between 10.00 a.m. and 3.45 p.m. The inspection was conducted by a care inspector. The RQIA Service Improvement Officer was also present for part of the inspection and supported the inspector with seeking the opinions and experiences of service users.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices and Dysphagia management was also reviewed.

It was positive to note that service users benefited from a well led service. There was a clear leadership and management structure in place which helped to ensure staff were clear about their role and responsibilities. The service was well organised and had a range of systems in place to ensure its operation and to support good communication.

Evidence of good practice was found in relation to staff induction procedures and regular evaluation of person centred care records.

Further areas of good practice were also noted in regard to communication between service users and day care setting staff and other key stakeholders and the provision of compassionate care.

One area of improvement was identified that related to infection prevention and control.

The RQIA staff would like to thank the manager, service users, relative, staff and Trust representatives for their help and support in the completion of the inspection.

3.0 How we inspect.

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

In preparation for this inspection, a range of information about the service was reviewed. This included any registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, one relative and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "The staff are good. They help us to put the Christmas tree up."

- “I talk to the manager if I’m worried about anything.”
- “I like it here.”
- “It’s the best centre.”
- “It’s a good place.”
- “We go out for walks and go swimming.”

Service user’s relative’s comments:

- “My relative loves it here. Their confidence has come on leaps and bounds. They never leave the Centre unhappy. I’m not worried when they are here.”

Staff comments:

- “The new manager has been a breath of fresh air. Our facilities are great. The whole team feels like part of the Trust. If I raised a concern, I’m confident it would be dealt with.”
- “My training is up to date. I’m aware of the requirements of my NISCC registration. Encompass will be great for us being able to access information about our services users.”
- “Things have changed for the better here now. I’m aware of DoLs procedures.”
- “I love it here. I got a great induction when I started and had lots of shadow shifts.”
- “We have regular staff meetings and my supervisions are up to date.”

HSC Trust representatives’ comments:

- “There is a real focus on the service users’ overall health. The centre is very well organised. The level of care is fantastic – second to none.”
- “I feel the care provided is safe.”

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- “I feel safe travelling to and from the centre.”
- “The staff help me all the time.”
- “Our circus skills group is going to put a show on after Christmas.”

One staff member responded to the electronic survey. The respondent indicated that they were ‘very satisfied’ that care provided was safe, effective and compassionate and that the service was well led.

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 care inspection of the day care setting was undertaken on 1 December 2022 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 established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours. They could also 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 retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme. A review of care records identified that moving and handling risk assessments and care plans were up to date.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All appropriate staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act (MCA).

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Service user care plans contained details of DoLS assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

It was noted that some chairs in the day care setting had fabric covering. This prevented safe and effective cleaning in line with infection control procedures. An area for improvement has been identified in this regard.

Records examined identified that a number of safety checks and audits had been undertaken including fire alarm tests. It was noted that the last full evacuation drill was undertaken on 13 October 2023. Fire risk assessments for the setting were available for the inspection and had been completed on 19 June 2023. There was evidence of follow up of the remedial actions identified. All staff had completed fire training. During the inspection fire exits were observed to be clear of clutter and obstructions

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in. Some matters discussed included:

- Cinema Trip
- Coffee Morning
- Competitions

Some service users' comments included:

- "We would like more art."

Service users appeared relaxed in their surroundings and genuine warmth was evident in their interactions with staff. Staff who spoke with the inspector were knowledgeable regarding service users likes, dislikes and individual preferences.

It was noted during the inspection that no daily menu was displayed for service users in the dining room. Staff liaised with the appropriate personnel during the course of the inspection and offered reassurance this will be in place as soon as possible.

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

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

SALT dietary requirements were recorded in care plans. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC) or any other relevant regulatory body. There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the day care setting.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the day care setting's policies and procedures. There was a robust, structured induction programme which also included shadowing of a more experienced staff member. Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

We discussed the acting management arrangements which have been ongoing since 5 July 2021; RQIA will keep this matter under review.

Discussion took place with the manager regarding the organisation of the transport arrangements for service users to and from the day care setting. RQIA is assured of the robust reporting mechanisms in place in the event of an incident during service users' journeys.

5.2.7 Environment

The internal environment of the main building was maintained to a good standard of cleanliness and decor.

The manager informed RQIA some reconfiguration work has been requested within one part of the day care setting. Liaison has taken place with the aligned RQIA inspector in this regard.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The area for improvement and details of the QIP were discussed with Mrs. Belinda Cockcroft, manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	<p>The registered person shall make suitable arrangements to minimise the risk of infection and the spread of infection in the day care setting.</p> <p>Ref: 5.2.1</p>
To be completed by: Immediate and ongoing from the date of inspection	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has submitted an order with supplies to purchase vinyl chairs to replace fabric seating. The fabric chairs will be replaced on receipt of the vinyl chairs</p>

Please ensure this document is completed in full and returned via Web Portal



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