

# Inspection Report

15 June 2022



## Mourne Project

Type of service: Day Care Setting

Address: Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8  
8BH

Telephone number: 028 9615 0200

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

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Assurance, Challenge and Improvement in Health and Social Care

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<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Mrs Susan McCutcheon
<b>Responsible Individual:</b> Dr Catherine Jack	<b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Mrs Susan McCutcheon	
<b>Brief description of the accommodation/how the service operates:</b>  The Mourne Project is a Day Care Setting for a maximum of eight service users daily and is operated by the Belfast Health and Social Care Trust (BHSCT). A programme of day support and training opportunities is delivered Monday to Friday for adults who have complex needs acquired from a brain injury or neurological condition. Service users in both the BHSCT and the South Eastern Health and Social Care Trust (SEHSCT) avail of this service.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 15 June 2022 between 11.00 a.m. and 4.55 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting'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), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

## 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 previous areas for improvement identified, 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.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included 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, a 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:**

- "They are very good up here."
- "They go out of their way for you."
- "The staff are dead on and are very helpful."
- "We can pick what we want to do."
- "The coffee is nice."
- "It gets me out of the house and keeps my wife happy."

##### **Service user's relative's comments:**

- "I never realised how complicated a brain injury can be, but they understand it here."
- "It's great having a group of people under the same roof who understand his needs."
- "I get support from the staff. Having everyone together, in the same room, helped me to understand his needs."
- "Having a pool of knowledge in one place is invaluable."
- "He doesn't get agitated or unsettled coming here. I feel comfortable leaving him here. It's the only 2.5 hours in the week that I don't worry."
- "I cannot put into words what this place and these people mean to me."

##### **Staff comments:**

- "I've been in the trust 11 years and this is the best place I've ever worked."
- "We couldn't have a better team or support."
- "Communication is very strong."
- "We have a team huddle in the morning to discuss goal planning and if there are any changes to our service users."
- "We go over the SALT guidelines every morning. If any service users' needs change, we follow up with the therapist."
- "The manager is very supportive. Her door is always open, no matter if it's a professional or personal issue."
- "The safety of the service users is paramount."

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:

☺Yes ☹No

- Do you feel safe when you are at the Centre?
- Does your care protect you from harm?
- Is care effective – does your care work well for you?
- Is care compassionate – is your care given kindly with dignity and respect?
- Is the service well led – does the manager run the Centre in a good way?

Seven returned questionnaires showed that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “It’s super. I love coming to it loads. I have a good laugh with staff.”
- “Mourne is one of the best places I’ve been at. Staff are here to help me.”
- “Mourne is very important to me. It is a place where I can relax/safe and spend time to myself. I also get to meet new people. The staff who are also very important to me are good to me.”
- Mourne Project is a place where you can socialise with others and I find it important to me. Also staff are a major influence in my life.”
- “It’s a place like home. You can express your feelings and thoughts to others. Everyone is dead on and has a good attitude.”
- “I like that new colours in the building as I helped pick them.”
- I always feel safe at Mourne.”
- “I attend service user meetings.”

No staff responded to the electronic survey.

## **5.0 The inspection**

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

Due to the coronavirus (Covid-19) pandemic, the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in services. An inspection was not undertaken in the 2020-2021 or 2021-2022 inspection years, due to the impact of the first surge of Covid-19.

The last care inspection of the day care setting was undertaken on 28 February 2020 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.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to weight bear.

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.

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 MCA.

Staff had completed appropriate 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. Where a service user was experiencing a deprivation of liberty, their care records contained Form 1, a letter confirming a DoLS is in place and the day care setting maintains a register of those

service users who have a DoLS in place. The care record contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of 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 service 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:

- how to complain
- session planning
- length of activities
- suggestions for activities

Some service users comments included:

- "I'd like the activities to be more intense as I like to be challenged."
- "I'd like to go clothes shopping and to see nice cars in showrooms."

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

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

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). 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.

Discussions with staff and review of service users' 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 staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Discussions with the manager and staff confirmed that the service users provide their own lunches from home however the staff monitor what they have brought in to ensure it adheres to their specific SALT recommendations.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. 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). 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, corporate 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.

A review of the records pertaining to Regulation 20 of The Day Care Settings Regulations (Northern Ireland) 2007 and Standard 21 of The Day Care Settings Minimum Standards 2021 relating to staff also identified that they had been recruited, inducted and trained in line with the regulations.

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

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

#### **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) or Significant Event Audits (SEAs) 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. It was noted that no complaints were received since the last inspection,

We discussed the acting management arrangements which have been ongoing since 1 April 2021; RQIA will keep this matter under review.

## **6.0 Conclusion**

RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager / management team.

## **7.0 Quality Improvement Plan/Areas for Improvement**

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





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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