

Inspection Report

27 June 2022



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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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: Mr. Peter Stanley	
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 27 June 2022, between 09.00 a.m. and 12.00 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 Safeguarding DoLS, Service user involvement, Restrictive practices, Dysphagia and Covid-19 guidance 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.

Good practice was identified in relation to service user involvement. Staff we spoke with demonstrated good caring values and a desire to provide service users with quality personalised care. Staff were familiar with the choices and preferences of individual service users and strove to deliver on these.

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'. RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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 for staff.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users 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:

- "Good to be back."
- "Easy to talk to staff."
- "Good activities."
- "Used to masks."
- "I enjoy the centre."
- "Friendly staff."

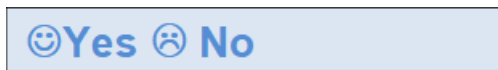
Staff comments:

- "I'm aware of NISCC standards and guidance for registrants."
- "Good effective communication between staff."
- "We have good communication with relatives."
- "A wide range of activities here."
- "Dignity and respect for all service users."

- “All training completed.”
- “We have an open door policy by managers.”
- “I enjoy working in Mountfern.”
- “I received a comprehensive induction and the opportunity to shadow other experienced staff.”
- “A good staff team.”

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:

- 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?



Returned questionnaires show that those supported thought care and support was either excellent or good.

Questionnaire comments:

- “I just enjoy my time here.”
- “I always like being here there is nothing wrong.”
- “They always understand me and know what I’m saying.”
- “I enjoy here and have good fun.”
- “I like the staff and the food.”
- “I like coming to see my friends.”
- “Staff always make me feel better when I’m feeling sad.”
- “I enjoy talking and doing activities.”
- “I get excited coming to the centre as it makes me happy.”
- “I feel safe and get on with staff.”
- “Everyone’s polite in here.”
- “(Staff member) is my favourite.”
- “I’m happy to attend my centre.”
- “I get on well with staff.”
- “I enjoy taking part in the service user forum.”
- “I speak to staff if I’m upset.”

No staff questionnaires were received prior to the issue of this report.

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 26 July 2021 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 26 July 2021		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for Improvement 1 Ref: Regulation 26 (1) (c) (iii) Stated: Second time	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.	Met
	The registered person shall— (c) provide adequate means of escape; (iii) for the evacuation, in the event of fire, of all persons in the day care setting and safe placement of service users; 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.	
	Action taken as confirmed during the inspection: The required works were reviewed and have been completed to meet the required regulations.	

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. 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 one concern had been received since the last inspection. This was actioned following policies and procedures.

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/lifting, this was included within the day care setting's mandatory training programme. A review of records confirmed that where the day care setting was unable to provide training in the use of specialised equipment, this is identified by the setting before care delivery commences and training is requested from the HSC Trust.

The manager reported that some service users currently required the use of specialised equipment. This was discussed and training was in place for staff on the use of the equipment.

Care reviews are undertaken in keeping with the day care setting's policies and procedures, it was good to note that some reviews had been completed and we noted some of the comments received:

- "I'm more than happy with the care ***** receives."
- "Happy with the support would be nice to have five days again."
- "***** is very happy in Mountfern."

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 have to be completed before staff could safely undertake 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).

It was positive to note that service users were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the setting supported this practice. Service users had the support of a team of staff who were suitably skilled and experienced to meet their assessed needs.

Staff had completed appropriate Deprivation of Liberty Safeguards DoLS training raining appropriate to their job roles. The manager reported that a number of the current service users were subject to DoLS arrangements. Documents required were in place and reviewed.

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 the 9 November 2021. Fire risk assessments for the centre were available for the inspection and had been completed on 9 September 2021 and due for review in 2022. Staff fire training was completed the 1 February 2022. Fire exits were observed to be clear of clutter and obstruction.

5.2.2 What are the arrangements for promoting service user involvement?

The purpose of the LD NI Model is to outline what individuals with learning disabilities expect of services, how services will achieve this and how they will be measured to ensure high quality, cost effective care.

Learning Disability Services have a duty to each and every individual that they serve and must respect and protect their human rights. At the same time, Learning Disability Services also have a wide social duty to promote equality through the care it provides and in the way it provides care. This includes addressing the needs of those groups or sections of society who may be experiencing inequalities in health and wellbeing outcomes.

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 activities. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

The setting regularly sought a range of feedback from service users, which was consistently positive.

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 setting and any activities they would like to become involved in. Some matters discussed included:

- Covid -19
- Staffing
- Pay
- Closure dates
- Activities

Some service users comments included:

- "Plenty of choices on offer."
- "Happy with the meals provided."
- "Happy to attend activities."

- “More outside things.”
- “Back to more activities.”

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives’ feedback (Regulation 17).

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. Swallowing awareness was also completed by staff during First-Aid training. Staff implemented the specific recommendations of SALT to ensure the care received in the setting was safe and effective.

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 we also noted documentation in place in the food preparation area.

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 (Access NI), 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 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. The agency currently use outside agency staff and records review show that all required documents were in place.

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. 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 had maintained a record for each member of staff of all training, including induction and professional development activities undertaken. The records included the names and signatures of those attending the training event, the date(s) of the training and the content of the training programme. Staff were supported by a system of induction, training and supervision to ensure they were effective in their role.

All NISCC 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.

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 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. We noted some of the comments received during quality monitoring:

Service users:

- "I like to talk to friends."
- "I get to choose my routines."
- "I like it here."
- "Happy things are back to normal."

Staff:

- "The centre is very well run."
- "Good joined up work with other professionals."
- "A good induction and I feel part of the team."
- "The staff team support the needs of the service users."

Relatives:

- “He is a different when in the centre.”
- “I find the service good.”
- “Thanks for the support to my *****.”
- “I appreciate all you have done for my ***.”

HSC Staff:

- “Good response form the service recently.”
- “Staff are friendly and available.”
- “A good team working relationship.”
- “The “we can” attitude by staff is refreshing.”

The Annual Quality Report was in progress. The report will include feedback on the experiences of people using and working in the setting. The report was forwarded to RQIA prior to the issue of this report 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 current registration certificate was up to date and displayed appropriately. As the manager has now returned to post the most up to date registration will updated by RQIA.

There was a system in place to ensure that complaints were managed in accordance with the day care setting’s policy and procedure. No complaints had been received since the last inspection.

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 the manager, as part of the inspection process and can be found in the main body of the report.



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