

Inspection Report

01 July 2024



Mourne Stimulus Day Centre

Type of service: Day Care Setting
Address: 1 Council Road, Kilkeel, BT34 4NP
Telephone number: 028 4176 5897

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mourne Stimulus Day Centre	Registered Manager: Ms Melanie Nolan
Responsible Individual: Mrs Cynthia Cranston MBE	Date registered: 27 March 2009
Person in charge at the time of inspection: Ms Melanie Nolan	
Brief description of the accommodation/how the service operates: Mourne Stimulus is a day care setting which is registered with RQIA to provide care to people who have a learning disability. The centre endeavours to integrate service users as far as possible into the life of the local community and encourage use of the full range of social, leisure and commercial facilities in the area.	

2.0 Inspection summary

An unannounced inspection was undertaken on 1 July 2024 between 9.00 a.m. and 3.30 p.m. The inspection was conducted 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, Restrictive practices and Dysphagia management was also reviewed.

Areas for improvement identified related to Recruitment and Induction, Risk assessments and the Annual Quality Report.

Good practice was identified in relation to service user involvement.

Mourne Stimulus Day Centre uses the term attenders to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect

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

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users and staff members.

The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I am having great fun."
- "I am working in the garden today."
- "I like butterflies."
- "I am having a great day here today."
- "We have advocacy meetings that are really good."
- "The staff are lovely."
- "I feel safe here."

Staff comments:

- "I love working here."
- "My training is up-to-date."
- "The manager is very approachable."

Returned questionnaires indicated that the respondents were satisfied with the care and support provided. Written comments included:

- "I am so happy that our day centre is taking me on holiday with my friends."
- "I like everything I do at Mourne Stimulus."

A number of staff responded to the electronic survey. The respondents indicated that they were satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- “It would be good to have more staff.”
- “Additional staffing would provide more opportunities for our attenders’ objectives and aspirations.”
- “More staff would be great.”
- “This is a friendly and caring place to work. The staff team are dedicated and provide a first class service to our attenders.”
- “Great place to work. Attenders are well looked after by a great team.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 27 July 2023 by a care inspector. A Quality Improvement Plan (QIP) was issued. This was approved by the care inspector and was validated during this inspection.

Areas for improvement from the last inspection on 27 July 2023		
Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 19 (3) (a) and (b) Stated: Second time To be completed by: Immediately from the date of inspection.	The registered person shall ensure that the records pertaining to staff training and competency are kept up to date and available for inspection at all times. Ref: 5.2.1, 5.2.3	Met
	Action taken as confirmed during the inspection: Training matrix found to be well maintained. Training found to be up-to-date.	
Area for improvement 2 Ref: Regulation 28 Stated: First time To be completed by: Immediately from the date of inspection.	The registered person shall maintain a system for improving the quality of care by preparing a monthly report on the conduct of the agency Ref: 5.2.6	Met
	Action taken as confirmed during the inspection: Monthly quality monitoring reports were available on inspection.	

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided.

Staff were provided with training appropriate to the requirements of their role. Where service users required the use of specialised equipment to assist them with moving, this was included within the day care setting's mandatory training programme.

A review of care records identified that moving and handling risk assessments and care plans were not up to date. A number of care records contained risk assessments that required review / updating. An area for improvement has been identified.

A number of Care reviews had not been undertaken in keeping with the day care setting's policies and procedures. The manager has been proactive in their actions to resolve this. This will be reviewed at future inspections.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Advice was given in relation to further developing a resource folder containing DoLS information which would be available for staff to reference. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

It was also positive to note that the day care setting had service user meetings on a regular basis which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records confirmed that 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 the Northern Ireland Social Care Council (NISCC). There were a number of omissions and lack of clear documentation in relation to recruitment. An area for improvement has been identified and will include a finding discussed in a later part of this report.

There was a number of volunteers working as care workers.

The day care setting had a policy and procedure for volunteers which clearly specified their role and responsibilities. The manager confirmed that volunteers did not undertake any personal care duties and that AccessNI checks had been completed.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was a lack of evidence that all newly appointed staff had completed a structured orientation and induction. Induction documentation was not adequately completed. An area for improvement has been identified and will be included in an area for improvement discussed in an earlier part of this report.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives and staff. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements. Advice was given to the manager on changes that should be implemented in relation to these reports.

The Annual Quality Report had not been completed. An area for improvement has been identified.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

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

There was a system in place for managing instances where a service user did not attend the day centre as planned. This included a system for signing in and out the service users who attend.

6.0 Quality Improvement Plan/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 Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	1

The areas for improvement and details of the QIP were discussed with Ms Melanie Nolan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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 16 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall ensure the service user plan is kept under review, this relates specifically to the review of risk assessments.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: All Service users care plan and core folders have been revised and signed off. A generic risk assessment for service users has now been implemented and additional risks added to individual service users. All Allied Health Professional risk assessments have been reviewed and signed off by Allied Health Professionals. To ensure good working practise all risk assessments will be signed off either prior a service users annual review or signed off at the annual review.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 (3) (b)(d) Schedule 2.</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection.</p>	<p>The registered person shall ensure that all staff have training suitable to the work that he is to perform, and the skills and experience necessary for such work and that full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 2. This relates specifically to incomplete induction documentation and omissions / lack of clarity in relation to recruitment documentation.</p> <p>Ref: 5.2.4, 5.2.5</p> <p>Response by registered person detailing the actions taken: The Manager/Recruitment Panel will ensure when there is a discrepancy within the application, the discrepancy will be recorded eg: Work history/references documentation will be recorded with an explanation. The Manager will ensure that the induction programme/training pack is signed off accordingly ensuring that the employee is competent within the requirements of their job description.</p>

Action required to ensure compliance with the Day Care Settings Minimum Standards August (revised) 2021

<p>Area for improvement 1</p> <p>Ref: Standard 17 (11)</p> <p>Stated: First time</p>	<p>The registered person shall ensure the quality of services provided is evaluated on at least an annual basis</p> <p>Ref: 5.2.6.</p>
<p>To be completed by: Immediately from the date of inspection.</p>	<p>Response by registered person detailing the actions taken:</p> <p>The service quality of assurance for 2023-2024 has now been collated and will be documented and signed off by the Board of Directors at Septembers meeting.</p>

Please ensure this document is completed in full and returned via Web Portal



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