



The Regulation and
Quality Improvement
Authority

Inspection Report

Name of Service: Mountfern Adult Centre
Provider: Northern HSC Trust
Date of Inspection: 5 June 2025

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

1.0 Service information

Organisation:	Northern HSC Trust
Responsible Individual:	Ms. Jennifer Welsh
Registered Manager:	Mr. Michael Bacon
Service Profile: This is a day care setting that provides care and day time activities for service users who have learning disabilities.	

2.0 Inspection summary

An unannounced inspection took place on 5 June 2025, between 10 am and 3 pm by a care Inspector.

The inspection was undertaken to evidence how the day care setting is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 26 May 2023; and to determine if the day care setting is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to service users and that the day care setting was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of service users and that staff were knowledgeable and well trained to deliver safe and effective care.

Service users said that the care and support provided by Mountfern Adult Centre 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. Refer to Section 3.2 for more details.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider and no new areas for improvement were identified. Details can be found in the main body of this report.

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 the day care setting 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 the previous Quality Improvement Plan issued, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those working in, attending and visiting the day care setting; and review/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

Through active listening, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

Service users told us that they were very happy attending the day care setting. Service users said that they liked the staff and that they liked 'everything in the centre'. Service users said that the people made them feel safe and the staff 'listened to (them) all the time'. Service users said that the staff help them with their activities and that they felt the staff 'care' for them.

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.

Staff told us that they had no concerns in relation to the care and support provided. It was evident that the staff knew the service users' needs very well and how they wished to spend their day.

3.3 Inspection findings

3.3.1 Staffing Arrangements (recruitment and selection, induction and training)

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of service users.

There was evidence of robust systems in place to manage staffing. Staff were always available and there was always enough staff to support service users with a range of activities.

Staff knew the service users well and knew how best to support them.

Review of the 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.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the organisation's policies and procedures. The induction process included shadowing of a more experienced staff member. Additionally, it was good to note that the manager had developed a bespoke induction proforma for staff which was in line with the NISCC standards. This is good practice and is commended.

Records of all staff training were retained and were noted to be up to date. Staff confirmed that got sufficient training for their roles. Service user specific training had also been provided to staff as appropriate.

Procedures were in place for appraising staff performance and all staff received regular supervision.

3.3.2 Care Delivery

There was a staff briefing meeting at the beginning of each shift, which included information about any changes to the service users' care, that the staff needed to assist them in their roles.

Regular staff meetings were held and minutes maintained of the meetings for staff, unable to attend, to read for information sharing. Staff were knowledgeable of individual service users' needs, their daily routine wishes and preferences.

Service users' needs were met through a range of individual and group activities such as playing pool, using the treadmill, football, arts and crafts, baking, shopping, table top activities, rebound therapy, drums for fun sessions and discos. Some service users attended a 'farming initiative' and others were guests at Coleraine Football Club. Service users were also supported to have meals at restaurants and to go to the Jet Centre.

A number of service users were also supported to achieve the Duke of Edinburgh / Gaisce – The President's Award. These awards challenge young people to set and pursue personal goals in relation to community involvement, personal skills, physical recreation and their adventure journey. Supporting service users to attain this qualification is commended.

Staff interactions with service users were observed to be friendly and supportive. There was a good system in place to support service users who were transitioning from Children's services to the day care setting; this included gradual introduction of the service users to Mountfern Adult Centre. It was good to note the emphasis the manager placed on supporting service users and their relatives through this transition period and that this transition period commenced well in advance of the service users first day in Mountfern Adult Centre.

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.

It was observed that staff respected service users' privacy by their actions such as discussing service users' care in a confidential manner, and by ensuring some service users had a protected mealtime.

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. Observation of the lunch time meal, review of records and discussion with the manager indicated that there were robust systems in place to manage service users' nutrition and mealtime experience.

The dining experience was an opportunity for service users to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that service users were enjoying their meal and their dining experience. Information pertaining to any modified diets was available for staff to reference. It was also good to note that diabetes awareness training was planned for service users, to assist them in their understanding of diabetes in order for them to make healthier dietary choices.

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.

Care records were person centred, well maintained and regularly reviewed and updated to ensure they continued to meet the service users' needs. It was good to note that care plans, particularly in relation to epilepsy management, were person-centred.

Advice was given in relation to the recording of service users time spent using specialist equipment such as Acheeva beds. Immediate action was taken to implement an appropriate recording system on the day of the inspection. This demonstrated the staffs' eagerness to improve practice.

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.

The eating and drinking care plan referenced the specific level of diet noted within the Speech and Language Therapy (SALT) Care Plan

Care plans were reviewed on a regular and when service users' needs changed.

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 the relevant documentation.

3.3.4 Quality of Management Systems

There has been no change in the management of the day care setting since the last inspection. Mr Michael Bacon has been the manager in this day care setting since 17 November 2016 he is also the Registered Manager of another registered day care setting.

Those consulted with commented positively about the manager and described him as supportive, approachable and able to provide guidance. Service user interactions with the manager were noted to be relaxed and friendly and the service users were observed to be smiling at every interaction with the manager and with the staff.

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; however, advice was given in relation to ensuring that any areas for improvement included in the RQIA QIP are reviewed every month up to the next inspection.

There was a process in place to manage any complaints; none had been received since the last care inspection. It was good to note that information in relation to how to make a complaint was made available to service users, in easy read format.

Review of incident records identified that they were managed appropriately. It was good to note that these were reviewed in detail as part of the monthly quality monitoring process manner.

The annual quality report was reviewed and it was noted that stakeholder feedback had not been included. Following the inspection an updated report was submitted to RQIA, confirming that this had been addressed.

The staffing roster was reviewed. Advice was given in relation to including the full name of staff including their designation, on the staffing roster. This was raised with the manager who agreed to amend this going forward. It is also advised that the manager's presence is also reflected on the days, he is present within Mountfern, given that he also has responsibility for the management of another registered day care setting. This will be reviewed at a future inspection.

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. A specific individual was identified as the day care setting's ASC. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

Following the previous inspection, a procedure was implemented for recording attendance at the day setting, including when the transport was used for social outings; and written records are retained to evidence this.

Advice was also given to the manager regarding introducing receipts for service users who pay for their meals. Following the inspection, the manager confirmed to RQIA that this had been implemented. This will be reviewed at a future inspection.

There was evidence that the manager responded to any concerns, raised with them or by their processes, 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, warm and comfortable and free of clutter.

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.

A fire risk assessment had been completed on 15 July 2024 and fire safety checks were undertaken on a regular basis. Staff, including those who worked in the Annex located on the same site, had attended a fire drill. Advice was given to the manager in relation to cross referencing the fire drill records with the staff roster on an ongoing basis.

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 Mr Michael Bacon, Manager, as part of the inspection process and can be found in the main body of the report.



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