

Inspection Report

26 July 2021



Mountfern Centre

Type of service: Day Centre
Address: 6 Rugby Avenue, Coleraine, BT52 1JL
Telephone number: 028 7034 7878

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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 (NHSCT)	Registered Manager: Mr Peter Stanley
Responsible Individual: Ms Jennifer Welsh	
Person in charge 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 up to 70 service users per day 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 announced inspection took place on 26 July 2021 at 09-00 am to 12-00 pm by the care inspector. This inspection focused 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.

One area for improvement from the last inspection in 2019 has been restated for the second time as evidence in place shows that this was partially met.

Good practice was identified in relation to appropriate checks being undertaken before staff were supplied to the setting. Good practice was also found in relation to systems in place of disseminating Covid-19 related information to staff. There were good governance and management oversight systems in place.

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.

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.

The inspection focused on:

- Contacting the service users and staff to find out their views on the service
- Reviewing a range of relevant documents, policies and procedures relating to the day care settings governance and management arrangements

4.0 What people told us about the service?

We spoke to staff including the manager. We also spoke with a group of service users completing their individual activities.

We provided a number of questionnaires to service users and or relatives to facilitate comments on the quality of service provision.

We noted a variety of activities and good communication between staff and service users.

The returned questionnaires show good satisfaction levels. We noted some of the comments reviewed:

- “I’m very happy at Mountfern and I’m treated well by staff and peers.”

In addition we provided an electronic survey feedback form for staff no comments were received prior to the issue of this report.

Comments received during the inspection process:

Service users:

- “Delighted to be back.”
- “Staff are the best.”
- “Good activities.”
- “I enjoy the centre.”
- “No complaints.”
- “I feel safe and secure.”

Staff comments:

- “We have regular one to one supervision.”
- “Good comprehensive induction that prepares you for the role.”
- “Good training here most is on-line at present.”
- “The manager has an open door policy to all.”
- “We are providing what activities we can at present due to ongoing Covid-19 restrictions.”

5.0 The inspection

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

The last inspection to Mounfern Centre was undertaken on 7 November 2019 by a care inspector three areas for improvements were identified. Two areas for improvement have been met and one has been partially met and will be restated.

Areas for improvement from the last inspection on 7 November 2019		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 26 (1) (c) (iii)</p> <p>Stated: First time</p> <p>To be completed by: From inspection date.</p>	<p>26.—(1) Subject to regulation 4(3), the registered person shall not use the premises for the purposes of a day care setting unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.</p> <p>The registered person shall—</p> <p>(c) provide adequate means of escape;</p> <p>(iii) for the evacuation, in the event of fire, of all persons in the day care setting and safe placement of service users;</p> <p>The registered person must review the fire doors at the rear of the building, to ensure safe and adequate means of emergency escape for wheelchair users.</p> <p>Ref: 6.2</p>	<p>Partially met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The Inspector confirmed that due to Covid and HSC Trust staff changes that this area for improvement has only been partially met. We saw evidence of documentation that has been sent for action to the appropriate persons. This area for improvement will be restated until fully actioned.</p>		

<p>Area for improvement 2</p> <p>Ref: Regulation 4 (1) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: From inspection date.</p>	<p>4.—(1) The registered person shall compile in relation to the day care setting a written statement which shall consist of—</p> <p>(a) a statement of the aims and objectives of the day care setting;</p> <p>(c) a statement as to the matters listed in Schedule 1.</p> <p>The registered person must review the current statement of purpose describing the current management arrangements.</p> <p>Ref: 6.3</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>The statement of purpose has been updated as required and was available for review.</p>	Met	
<p>Area for improvement 3</p> <p>Ref: Regulation 5 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: From inspection date.</p>		<p>5.—(1) The registered person shall produce a written guide to the day care setting which shall include—</p> <p>(a) a summary of the statement of purpose;</p> <p>The registered person must review the current service user guide describing the current management arrangements.</p> <p>Ref: 6.3</p>
<p>Action taken as confirmed during the inspection:</p> <p>The service user guide has been updated as required and was available for review.</p>		

5.2 Inspection findings

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

The day care settings provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DOH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Champion Position report was not available for review; however the manager will contact the HSC Trust and update information that will inform RQIA.

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

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter. All records reviewed were in place.

Staff 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 agency's policy and procedure with regard to whistleblowing.

The setting has a system for recording referrals made to the NHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that no adult safeguarding referrals have been made since the last inspection.

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

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that three incidents had been reported since the last inspection. These were actioned in line with the settings policy and procedures.

All staff had completed DoLS training appropriate to their job roles Records reviewed clarified training. Discussion with staff clarified their knowledge of the subject.

Staff demonstrated that they have an 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.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control (IPC) practices. Staff were observed adhering to guidance and were knowledgeable during discussions.

5.2.2 Are their robust systems in place for staff recruitment?

The review of the day care settings staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

5.2.3 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. Reports relating to the agency's monthly monitoring were reviewed.

The process included engagement with service users, staff, and HSC trust staff. The reports included details of the review of service user care records, accident/incidents; safeguarding matters, complaints, training, and staffing arrangements.

We noted some of the comments made by service users; relatives, staff and HSC staff during the monthly quality monitoring:

Service users:

- “The staff are nice.”
- “It’s good to be back.”
- “I’m happy safe and comfortable.”

Staff:

- “The standard of care is very good.”
- “Staff are caring and supportive.”
- “We receive regular supervision from the manager.”

Relatives:

- “***** is very happy with the centre.”
- “I have no issues, the centre is good.”
- “My ***** loves coming to the centre.”

HSC Staff:

- “Good staff enthusiasm.”
- “The staff are friendly and welcoming.”
- “Full PPE keeps everyone safe.”

It was positive to note that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the day care settings policy and procedures. It was noted that no complaints had been received since the last inspection.

The manager confirmed that the centre had received specific recommendations from the Speech and Language Therapist (SALT) in relation to service users’ dysphagia needs to ensure the care received in the service was safe and effective. A number of assessments were reviewed and were satisfactory. It was noted that staff had completed relevant training.

Staff described their role in relation to reporting poor practice and their understanding of the centres policy and procedure on whistleblowing.

It was established during discussions with the manager that the centre had not been involved in any Serious Adverse Incidents (SAI’s)/Significant Event Analysis’s (SEA’s) or Early Alert’s (EA’s).

The annual provider report Regulation 17 was available for review and was forwarded to RQIA. The report was comprehensive and gave a good overview of the service provided in the past year.

It was positive to note that all annual care reviews had been completed. We noted some of the comments from service user’s and carers during their review:

- “I’m happy at the centre.”

- “I’m very happy with Mountfern.”
- “I’m happy with the service provided.”
- “I’m still happy here.”

6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified and restated where action is required to ensure compliance.

	Regulations	Standards
Total number of Areas for Improvement	1	0

*The total number of areas for improvement includes: Regulation 26 (1) (c) (iii) that has been stated for a second time and is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with The 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

<p>Area for improvement 1</p> <p>Ref: Regulation 26 (1) (c) (iii)</p> <p>Stated: Second time</p> <p>To be completed by: From inspection date.</p>	<p>26.—(1) Subject to regulation 4(3), the registered person shall not use the premises for the purposes of a day care setting unless the premises are suitable for the purpose of achieving the aims and objectives set out in the statement of purpose.</p> <p>The registered person shall—</p> <p>(c) provide adequate means of escape;</p> <p>(iii) for the evacuation, in the event of fire, of all persons in the day care setting and safe placement of service users;</p> <p>The registered person must review the fire doors at the rear of the building, to ensure safe and adequate means of emergency escape for wheelchair users.</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I can confirm that Works request 1001906(resurfacing of pathways to include a ramp at fire doors at rear of building) has now been approved by the appropriate Assistant Director. The estimated cost has now also been approved by the appropriate Assistant Director and the works request is currently with Estates. I have been informed by the Minor Works Building Officer that once the contractor provides accurate costing the work can then proceed. Please don't hesitate to contact me if further information is required.</p>



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