

# Unannounced Care Inspection Report 7 November 2019



## Mountfern Centre

**Type of Service: Day Care Service**  
**Address: 6 Rugby Avenue, Coleraine, BT52 1JL**  
**Tel No: 028 70 347878**  
**Inspector: Jim McBride**

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

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

**1.0 What we look for**



**2.0 Profile of service**

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.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mountfern Centre  <b>Responsible Individual:</b> Anthony Baxter Stevens	<b>Registered Manager:</b> Michael Bacon
<b>Person in charge at the time of inspection:</b> Acting manager	<b>Date manager registered:</b> Michael Bacon – 17 November 2016
<b>Number of registered places:</b> 70	

### 4.0 Inspection summary

An unannounced inspection took place on 7 November 2019 from 09.00 to 14.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012 and The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

As a public-sector body RQIA have 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 services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Evidence of good practice was found in relation to staff training and infection prevention and control practices. Further areas of good practice were also noted in relation to communication between service users, staff and other key stakeholders, the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users. In addition, good practice was also observed in regard to governance arrangements, staff supervision and appraisal and maintaining good working relationships.

There was evidence identified throughout the inspection process that the day centre promotes service users' human rights; this was evident in relation to the areas of consent, autonomy, equality, decision making, privacy, confidentiality and service user involvement.

#### Service user comments:

- "I enjoy the centre."
- "Good staff."
- "Lots of activities."
- "I feel safe and secure here."
- "I help in the dining room each day."
- "The centre is great lots to do."

**Staff comments:**

- “Good teamwork.”
- “Good care and support plans.”
- “The team focus on outcomes.”
- “Good person centred care.”
- “Staff have developed person centred plans and they work within them.”
- “Good supervision and training.”
- “Excellent management with an open door policy to all.”

**Areas for improvement:**

The registered person must review and update their current statement of purpose and service user guide in line with schedule 1, describing the current management arrangements. The registered person must review the fire escape arrangements for the rear door of the building in line with regulation (26).

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

The inspector would like to thank the acting manager, service users and staff for their support and co-operation throughout the inspection process.

**4.1 Inspection outcome**

	Regulations	Standards
<b>Total number of areas for improvement</b>	3	0

This inspection resulted in a number of areas for improvement being identified. Findings of the inspection were discussed with the person in charge, as part of the inspection process and can be found in the main body of the report.

Details of the Quality Improvement Plan (QIP) were discussed with the acting manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 incidents that had been reported to RQIA since the care inspection on 6 July 2018.
- Unannounced care inspection report dated 6 July 2018.

During the inspection, the inspector met with the acting manager and two day care workers. Introductions were made to all service users while walking around the setting with individual interaction with three service users.

Ten service user and/or relatives' questionnaires were provided for distribution; three service user/relatives questionnaires were returned to RQIA within the timeframe for inclusion in this report.

All respondents indicated that they were very satisfied that the care being provided to service users was safe, effective, compassionate and well led.

Comments:

- "We need new building"
- "I'm delighted with the dedication of all staff concerned in my \*\*\* care they love going."

At the request of the inspector, the manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; no responses were received.

A range of documents relating to the service were reviewed during the inspection and are referred to within the body of the report.

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

## 6.0 The inspection

The most recent inspection of the establishment was an unannounced care inspection.

## 6.1 Inspection findings

### 6.2 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspector reviewed the day care setting's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place within the day centre.

Discussions with staff confirmed that they were satisfied that staffing levels were adequate to meet the needs of the service users when planned staffing levels were in place.

There were arrangements in place to ensure that staff were registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates were maintained and available to the inspector. It was confirmed that all staff are currently registered with NISCC.

An induction programme was available for newly appointed members of staff. A review of this induction programme noted that it was comprehensive and included areas such as privacy and dignity, confidentiality, risk management, complaints procedure, health and safety and adult safeguarding.

The setting's training record demonstrated that there was an ongoing programme of mandatory training for staff, relevant to their roles and responsibilities, which will assure staff, know how to keep service users safe. There was evidence that compliance with completing mandatory training was routinely monitored and any training now due for update was being followed up with the staff member. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as fire safety, adult safeguarding, infection prevention and control, epilepsy awareness and dementia awareness.

Observation of and discussion with staff evidenced that they were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions with staff evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Discussion with the staff confirmed that there was a clear pathway for staff to follow in relation to referring any safeguarding concerns to the appropriate professionals. This reflected staff awareness of their safeguarding roles and responsibilities and how they are supported to report concerns through existing management arrangements. This helps to ensure that appropriate and timely action is taken if service users' rights are at risk of being breached. The inspector advised the staff regarding the arrangements for the adult safeguarding position report which is due to be completed by 31 March 2020.

Discussions with the staff also confirmed that they were aware of their obligations in relation to raising concerns with respect to service users' wellbeing and poor practice, and were confident of an appropriate management response. They were aware of the organisation's whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team.

An inspection of the environment was undertaken and confirmed that it was appropriately warm, had suitable lighting and furniture and no mal odour was noted. Discussion with the staff and observation of the environment confirmed that furniture, aids and appliances were fit for purpose for the needs of the service users. One area for improvement was issued regarding the fire escape route for wheelchair users via the rear doors.

Infection prevention and control measures were in place, which included the availability of supplies of liquid soap and hand towels mounted on the walls.

The day centre's fire safety precaution records were reviewed. It was noted the last full evacuation drill was undertaken on 3 July 2019.

Discussion with staff confirmed they were aware of the evacuation procedure. An updated fire risk assessment was completed on 20 September 2019 no significant findings were highlighted. Records examined identified that a number of safety checks were undertaken including: fire safety drills.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, infection prevention and control practices, staff training and induction.

## Areas for improvement

One area for improvement was issued regarding the fire escape route for wheelchair users via the rear doors.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

### 6.3 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector reviewed the day care setting's arrangements for appropriately responding to and meeting the needs of people who use the service.

Information relating to the nature and range of services provided was outlined in the Statement of Purpose (2019). Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose. Two areas for improvement was issued in relation to the current statement of purpose and service users guides that need reviewed to include the current management arrangements.

The inspector reviewed elements of six service users' care files. Review reflected there were assessments of needs, risk assessments, care plans and records of health and well-being of the service users were current and had been reviewed. Staff discussion confirmed they use these records to guide their practice and therefore recognised the importance of keeping records current and relevant.

Care records also reflected the multi-professional input into the service users' health and social care needs. A record was kept of each service user's involvement and progress at the centre and entries were made in proportion to the frequency of attendance of the individual.

The records viewed were signed, as appropriate, by the service users and/or their next of kin, evidencing consultation and agreement with arrangements in place.

There was evidence in care records reviewed that service users' rights were recognised.

The staff advised that service users typically had access to a care review on an annual basis or more frequently if required; involving their HSCT representatives. The care review records reviewed provided positive feedback from service users and their representatives with regards to the day care service. The inspector noted some of the comments made during the annual reviews:

- "I'm Happy here."
- "I'm happy with the service in Mountfern."
- "I like it here and to keep busy."



- “We are happy with everything.”
- “I like the care I receive.”

Staff who spoke with the inspector clearly demonstrated the knowledge, skills and experience necessary to fulfil their roles and responsibilities. They were knowledgeable about the centre’s philosophy of care, promotion of human rights and risk management. Staff described how they observe service users, noting any change in dependency or mood and proactively take appropriate measures to promote/ensure the safety and wellbeing of the service user.

Discussions with service users and observation of their interactions with staff evidenced that service users were empowered to express their views routinely on a day to day basis.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between service users, staff and other key stakeholders.

### Areas for improvement

Two areas for improvement was issued in relation to the current statement of purpose and service users guide that need reviewed to include the current management arrangements.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

#### 6.4 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected by the expression of staff attitudes towards service users and service delivery.

Staff were observed informing service users that the inspection was taking place and they encouraged service users to talk to the inspector. Service users were keen to share with the inspector how much they enjoyed attending the day centre and the positive relationships they have with staff.

Discussion with staff found they were informed regarding the ethos of the day care setting which promoted choice and ensured service users had access to a friendly, caring and stimulating atmosphere.

Staff also discussed how they support and encourage service users to remain active and independent in the setting by ensuring they are able to access activities that they can engage in and the space they use facilitates their independence.

Staff approaches and responses to service users were noted to be caring, cheerful and compassionate. Staff acknowledged that service users require varying degrees of support with their care needs, and that service users’ independence should be promoted in a discreet manner.



The inspector observed staff discreetly responding to service users who required such assistance in regards to mobilising safely, eating lunch and participating in activities. In addition, staff demonstrated awareness of their responsibilities and requirements to ensure service users’ confidentiality and consent. Service users spoken to confirmed that they liked the activities on offer in the setting.

Service users were enabled and supported by staff to engage and participate in meaningful activities. The inspector discussed the provision of activities with staff.

In addition to daily informal discussions, the setting had in place robust systems that aimed to promote effective communication between service users and staff such as service user meetings, individual care review meetings.

An observation of the lunch time meal confirmed that service users were given a choice in regards to food and fluid choices and the level of help and support requested. Staff treated service users with dignity and respect affording adequate time for service users to make decisions and choices and offered reassurance and assistance appropriately.

Service users described good relationships with staff, which enabled them to be able to speak to staff if they had any concerns. This approach to communication supports the protection and promotion of individualised and person centred care and support for service users.

Service users are advised of what they can do if they are not happy with the service within the Statement of Purpose and Service User Guide. The Service User Guide also provides information regarding what service users should expect from the service, which promotes a rights based approach that empowers service users. It was good to note a number of documents were in “Easy read format”.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector sought to assess the day centre’s leadership, management and governance arrangements to meet the assessed needs of service users.

The acting manager and staff advised there were a range of policies and procedures in place to guide and inform staff and were easily accessible within the day care setting.

A complaints and compliments record was maintained in the day centre. Review of the complaints record evidenced that no complaints had been recorded since the previous care inspection.

Discussion with staff confirmed that they knew how to receive and deal with complaints and ensure that the manager was made aware of any complaints. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous update training alongside supervision / appraisal processes, an open door policy for discussions with the management team and observation of staff practice. A review of a sample of records verified that staff received supervision sessions and annual appraisals. The inspector discussed the monitoring arrangements in compliance with Regulation 28 of The Day Care Settings Regulations (Northern Ireland) 2007. The Regulation 28 monthly quality monitoring visits had been undertaken by the responsible person, who demonstrated a good understanding of the setting. Review of quality monitoring reports from April 2019 to August 2019 confirmed that a quality monitoring visits were undertaken in 2019.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The staff confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, it was confirmed that the day centre had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that day centre collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care and support plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Adult Safeguarding
- Equity of care and support
- Individualised person centred care
- Individualised risk assessment
- Disability awareness.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to governance arrangements, staff supervision and appraisal, compliments received, quality improvement and maintaining good working relationships.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>		0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Acting manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the day care setting. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 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 the Day Care Settings Minimum Standards, 2012.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 26 (1) (c) (iii)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From inspection date.</p>	<p><b>26.—</b>(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><b>Response by registered person detailing the actions taken:</b> Estates work request has been submitted for the work to be carried out to the outside of Special Needs Unit.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 4 (1) (a) (c)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From inspection date.</p>	<p><b>4.—</b>(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>
	<p><b>Response by registered person detailing the actions taken:</b> Statement of purpose has been updated to describe current management arrangements and a copy forwarded to RQIA inspector.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 5 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From inspection date.</p>	<p><b>5.—(1)</b> The registered person shall produce a written guide to the day care setting which shall include— (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><b>Response by registered person detailing the actions taken:</b> Mounfern Centre Annual Report updated to describe current management arrangements and copy forwarded to RQIA inspector.</p>



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