

Inspection Report

Name of Service: Mourné Project

Provider: Belfast HSC Trust

Date of Inspection: 17 July 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Belfast HSC Trust
Responsible Individual/Responsible Person:	Mrs Maureen Edwards
Registered Manager:	Mrs Susan McCutcheon
Service Profile:	
<p>Mourne Project is a Day Care Setting for a maximum of eight service users daily and is operated by the Belfast Health and Social Care Trust (BHSCT). A programme of day support and training opportunities is delivered Monday to Friday for adults who have complex needs acquired from a brain injury or neurological condition. Service users in both the BHSCT and South Eastern Health and Social Care Trust (SEHSCT) avail of this service.</p>	

2.0 Inspection summary

An unannounced inspection was undertaken on 17 July 2025 between 9.20 a.m. and 4:30 p.m. by a care Inspector.

The inspection examined the agency'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 Safeguards (DoLS), service user involvement and Dysphagia management was also examined.

The last care inspection of the day care setting was undertaken on 11 August 2023 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

Good practice was identified in relation to service user involvement and communication. There were good governance and management arrangements in place.

Service users said that the care and support provided by Mourne Project was a good experience. Service users who were unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

No areas for improvement were identified during this inspection.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how Mourne Project was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this day care setting. This included registration information and any other written or verbal information received from service users, relatives, staff or the commissioning trusts.

Throughout the inspection process inspectors seek the views of those attending, working in and visiting the day care setting and examine a sample of records to evidence how the day care setting is performing in relation to the regulations and standards.

3.2 What people told us about the service

Service users spoke highly about the impact the service has had upon their quality of life. They described how the service had aided in their recovery and how meaningful attendance was to them. Service users spoke about active co-production which occurs within the service. They explained how each individual's personal preferences and interests are respected and supported. Service users told us about the array of activities offered and how their suggestions also impact what is available. An example of co-production shared related to participation in a committee formed to organise the service's 20 year anniversary celebrations.

Service users spoke highly about the staff team, describing them as "excellent". They explained that they felt comfortable to express their views and opinions, knowing they would be respected and responded to appropriately. When asked about what makes service users feel safe, one person responded "being here".

As well as positive relationships established with staff, service users reported how attendance at the service had developed interpersonal relationships, seeing friendships grow. When asked why they liked attending, one person's response indicated how important "interacting with people with the same disability" was to them. When describing the service, we were told, "this is the best project for anyone with a brain injury".

Staff explained how privileged they felt to be a part of a service which enables individuals in their recovery and achieves exceptional outcomes for the people they support. They spoke knowledgeably about Deprivation of Liberty Safeguards (DoLS), Adult Safeguarding procedures and the needs of the individuals supported by the service which included speech and language assessments relating to dysphagia.

The interactions observed between service users and staff illustrated that care was delivered in a respectful, compassionate and inclusive manner.

Recently employed staff spoke about receiving an in-depth induction which enhanced their knowledge and skills. They explained the benefits of support received from management and

colleagues. The staff explained that regular supervision occurs. They spoke highly as to managerial oversight and in speaking about the Manager stated “Susan really cares about the service and the service users”.

Relatives told us about the effective communication which occurs between Mourne Project and themselves. They stated that they felt comfortable addressing any matters with the Manager and concerns were listened and appropriately responded to. The staff team were described as being “very efficient” and “friendly”.

Relatives spoke about the range of activities offered and expressed satisfaction with these, stating a focus on further developing daily living skills. One relative advised the day care setting had aided in decreasing social anxiety and managing emotions via engagement in mindfulness. Relatives also spoke positively about the cookery sessions, art programmes and boxing session.

Relatives emphasised the progress made by the service users due to attendance at Mourne Project, with one relative stating their loved one has come on “leaps and bounds”. Another advised that their relative “is happy and I know he looks forward to going up there...he's made a good group of wee friends there”. A relative also spoke about the greater independence gained in everyday living tasks. In discussing the service and the multidisciplinary approach taken, a relative said “He has the right people around him”.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular training and continued supervision and support. There was evidence of robust systems in place to manage staffing.

Service users advised that they felt well supported by staff on duty. Observation of the delivery of care evidenced that service users’ needs were met by the number and skills of the staff on duty. Staff were knowledgeable of service users’ individual needs and knew how best to support service users in attendance.

A review of the day care setting’s staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), 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 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.

There was evidence that all newly appointed staff had completed a structured orientation and induction to ensure they were competent to carry out the duties of their job in line with the day care setting’s policies and procedures. Written records were retained by the day care setting of the person’s capability and competency in relation to their job role.

Records of all staff training were retained and the manager maintained oversight of a training matrix to ensure compliance. This training included Deprivation of Liberties Safeguards (DoLS), adult safeguarding, Dysphagia, at a level appropriate to their job roles. Service user specific training had also been provided to staff, for example, where a service user required a specialist

emergency system for the management of a medical condition, all staff had been provided with the required training.

Staff confirmed that they received regular supervision and had annual appraisals. The Manager is to ensure that all records relating to supervision are available in relation to all staff within the service, inclusive of bank staff. This will be reviewed again at the next inspection.

3.3.2 Care Delivery

There was a daily safety brief at the beginning of each shift, attended by all care staff, which included information about any changes to service user care or significant information that the staff needed to be aware of. Actions to be completed on shift were clearly communicated. Regular staff meetings were held and the minutes were shared with any staff who were unable to attend.

There was a system in place to ensure that the activities offered to service users were varied and took account of their individual needs and preferences. The service delivered a range of psychological and cognitive interventions. At the time of the inspection, there were horticulture and cookery sessions taking place and service users' photography and art pieces were displayed throughout the building. Activities such as music therapy and physical activity sessions had also occurred. The service also engaged in the sailability programme during the summer, an inclusive programme that enables those with disabilities to partake in boating.

Staff were observed to be prompt in recognising service users' needs and any early signs of distress or illness, including those service users who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with service users; they were respectful, understanding and sensitive to service users' needs. This was apparent in staff interactions observed with an individual with limited functionality and verbal communication as they spoke with them and aided with eating.

It was observed that staff respected service users' privacy by their actions such as discussing service user care in a confidential manner and by offering personal care to service users discreetly. Staff were also observed offering service users choice in how and where they spent their day.

Good nutrition and a positive dining experience are important to the health and social wellbeing of service users. Service users may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. It was evident that staff were aware of and compliant with plans in place regarding individuals' needs.

The dining experience was an opportunity for service users to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that staff had made an effort to ensure service users were comfortable.

3.3.3 Management of Care Records

Service users' needs were assessed when they were first referred to the day care setting and before care delivery commenced. Following this initial assessment, care plans were developed to direct staff on how to meet service users' needs and included any advice or recommendations made by other healthcare professionals.

A review of records identified that service user consent was sought in relation to the choice as to whether or not they wanted their photograph taken and used in any organisational promotional material or social media.

Service users care records were held confidentially. The care records were person-centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. A review of a sample of care records evidenced that service users, where possible, were involved in planning their own care and efforts had been made to ascertain service users' preferences and choices around how their support was provided. The details of care plans were shared and signed by service users and/or their representatives as appropriate.

Risk assessments such as Speech and Language Therapy (SALT) assessments and Moving and Handling risk assessments were regularly reviewed.

There was a system in place to track the dates of service user records and when care reviews were to occur.

There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a Deprivation of Liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. Any service user subject to authorised Deprivation of Liberty Safeguards (DoLS) had their care plan reviewed by a HSC professional annually to ensure that they were not used disproportionately or for longer than was necessary. Any changes to the DoLS were communicated to the manager and updated documents shared and stored within the service user's care records.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mrs Susan McCutcheon has been the manager in this day care setting since 31 December 2024.

Those consulted with commented positively about the manager and described her and the wider management team as supportive, approachable and able to provide guidance.

A review of a sample of records evidenced that a robust system for reviewing the quality of care and staff practices was in place. The day care setting was visited each month by a representative of the registered provider to consult with service users, their relatives and staff and to examine all areas of the running of the day care setting. The reports of these visits were completed in detail.

Complaints were managed appropriately and it was good to note that any identified learning was shared with staff on a regular basis. There was a process in place to manage any complaints; none had been received since the last care inspection.

A review of incident records identified that they were managed appropriately. There was evidence that incidents were audited on a regular basis to establish any patterns or trends. It was good to note that these were reviewed as part of the monthly quality monitoring process.

There was evidence of positive feedback received from service user surveys, with 100 per cent of respondents feeling that the service was accessible and inclusive, that staff treated them with respect and that they enjoyed attending.

Day care settings are required to have a person known as the Adult Safeguarding Champion (ASC), who has responsibility for implementing the regional protocol and the day care setting's adult safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

There was evidence that the manager responded to any concerns raised and took measures to improve practice, the environment and/or the quality of services provided within the day care setting.

3.3.5 Quality and Management of the Environment

The day care setting was observed to be clean and tidy, suitably furnished, comfortable and free of clutter. It was warm and inviting, well lit, with lots of service user art work framed and displayed. Wall displays also included photographs of service users participating and engaging in horticultural activities, day trips and outings.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance. Various PPE stations were positioned throughout, and staff were observed to practice regular hand hygiene.

Fire safety checks were conducted on a regular basis. There was evidence of personalised fire evacuation assessments and plans for each individual. Staff had completed training in regard to fire safety and fire evacuation drills were completed regularly. Throughout the inspection fire doors were observed to be unobstructed.

Hazardous substances were noted to be stored appropriately in accordance with Control of Substances Hazardous to Health (COSHH) guidance.

4.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Susan McCutcheon, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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