

Unannounced Day Care Inspection Report 16 and 23 March 2017



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

Type of service: Day Care Service
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Inspector: Priscilla Clayton

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mountfern Centre incorporating 'Montra Centre' & 'Mountfern Annexe' took place on 16 March 2017 from 09.00 to 16.00 hours and 23 March 2017 from 11.00 until 15.00 hours

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day care centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found within Mountfern centre, Montra and Mountfern Annex in relation to staff training, comprehensive staff induction programmes, supervision, appraisal, infection prevention and control and risk management.

Three recommendations were made. These related to the monitoring of behavioural issues, staff competency and capability assessments and fire safety.

Is care effective?

There were examples of good practice found throughout the inspection in relation to quality assurance and modes of communication within Mountfern centre, Montra and Mountfern Annex.

No areas were identified for improvement.

Is care compassionate?

There were examples of good practice found within Mountfern centre, Montra and Mountfern Annex in relation to the provision of compassionate care.

No areas were identified for improvement.

Is the service well led?

There were examples of good practice found within Mountfern centre, Montra and Mountfern Annex in relation to this domain. Management systems and processes were observed to be in place that support and promote the delivery of quality services.

No areas were identified within this domain.

This inspection was underpinned by The Day Care Setting Regulations (Northern Ireland) 2007, the Day Care Settings Minimum Standards 2012.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Michael Bacon, registered 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 20 and 21 January 2016.

2.0 Service details

Registered organisation/registered person: Northern HSC Trust/Anthony Baxter Stevens	Registered manager: Michael Bacon
Person in charge of the service at the time of inspection: Michael Bacon	Date manager registered: 17 November 2017

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous care inspection report and QIP
- Accident/incident notifications
- Correspondence.

During the inspection the inspector met with the registered manager, all residents in small group format, five care staff and three service users' representatives.

The following records were reviewed during the inspection:

- RQIA registration certificate
- Statement of Purpose (2017)
- Service User Guide (2016)
- Selection of policies and procedures including those in respect of adult safeguarding, whistleblowing, staff recruitment, complaints and infection prevention and control
- Staff training

- Staff meetings minutes
- Staff supervision and appraisal records
- Service user meetings minutes
- Monthly monitoring visits records
- Staff duty roster
- Five care records
- Complaints records
- Accidents/incidents records
- Fire risk assessment.

Fifteen satisfaction questionnaires were given to the manager for distribution to service users (five), staff (five) and relatives (five). Three staff questionnaires were completed and returned to RQIA within the timescale. Respondents indicated satisfaction that the care provided was safe, effective, compassionate and well led.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent care inspection 20 and 20 January 2017

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

4.2 Review of requirements and recommendations from the last care inspection dated 20 and 21 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 29 Stated: First time	<p>The acting manager must ensure RQIA is notified of accidents and untoward incidents as per discussion during this inspection.</p> <p>Action taken as confirmed during the inspection. Discussion with the registered manager and review of accidents/incidents records evidenced that RQIA were being notified as required.</p>	Met
Requirement 2 Ref: Regulation 26(2)(b) Stated: First time	<p>With regards to the safety of service users using the Mountfern Annex garden, the registered person must ensure the temporary fencing (from several years ago) is replaced and the garden area made good for wheelchair service users or those who have mobility difficulties.</p>	Met

	<p>Action taken as confirmed during the inspection: Work to the garden had been addressed as required.</p>	
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1 Ref: Standard 4.4 Stated: First time</p>	<p>With regards to promoting service user's independence, dignity in the area of continence, the acting manager should ensure the identified service user's continence needs are reviewed. The outcome of this review should be recorded and the care plan updated as appropriate.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of care records confirmed that this recommendation had been addressed at the review meeting held on 17 February 2016.</p>	
<p>Recommendation 2 Ref: Standard 5 Stated: First time</p>	<p>The acting manager should ensure:</p> <p>(a) The identified service users' care plans are reviewed to ensure the personal care section fully and accurately reflects their personal care and continence needs.</p> <p>(b) When care plans are updated, they are re-signed by the staff member completing it; the service user or their representative and the manager in a timely manner.</p>	Met
	<p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of two care plans evidenced that this recommendation was addressed.</p>	
<p>Recommendation 3 Ref: Standard 15.5 Stated: First time</p>	<p>The acting manager should ensure:</p> <p>(a) The identified service user has an annual review of his/her day care placement as soon as is possible.</p> <p>(b) The annual review reports completed with service users in the Mountfern Annexe should reflect all of the matters specified in minimum standard 15.5.</p>	Met

	<p>Action taken as confirmed during the inspection: The registered manager explained that the reason the review was not undertaken at the time of the last inspection was due to a change of trust review arrangements. Care records reviewed contained evidence that timely reviews were held and reflected detail specific to the holistic needs of the service user.</p>	
<p>Recommendation 4 Ref: Standard 25 Stated: First time</p>	<p>The acting manager should ensure:</p> <p>(a) Closed storage is provided in the identified bathroom in the intensive support unit.</p> <p>(b) There is a review of storage in each group room in the centre. The completed QIP should specify the outcome of this review and the action to be taken with timescales.</p>	Met
	<p>Action taken as confirmed during the inspection: Closed storage was provided within the support unit and other areas as recommended.</p>	
<p>Recommendation 5 Ref: Standard 17.9 Stated: First time</p>	<p>The acting manager should respond and address the issues of dissatisfaction recorded by identified staff members in completed RQIA questionnaires. The acting manager is asked to email RQIA with an update of the action taken regarding the above.</p>	Met
	<p>Action taken as confirmed during the inspection: The registered manager confirmed that issues had been addressed with the staff team and training safeguarding and whistleblowing had been provided and recorded within the staff training records. Notification to RQIA was submitted as requested.</p>	

4.3 Is care safe?

Discussion with the registered manager confirmed that 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.

Staff working in the centre each day was recorded within the duty roster.

Staff appraisal and supervision was being provided monthly with notes retained.

The registered manager confirmed that staff employment records were held within the Northern Health and Social Care Trust (NHSCT) human resources department and that all staff appointments made was in accordance with the trust policy/procedures with required documentation checked and in place before a new employee would commence work. The recruitment aspect of procedures was confirmed by staff members who met with the inspector.

The registered manager explained that all staff with the exception of three were registered with the Northern Ireland Social Care Council (NISCC). The unregistered staff had applied for registration and were awaiting confirmation of same. The manager has a system in place to monitor staff registrations.

Induction records reviewed contained a comprehensive account of the indicators to be achieved. Induction programmes were noted to be signed and dated by the staff member and mentor on the achievement of each activity. A staff induction policy was in place and available to staff.

Competency and capability assessments were in place for staff members who would be in charge when the manager is out of the centre. One recommendation was made in regard to ensuring assessments are signed by the manager.

Mandatory staff training was discussed with the senior care assistant and staff. A staff training analysis for 2017 was undertaken with a training analysis developed. Mandatory training provided was recorded within a staff training matrix which included adult safeguarding and whistleblowing. Staff confirmed that mandatory training was provided alongside other areas of professional development including dysphasia, epilepsy care and deprivation of liberty.

The registered manager confirmed that no safeguarding allegations were currently active and should any arise, the correct procedure would be followed in accordance with NHSCT recently revised policy/procedure. Staff training in adult safeguarding was provided on a two yearly basis. The manager explained that staff update training in adult safeguarding and the Department of Health (DoH) regional policy titled "Adult Safeguarding, Prevention and Protection in Partnership" (April 2015) was planned to take place when the revised policy was distributed. The named safeguarding "champion" was to be confirmed. A policy on whistleblowing was available to staff. Revised notification forms for adult safeguarding were available.

The registered manager and staff confirmed that the least form of restrictive practice would be carried out; staff touch support would take place when necessary in order to protect the health, safety and wellbeing of service users. This practice had been prescribed by the behavioural support team and was reflected within care plans reviewed. Two care records were reviewed and discussed with the registered manager and care staff member. Comprehensive risk management plans in place had been recommended by the behavioural support team in agreement with the service user's and/or representative and staff. An entrance/egress key pad system was in place within Mountfern annex where high dependency service users are based. This security system was necessary to ensure service users were safe and was agreed by the multi-professional team and representatives.

Policies and procedures on restrictive practice were available to all staff. Staff training in challenging behaviours was provided.

Ongoing monitoring of behavioural issues, as discussed, regarding notifications submitted to RQIA was recommended in an attempt to identify any trends or patterns and take appropriate action as necessary.

Accidents and incidents were being entered into the corporate datix system in accordance with NHSCT procedure. The registered manager confirmed that monitoring of accidents/incidents is undertaken by himself, the locality manager and the NHSCT governance officer. The registered manager demonstrated awareness of the procedure to follow should incidents/accidents/notifiable events require to be notified to RQIA and other relevant organisations in accordance with legislation and procedures.

Necessary infection protection and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included, for example; “seven step” hand hygiene notices positioned at all wash hand basins, availability of disposable gloves and aprons, provision of staff training in infection, prevention and control, and availability of electronic trust policies/procedures on infection prevention and control.

An inspection of the three centres was undertaken. All areas were observed to be appropriately heated, organised, clean and fresh smelling.

Current fire risk assessments were available within the centres as required. Weekly and monthly fire safety equipment checks were undertaken and recorded. All fire doors were closed and exits unobstructed. Staff training in fire safety had been provided and recorded with fire drill conducted on 21 July 2016. The registered manager agreed to ensure that action was taken to address fire safety recommendations within the Montra Centre fire risk assessment and that this is recorded, dated and signed.

Care staff who met with the inspector gave positive feedback in regard to the provision of safe care and confirmed that staff training, supervision, appraisal and staff meetings were provided and ongoing. Staff also explained that there was very good multi-professional working in the planning and monitoring of service users’ care.

Service users who were able to converse indicated that they looked forward to coming to the centre to meet up with their friends and do lots of activities and felt safe in the day centre and that staff were always kind and helped them when needed. No issues or concerns were raised or indicated.

Staff within Mountfern Centre incorporating Mountfern Annex and Montra Centre who met with the inspector gave positive feedback in regard to the provision of care which was described as an excellent where service users’ needs were met through joint working arrangements with other community care teams especially prior to the service user beginning to attend and for the transition plan for the individual, or new service user.

Completed questionnaires returned to RQIA within the timescale indicated that the respondents were satisfied that the care provided was safe.

Areas for improvement

- Monitoring of behavioural issues as reflected within accidents/incidents records
- Ensure competency and capability assessments are countersigned

- Ensure that action was taken to address recommendations recorded within the fire safety risk assessment of the Montra Centre and that this is recorded, dated and signed in the document.

Number of requirements	0	Number of recommendations	3
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4.4 Is care effective?

Five service users' care records were provided by the registered manager for review. These were found to be in keeping with legislation and minimum care standards including holistic health and social care needs assessments which were complemented with risk assessments including behavioural, dysphasia, falls and moving and handling, person centred care plans and regular records of the health and wellbeing of the service user. Records of review reports included participation of the service user and, where appropriate, their representative. There was recorded evidence of multi-professional collaboration in planned care.

There was evidence that care records were being updated regularly or as changes occur to reflect the changing needs of the service user. There was also evidence that service users and or their representatives were involved in the assessment and care planning process with signatures recorded in associated documents.

The registered manager explained the systems in place to promote effective communication between service users, staff and other stakeholders. This was evidenced within a number of sources including discussions with staff and service users, care records examined, minutes of service users' meetings, minutes of staff meetings, information notices displayed on health and social care and photographs of various activities and social events.

There was recorded evidence of ongoing audit of care records by the registered manager within care records examined.

The registered manager explained the range of audits and surveys conducted during 2016/17. These included for example, meals/mealtimes, transport and care records. Recorded actions identified for improvement included noise reduction within the transport buses through rearrangement of journeys/times and service users in order to meet the issues raised. Re-audit is planned for 2017.

Staff confirmed that the modes of communication in use between the staff team, service users/representatives and other stakeholders were effective and that this was enhanced through the "open door" arrangements operated by the manager and senior care staff. Two service users who were unable to speak used communication voice aids to articulate their views and comments. Observation of staff interactions with service users was noted to be respectful, dignified and professional with consent sought in relation to care and treatment. Overall there was an open and transparent culture observed within the three centres inspected. The manager and staff are to be commended in this regard.

Service users who were able to converse spoke with the inspector 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. No issues or concerns were raised or indicated.

Discussion with the registered manager and staff confirmed that referrals to other health professionals were noted to be timely and responsive to the needs of service users.

Areas for improvement

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The registered manager and staff confirmed that there was a culture/ethos within the centre that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of service users. This was reflected within policies, statement of purpose, service user guide, care records and minutes of service user meetings reviewed.

There was a range of policies and procedures available to staff which supported the delivery of compassionate care.

Observation of staff interactions with service users demonstrated that they were treated with dignity and respect. Staff confirmed their awareness of promoting service user rights, independence and dignity.

Discussions with staff, service users, review of care records and observation of staff practice and interactions confirmed that service users' needs were acknowledged and recorded.

There was evidence that service users were enabled and supported to engage and participate in a range of meaningful activities noted within the activity schedule, care records, service user meetings and reviews of care.

Service users meetings are held on a three monthly basis to provide opportunity for service users to discuss the provision of activities, social outings. Minutes of meetings held were retained.

Service users confirmed that they were consulted and felt very much involved about arrangements within their centre. Comments from staff, service users and three service user's representatives were very positive in regard to the service provided. Service users confirmed they were offered choice, wherever possible, and the opportunity to select independently from a range of options based on information received. No issues or concerns were raised or indicated by service users.

Completed questionnaires returned to RQIA indicated that the respondents were satisfied that the care provided was compassionate.

Areas for improvement

No areas for improvement were identified in this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

Michael Bacon, the registered manager who was off duty when the inspector arrived to undertake the unannounced inspection, came to the centre and remained throughout the day. The registered manager explained that he felt very well supported in his role by the acting locality manager who visits the centre on a monthly basis or more often if necessary. Supervision of the registered manager was being provided on a monthly basis. At operational level, support was provided to the registered manager by a mixed skill team of care and ancillary staff.

The registered manager explained that he had successfully completed the QCF Level 5 in leadership during 2016. This is to be commended.

The registered manager explained that the provider is kept informed regarding the day to day running of the centre by the acting locality manager who undertakes monthly monitoring visits on behalf of the registered provider to ensure that the centre is being managed in accordance with minimum standards and the Day Care Setting Regulations (Northern Ireland) 2007.

There was a defined organisational and management structure detailed within the statement of purpose that identifies the lines of responsibility and accountability within the centre.

The centre's RQIA registration certificate was displayed in a prominent position.

The registered manager confirmed that the centre operated in accordance with the regulatory framework and that the health and social care needs of service users were met in accordance with the centre's statement of purpose.

The registered manager and staff confirmed that staffing levels were satisfactory in meeting the needs of service users in attendance each day. Service users also confirmed that staff were always available to assist them when necessary.

The centre had copies of pictorial service user agreements which were signed by both parties.

There was a range of policies and procedures to guide and inform staff. Staff demonstrated awareness of policies including the policy and procedure relating to whistle blowing and adult safeguarding. Policies/procedures were also available electronically. The manager explained that periodic review of policies/procedures held in hard copy format were cross referenced with those held electronically.

The registered manager explained the management and governance systems in place that drive quality improvement. The range of audits and the service user satisfaction survey conducted during 2016 alongside improvements made were explained by the manager and staff. Reference to audits undertaken is cited within section 4.4 of this report.

The centre had a corporate policy and procedure on complaints. The registered manager and staff demonstrated awareness of the procedure to follow should a complaint be received. Service users knew how to complain if they were not satisfied with the service provided. Information on how to complain was reflected within the statement of purpose and service user guide. Two complaints received since the previous inspection had been recorded and managed appropriately.

Many thank you letters and cards from service users and relatives complementing the staff on the good care and service provided had been received. This is to be commended.

The registered manager and staff confirmed that annual appraisal and staff supervision was provided with records retained. A schedule detailing ring fenced dates for supervision was held by the manager.

The registered manager and staff confirmed that staff meetings were being held fortnightly for day care workers and three monthly for other staff. Minutes of all meetings held were recorded and retained. Minutes reviewed included the names of staff in attendance and discussions held. Daily team meetings were held each morning in preparation for the arrival of service users.

Monthly monitoring report visits made on behalf of the registered provider were available. The registered manager confirmed that these reports were available, when requested, to service users, their representatives, staff, trust representatives and RQIA.

Areas for improvement

No areas for improvement were identified in this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 centre. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Day Care Setting Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Day Care Settings Minimum Standards 2012. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 23.3</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>The registered provider should ensure competency and capability assessments are countersigned.</p> <p>Response by registered provider detailing the actions taken: Competency and capability assessments have now been signed by Centre Manager and Day Care Workers who have completed them.</p>
<p>Recommendation 2</p> <p>Ref: Standard 17.14</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2017 and ongoing</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: Discussed at team meeting with all Day Care Workers - all staff aware of responsibilities regarding identifying trends and patterns.</p>
<p>Recommendation 3</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2017</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken: Centre Manager to address any outstanding Fire Safety Recommendations with Montra personnel and to sign and date any documentation.</p>



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