

Unannounced Care Inspection Report 03 and 07 November 2017



Mountfern Centre incorporating 'Montra Centre' & 'Mountfern Annexe'

Type of Service: Day Care Setting
Address: 6 Rugby Avenue, Coleraine, BT52 1JL
Tel No: 028 7034 7878
Inspector: John McAuley

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 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 90 service users per day as detailed in its Certificate of Registration. The centre has two registered satellite units known as the Montra Centre and Mountfern Annexe. The centre is open for service users five days a week from Monday to Friday.

3.0 Service details

Organisation/Registered Provider: Northern Health and Social Care Trust Responsible Individual(s): Dr Anthony Baxter Stevens	Registered Manager: Michael Bacon
Person in charge at the time of inspection: Michael Bacon	Date manager registered: 17 November 2016
Number of registered places: 90	

4.0 Inspection summary

An unannounced inspection took place on 03 November 2017 from 09:30 to 14:00 and 07 November 2017 from 10:00 to 12:30 hours.

This inspection was underpinned by the 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 establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training and supervision, adult safeguarding, care records and communication between service users. Areas of good practice were also found in relation to communication between staff and relevant stakeholders, governance arrangements and maintenance of good working relationships.

Two areas requiring improvement were identified. These were in relation to reviewing the provision of alcohol hand gels and updating the fire safety risk assessment in the Montra Centre.

Feedback from service users was all positive in respect of the kindness and support received from staff, the provision of activities and meals and the general atmosphere in the centre.

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.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

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

4.2 Action/enforcement taken following the most recent care inspection dated 16 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 16 March 2017.

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 previous inspection report and returned QIP and accident and incident notifications.

During the inspection the inspector met with 50 service users, 10 members of staff, one visiting professional, one service user's representative and the registered manager.

The following records were examined during the inspection:

- RQIA registration certificate
- statement of purpose
- service user guide
- a selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- staff training records
- staff induction records
- record of staff meetings
- staff supervision and appraisal schedules
- service user meetings
- monthly monitoring visits
- quality assurance audits
- duty roster
- service users' care records
- complaints
- accidents/incidents
- fire safety risk assessment
- fire safety records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met and not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 March 2017

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 16 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: First time	The registered provider should ensure competency and capability assessments are countersigned.	Met
	Action taken as confirmed during the inspection: Competency and capability assessments were countersigned.	
Area for improvement 2 Ref: Standard 17.14 Stated: First time	The registered provider should ensure behavioural issues as reflected within notifications to RQIA are monitored on a monthly basis so that any trends or patterns can be identified and action taken when necessary.	Met
	Action taken as confirmed during the inspection: An inspection of accident and incident notifications, together with monthly monitoring reports confirmed that behavioural issues are monitored accordingly.	

Area for improvement 3 Ref: Standard 28.1 Stated: First time	The registered provider should ensure that action was taken to address fire safety recommendations reflected within the Montra Centre's fire risk assessment and that this is recorded, dated and signed.	Not met
	Action taken as confirmed during the inspection: There was no evidence recorded of the actions taken in response to this fire safety risk assessment. This issue has now been escalated to an area of improvement under the legislation in lieu of this and that the fire safety risk assessment has not been updated.	

6.3 Inspection findings

6.4 Is care safe?

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

Discussions with the registered manager confirmed that the staff employed were sufficiently qualified, competent and experienced to meet the assessed needs of service users in attendance. Staff who met with the inspector demonstrated good understanding of their roles and responsibilities in meeting the needs of service users and associated policies and procedures in the running of the centre. Inspection of the duty rota found it to be accurately maintained.

The registered manager confirmed that a competency and capability assessment was completed for any person in charge of the centre in the absence of the manager.

An induction programme was in place for all grades of staff within the centre appropriate to specific job roles. Discussions with a newly appointed member and an agency member of staff confirmed that they had received this programme of induction. The registered manager explained how he had introduced a system to incorporate NISCC's Induction Standards.

Staff employment records were held within the Northern Health and Social Care Trust's human resources department. The registered manager advised that all appointments made were in keeping with the trust policy/procedures and that required documentation was checked and in place before a new employee would commence work. Discussions with a recently appointed member of staff confirmed that appropriate recruitment procedures were in place.

Arrangements were in place to monitor the registration status of staff with their professional body. Staff spoken to, advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussions with staff were all positive in respect to the provision of safe care, staff training, supervision, appraisal and managerial support.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

The registered manager confirmed that the only restrictive practice employed was a keypad locked door facility in the Mounfern Annexe. This restrictive practice is appropriately minimised, assessed, documented and reviewed with the involvement of the multi-professional team, as required. On the days of the inspection no other obvious practices were observed.

The day service's infection prevention and control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels. In the Montra satellite unit there were no accessible supplies of alcohol hand gels. This has been identified as an area of improvement to review such provision.

The day service was clean and tidy with a good standard of décor and furnishings being maintained. Seating was comfortable and there were spacious areas for service users to relax and engage in group activities. The catering facilities and food storage areas were clean, tidy and well organised.

There were no obvious hazards to the health and safety of services users, visitors or staff. For example all COSHH substances were locked away.

The Mounfern and Mounfern Annexe day service had an up to date fire risk assessment in place dated 05 June 2017. The recommendations made from this were noted to be appropriately addressed.

The Montra Centre fire safety risk assessment was dated 13 January 2014. This assessment did not contain evidence that the recommendations made from the assessment had been addressed. One of the recommendations made related to fire detection. Following discussion with the registered manager agreed to report this issue immediately to the estates department for action. An area of improvement in accordance with legislation was identified to update this fire safety risk assessment and submit an action plan with timescales to the aligned estates inspector of any recommendations made.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning

outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up-to-date basis. Inspection of a sample of fire safety exits found these to be unobstructed.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to staff training and supervision, adult safeguarding, and the environment.

Areas for improvement

Two areas of improvement were identified during the inspection. These were in relation to reviewing the provision of alcohol hand gels and updating the fire safety risk assessment in the Montra Centre.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Discussion with staff and the registered manager established the day service had responded appropriately to and met the assessed needs of the service users.

A sample of seven service users’ care files were inspected. There were photographs of each service user in their respective care files. All seven service users’ care files contained general and risk assessments. There was evidence that risk and other assessments informed the care planning process and were integrated into the three care plans.

Inspection of service user’s care records confirmed annual reviews of the individual’s day care placement had taken place in the previous year.

Discussions with service users confirmed they were encouraged and enabled to be involved in the assessment, care planning and review process. Service users confirmed they were aware of whom to contact if they had any issues or concerns about the service and that staff were approachable and always willing to help and provided assistance when required.

The registered manager explained how there were systems in place to review the service user’s placement within the centre and ensure that it is appropriate to meet their health and social care needs. This was particularly prevalent with the changing needs of service users.

Care records were stored safely and securely in line with data protection.

Evidence was provided to verify systems were in place to ensure effective communication with service users, their representatives and key stakeholders. These included pre-admission information, multi-professional reviews, regular service users and staff meetings.

Service users spoken with and observation of practice evidenced that staff were able to communicate effectively with service users.

Discussion with care staff confirmed management operated an open door policy in regard to communication within the day service.

There was information displayed on notice boards for service users in relation to advocacy services.

The inspector met with one visiting healthcare professional who spoke in positive terms about the provision of care and the professionalism of staff.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to care records and communication between service users, staff and relevant stakeholders.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The inspector met with 50 service users in group settings in the day service at the time of this inspection. In accordance with their capabilities all confirmed/indicated that they were very happy with their relationship with staff, the provision of activities and meals and the general atmosphere in the centre. Some of the comments made included statements such as;

- “It’s very good here. I like all the staff.”
- “I love coming here. There is plenty to do.”
- “The staff are great and I have a lot of friends here.”
- “It is really a great centre. We do a lot here and I love the games we do.”

The inspector also met with a service user’s representative. This person spoke with praise and gratitude for the provision of care in the centre, and the kindness and support received from staff.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Discussion with service users and staff along with observation of care practice and social interactions demonstrated that service users were treated with dignity and respect. Staff confirmed their awareness of promoting service users’ rights, independence and dignity and were able to demonstrate how service users’ confidentiality was protected. Staff interactions with service users were found to be polite, friendly, warm and supportive.

Staff confirmed that service users were listened to, valued and communicated with in an appropriate manner. Service users confirmed that their views and opinions were taken into

account in all matters affecting them. Staff in a high dependency room showed excellent skills in communicating with individual service users. This was also reflective of other rooms throughout the centre with all grades of staff. For example staff demonstrated positive regard and reinforcement with service users in their participation in activities. Service users were found to act positively with this in terms of fulfilment and self-worth. This is to be commended.

Discussion with staff and observation of practice confirmed that service users’ needs were recognised and responded to in a prompt and courteous manner by staff. This was observed on how staff attended to service users’ dietary and fluid intake needs.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. These included care review meetings, monitoring visits and day to day contact with management. Discussions with the registered manager confirmed that he had good knowledge of these matters and could identify with the assessed needs of service users.

Service users are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for service users and other interested parties to read, with an action plan as appropriate.

Discussion with service users, staff and observation of practice confirmed that service users were enabled and supported to engage and participate in meaningful activities. For example service users in a more independent room were found to be engaged in pastimes of their choice. This created a nice, friendly, relaxed atmosphere whilst at the same time fostering values of independence and choice.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to feedback from service users and general observations of care practices and atmosphere in the day service.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 registered manager confirmed that the needs of service users were met in accordance with the day service’s Statement of Purpose and the categories of care for which the service was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Service users and/or their representatives were made aware of how to make a complaint by way of the Service Users' Guide and information on same displayed. Discussion with the registered manager confirmed that he was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

A monthly monitoring visit was undertaken as required and a report was produced and made available for service users, their representatives, staff, trust representatives and RQIA to read. The reports of 31 August, 27 September and 17 October 2017 were inspected and found to be maintained in informative detail.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Inspection of staff training confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Inspection of the service confirmed that the RQIA certificate of registration was displayed.

The day service had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff confirmed that they were aware of this policy and that they felt at ease in reporting any issues of concern and that they would be confident that these would be dealt with appropriately. The registered manager confirmed that staff could also access line management to raise concerns.

Discussion with staff confirmed that there were good working relationships within the service and that management were responsive to suggestions and/or concerns raised.

Areas of good practice

There were examples of good practice found throughout this inspection in relation to the governance arrangements and maintenance of good working relationships.

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	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 Michael Bacon, registered 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>Area for improvement 1</p> <p>Ref: Regulation 26 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 08 January 2018</p>	<p>The registered person shall update the fire safety risk assessment in the Montra Centre and submit an action plan with timescales to the aligned estates inspector of any recommendations made.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A fire risk assessment report was completed in Montra Social Club on 16th November 2017 by Trust Fire Safety officers Joe Sloan and Hector Wishart.</p> <p>They both agreed that the buildings main use is that of a place of assembly/entertainment and only a small area is used for day care purposes by the Trust;</p> <p>The Risk assessment states that because of the low number of clients using the building and the ratio of staff the current fire alarm system is suitable for this use.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012

<p>Area for improvement 1</p> <p>Ref: Standard 27.7</p> <p>Stated: First time</p> <p>To be completed by: 08 February 2018</p>	<p>The registered person shall review the provision and accessibility of alcohol hand gel in the centre.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Two alcohol hand gel pump devices installed in each room in the Montra Centre.</p>



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Email info@rqia.org.uk

Web www.rqia.org.uk

 [@RQIANews](https://twitter.com/RQIANews)