

Unannounced Care Inspection Report 28 February 2020











Mourne Project

Type of Service: Day care

Address: Knockbracken Healthcare Park, Saintfield Road, Belfast,

BT8 8BH

Tel No: 02890 638860 Inspector: Jim McBride

www.rqia.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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

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.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Mrs Patricia Kirk
Responsible Individual: Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Mrs Patricia Kirk	Date manager registered: 19 June 2009

4.0 Inspection summary

An unannounced inspection took place on 28 February 2020 from 09.00 to 1145

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, 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 staff members' registrations with the Northern Ireland Social Care Council (NISCC).

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

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

5.0 How we inspect

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

- The registration details of the day centre.
- Information and correspondence received by RQIA since the last inspection.
- Incident notifications which highlighted a number of incidents had been reported to RQIA since the care inspection on 16 October 2018.
- Unannounced care inspection report dated 16 October 2018.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with one HSC professional involved with the service.

We ensured that the appropriate staff checks were in place before staff work with service users.

Recruitment records specifically relating to Access NI and NISCC registration.

A poster was provided for staff detailing how they could complete an electronic questionnaire. Five responses were received showing that staff were either satisfied or fully satisfied.

Ten questionnaires were also provided for distribution to the service users and their representatives; eight responses were returned; analysis and comments are included within the report.

Comments:

- "I am content and happy attending Mourne."
- "Mourne provides a safe and structured for my ***** to."
- "*** enjoys the activities at the centre."
- "The team let me know about any issues, it's very much a joint effort with **** rehab."
- "Mourne is a place where I feel at ease, the staff are very nice."
- "I cannot praise them enough and what the project has done for me."

During the inspection the inspector met with the manager two staff, one visiting professional and a number of service users. The inspector spoke with two relatives following the inspection.

Service user comments:

- "Staff are great."
- "I'm well supported here."
- "Great activities here."
- "I'm listened to by staff."
- "I can come and go as I please."

Staff Comments:

- "Good training and that helps in your ongoing work."
- "Supervision is one to one and regular."
- "The manager has an open door policy."
- "Ongoing support to service users helps them achieve their goals and outcomes."

HSC professional comments:

- "I have effective communication with staff."
- "Staff have a good focus on outcomes for service users."
- "Excellent management support I have no concerns."

Relatives Comments:

- "I'm very happy with the service and the care my ***** is given."
- "The staff are approachable and caring."
- "I have no complaints and they do a great job."
- "The staff are very supportive and easy to talk to."
- "If there are any concerns they are the first I would contact, I have good faith in the service."

The inspector would like to thank the registered manager, service users, service user's relatives and staff for their support and co-operation throughout the inspection process.

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

6.0 The inspection

There were no areas for improvement made as a result of the last care inspection.

This inspection focused solely on issues previously outlined in section 4.0.

6.1 Inspection findings

Discussion with the manager and a review of records confirmed that there was a system in place to ensure that relevant pre-employment checks with Access NI had been undertaken prior to employment. There was a system in place to ensure that staff were registered with NISCC and were monitored on a regular basis.

The manager advised that no staff had been recruited since the previous care inspection. The manager confirmed that staff employment records were held within the BHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures.

Areas for improvement

No areas for improvement were identified during the inspection.

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	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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