

Inspection Report

26 May 2023



Mountfern 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: Northern HSC Trust	Registered Manager: Mr. Michael Bacon
Responsible Individual: Ms. Jennifer Welsh	Date registered: 17 November 2016
Manager at the time of inspection: Senior Day Care Worker	
Brief description of the accommodation/how the service operates: This is a day care setting that provides care and day time activities for service users as detailed in its Certificate of Registration. The centre is open for service users five days a week from Monday to Friday.	

2.0 Inspection summary

An unannounced inspection was undertaken on 26 May 2023 between 9.30 a.m. and 2 p.m. The inspection was conducted by a care inspector.

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.

Areas for improvement identified related to the fire safety check records and fire evacuation drills. Improvements were also required relating to the annual quality report and the need for the day care setting to ensure service users' safety whilst on social outings.

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

All service users consulted with provided very positive comments about Mountfern. Comments received are included within the report.

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.

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



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided; and that the service was well-led. Written comments included:

- “I love doing my crafts and keeping busy all the time and seeing all my friends. I love playing chairperson of the forum up at Ballymena, All Stars.”
- “I love Mountfern. It is my happy place. I love bead-art and I play pool, which I love so much. I meet good friends and the staff are amazing and so helpful. We play bingo and do crafts. I look forward to the pool competitions with our pool managers.”
- “The staff are very good; and everyone respects us.”
- “I love Mountfern, it is an amazing place. The staff help with anything I need, they are good with that. The staff knows what is important and they are so kind and they care so much. The staff help and care about me.”
- “I love coming to Mountfern. I do my bead-art, it keeps me busy. I also love playing pool and I love seeing my friends. Looking forward to playing pool at Potters.”
- “I do woodwork on a Tuesday and on a Thursday, I do gardening and I love it. The staff are great and I like playing pool.”
- “It is perfect, fantastic. I enjoy all the activities that I take part in. I love the Rugby Club, I enjoy coming to day centre to see my friends and enjoy taking part in dance class.”
- “I like the centre. The staff are helpful, I do the dishes and play pool.”
- “Good fun pool, like the food, (going to) Potters, football and pool. I like the staff.”
- “I love it. I love my pool and gardening. I love cooking.” I enjoy going to Morcambe with the staff. I like my food, I like the staff in my room.”
- “I enjoy the centre and I love seeing all my friends every day. We get good meals and plenty of it. My favourite activity is doing the iPad. I like (name of room) and want to stay in it.”

Service users were observed enjoying themselves, playing pool and other activities. There was a very palpable sense of happiness within the day care setting. Service users were noted to be making positive gestures and in a number of staff interactions, the service users’ faces’ lit up.

No responses were received 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?

The last care inspection of the day care setting was undertaken on 27 June 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 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 person in charge 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. Review of records identified that staff had identified and reported any actual or suspected incidences of abuse appropriately.

Staff spoken with were aware of the whistle blowing procedures.

Any incidents of staff misconduct had been managed appropriately.

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.

RQIA had been notified appropriately of any incidents that are reportable under the Regulations.

Staff were provided with training appropriate to the requirements of their role. In addition to mandatory training requirements, it was good to note that training was also provided in relation to Autism Awareness, Epilepsy, Respect and Enteral feeding. Advice was given in relation to retaining all records pertaining to Enteral feeding training in the one folder.

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.

All staff had been provided with training in relation to medicines management. No service users required medicine to be administered using an oral syringe. The person in charge 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 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. Where a service user was experiencing a deprivation of liberty, the relevant authorisation forms were in place. Advice was given in relation to keeping the DoLS register up to date. This will enable the manager to have better oversight of the dates the DoLS authorisation will expire.

The last Fire Risk Assessment was completed in August 2022. It was good to note that all recommendations therein had been actioned.

During the inspection fire exits were observed to be clear of clutter and obstructions.

Records examined identified that there were systems in place relating to safety checks. These included daily and weekly fire safety checks. Review of these records identified that they had not been undertaken consistently in keeping with the agency's policies and procedures. An area for improvement has been identified in this regard.

In addition, the last fire evacuation drill was undertaken on 9 November 2021. Review of records identified that the names of service users and staff who had attended the fire evacuation drill were not recorded. This was discussed with the person in charge. An area for improvement has been identified.

5.2.2 What are the arrangements for promoting service user involvement?

Review of service users' care records confirmed that care plans were person-centred and 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.

Service user meetings were held on a regular basis which enabled the service users to discuss their views on different matters within the day care setting, including their views on the meals served. Service users were also asked for their views on any activities they would like to become involved in. Some matters discussed included:

- Disco
- Lunch outings
- Seasonal celebrations

It was good to note that service users had visited a food factory and easy read material was provided to them both in advance and following the trip. The day care setting also encouraged service users to participate in community activities. Examples of some of the activities the service users enjoyed were:

- Involvement in the Ashes to Gold Project, for which they were nominated for an award
- Attended a match at Coleraine football club, which the staff facilitated at the weekend
- Competing in pool competitions

Plans were also in place to set up a horse therapy group and a walking group; a sports day; and First Aid and fire safety sessions for service users.

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.

Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

It was good to note that Dysphagia audits had been undertaken in keeping with good practice.

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.

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, three-day induction programme which also included shadowing of a more experienced staff member.

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; this included staff that were supplied by recruitment agencies.

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 last completed in 2021. An area for improvement has been made in this regard.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures. Whilst there was evidence that specific incidents had been investigated, learning from such incidents should be embedded into practice, to prevent recurrence. This refers specifically to the recording procedures for attendance at social outings. The person in charge also agreed that this process could be used to assist staff in recording and following up when service users fail to attend on their assigned day. An area for improvement has been identified.

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. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the day care setting's monthly quality monitoring process.

The Statement of Purpose required updating with RQIA's address. An application to vary the registration of the day care setting is required to change the name of the day centre to 'Mountfern Adult Centre'. As part of this process, the number of registered places can also be amended. When submitted RQIA will consider the application.

6.0 Quality Improvement Plan/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 Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	2

The areas for improvement and details of the QIP were discussed with the person in charge, 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 26 (4)(d)(v) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered persons shall ensure that daily, weekly and monthly fire safety checks are completed and up to date records are retained; this refers to the main building and to the Annex which is located on the same site.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The Senior Day Care worker has been appointed as fire warden and holds responsibility for the completion of all fire checks and actions pertaining to fire safety. This will be overseen by the manager and signed off weekly. Monthly monitoring reports will also audit the completion of fire checks and audits to ensure robust fire safety management.</p>
Area for improvement 2 Ref: Regulation 26 (4)(f) Stated: First time To be completed by: Immediate from the date of the inspection	<p>The registered persons shall ensure that records pertaining to fire drills are retained, to evidence the names of all the staff and service users in attendance.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: The manager will have oversight of all fire safety checks including the fire drills. A fire drill has been planned for 5th July. All documentation will be followed up and observed within July's monthly monitoring report to ensure robust governance systems are in place.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 1 Ref: Standard 17.11 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the annual quality report is completed. Ref: 5.2.6
	Response by registered person detailing the actions taken: The annual quality questionnaire has been compiled and made into easy read format. The information returned from this questionnaire will inform the annual quality report. The questionnaire will be sent to all service users on 30th June. Topics covered within the report include service user and carers views on quality of care, service user choice (how the service is delivered), service user views within the care planning process. A copy of the service user questionnaire is available for reference.
Area for improvement 2 Ref: Standard 27.3 Stated: First time To be completed by: Immediate from the date of the inspection	The registered person shall ensure that the procedure for recording attendance at the day centre is further reviewed, to include the procedure for checking service users' attendance at social outings; and written records are retained to evidence this. Ref: 5.2.6
	Response by registered person detailing the actions taken: The registered Manager will review adult centre attendance on a weekly basis. A new procedure for checking service user's attendance has been developed. This has been implemented immediately throughout the setting. Staff members are required to sign all names attending the social outing and sign the service users back into the complex upon their return. This procedure will be discussed in July's team meeting and within individual supervisions to ensure the information is appropriately shared and understood by all staff.

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