The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mountview Assessment and Resource Centre

Provider: South Eastern HSC Trust

Date of Inspection: 13 October 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:	South Eastern HSC Trust
Responsible Individual/Responsible Person:	Ms Roisin Coulter
Registered Manager:	Mrs Carrie Robson

Service Profile –
Mountview Assessment and Resource Centre is a day care setting registered for 90 places. It is operated by SEHSCT.

The setting provides care and a range of day time activities for adults living with a learning disability. These adults also have a range of needs including mental health, physical disability, dementia, sensory impairment and behaviours that challenge.

2.0 Inspection summary

An unannounced inspection took place on 13 October 2025 between 9.00 a.m. and 3:30 p.m. This 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 were also reviewed.

The last care inspection of the agency was undertaken on 19 September 2024 by a care inspector. No areas for improvement were identified. This inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards; and to determine if the service is delivering safe, effective and compassionate care and if the service is well led.

Details and examples of the inspection findings can be found in the main body of the report.

Five areas for improvement were identified, these were related to fire safety, medication, recruitment, notification of incidents and transport.

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.

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 Trust.

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

3.2 What people told us about the service and their quality of life

We spoke to a range of service users and staff to seek their views of the day care setting. The information provided indicated that there were no concerns.

Service users spoke positively about their experience of the day care setting; one told us they loved coming to the day centre and there are plenty of activities. 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. One service user shared that they were happy hanging Halloween decorations.

Staff spoke very positively about the care delivery and management support in the day care setting. Staff told us that they loved working there, they were supported by the team and felt they were able to raise any concerns. Staff also remarked that they had no concerns about the service and regarded the standard of care as being high. Feedback received following the inspection raised concerns regarding vaping. The manager has been made aware of this feedback.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's 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 day care setting's

policies and procedures. There was a robust, structured, induction programme which also included shadowing of a more experienced staff member. However, documentation in relation a temporary staff member recruited from a recruitment agency, did not contain adequate information. An induction record for this staff member was not available on inspection. The manager has provided assurances following inspection, that the process for verification and induction of staff from recruitment agencies has been addressed. An area for improvement has been identified.

The day care setting has maintained a record for each member of staff of all training, including induction and professional development activities undertaken. Following the inspection, a training matrix was shared with the inspector and found to be adequate.

3.3.2 The 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 organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC).

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. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing.

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. The day centre has established a DoLS register. This register was revised and shared with the inspector following the inspection and found to be adequate.

A number of service users were assessed by a Speech and Language Therapist (SALT) and some required their food and fluids to be of a specific consistency. The care of a number of service users also required staff to operate a mechanical feeding device for Percutaneous Endoscopic Gastrostomy (PEG) feeding. A review of training records confirmed the training and competency for the PEG feeding had expired for one staff member. There was no system in place to identify that the training had expired. Day care staff inaccurately completed PEG feeding documentation. Associated paperwork relating to the PEG feeding was inappropriate, as it did not refer to adult service users. The manager took immediate actions at inspection to report and prevent reoccurrence of the error. Pharmacy Inspectors from RQIA provided support to address the identified findings. An area for improvement has been identified.

The fire risk assessment and staff fire training were found to be in date. During the inspection, fire exits were observed to be clear of clutter and obstructions. However, weekly fire checks had not taken place since April 2025 due to a technical issue. Despite this finding being

escalated from the service on a number of occasions and identified in a Fire Risk Assessment in July 2025, the issue remained unresolved. Estates Inspectors from RQIA are aware of this finding. A fire drill was last undertaken in May 2025, this drill did not include all staff from the day centre and did not involve the evacuation of service users. An area for improvement has been identified.

Following the inspection the manager has confirmed; that the fire panel issue is now resolved, a fire check has been successfully undertaken and a fire evacuation drill has now been completed.

3.3.3 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. The service users' care plans contained details about their likes and dislikes and the level of support they may require.

The day care setting had undertaken an evaluation of the service and produced a report, which included feedback from service users with recommendations and actions. This report was displayed in the day centre.

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 in which they would like to become involved.

3.3.4 The arrangements to ensure robust managerial oversight and governance

There has been a change in the management of the day care setting since the last inspection. Mrs Carrie Robson has been the manager in this day care setting since 8 July 2025. Staff spoken with, commented positively about the manager. The manager was proactive in addressing any concerns raised during the inspection.

There were monitoring arrangements in place. A review of the reports of the day care setting's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure. RQIA were not informed of a number of incidents that occurred in the day centre that met the requirement for notification. An area for improvement has been identified.

The day care setting's registration certificate was up to date and displayed appropriately.

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 had been received since the last inspection.

There was a protocol in place to check the bus transport after every journey to and from the day care setting, to ensure that every service user had safely exited the bus. The transport recordings did not contain timing information, which would have allowed the manager to review journey times. An area for improvement has been identified.

Regular staff meetings were held. The minutes of the meetings were available.

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.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement has been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	2

The areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Carrie Robson, 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

Area for improvement 1 **Ref:** Regulation 21 (2) (a)(b) Schedule 2 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure the employer has obtained in respect of workers in the Day Centre the information and documents specified in Schedule 2; this relates specifically to temporary workers from recruitment agencies and also includes the need for a documented induction. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered manager will ensure that all agency workers are provided with a robust induction plan and will be required to provide photographic ID on their first day of work.
Area for improvement 2 **Ref:** Regulation 13 (b)(c) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that suitable arrangements are in place for the administration and recording of medicine administered. This relates to the training, competence assessment, protocols and accurate recording for Percutaneous Endoscopic Gastrostomy (PEG) feeding but must include all medicines. Ref: 3.3.2
	Response by registered person detailing the actions taken: A robust system is in place for the administration and recording of medicine administered, new Kardex have been requested for all service users who take medication in the Centre with all medication included. Competencies for all staff who are involved with PEG feeding and seperately for all medications are currrently being updated.
Area for improvement 3 **Ref:** Regulation 26 (4) (a)(b)(d) (iii)(f) **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure actions identified in fire risk assessments are actioned, undertake weekly fire checks and make adequate arrangements for the evacuation of the premises. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered manager will ensure fire checks take place on a weekly basis and are recorded appropriately. A fire drill has taken place with all staff and service users in the building taking part. Another fire drill will take place in the early part of next year to capture those who were not present.

Action required to ensure compliance with The Day Care Settings Minimum Standards August (revised) 2021	
Area for improvement 4 **Ref:** Standard 17.14 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure all notifiable incidents are reported to RQIA, in accordance with legislation and procedures. Ref: 3.3.4
	Response by registered person detailing the actions taken: A list of notifiable events has been shared with the Manager and the Manager will ensure that all relevant events are reported to RQIA.
Area for improvement 5 **Ref:** Standard 12.4 **Stated:** First time **To be completed by:** Immediate from the date of the inspection	The Registered Person shall ensure that transport recordings allow monitoring of journey times Ref: 3.3.4
	Response by registered person detailing the actions taken: The registered manager has implemented a system to ensure recording of timings of journeys have taken place on transport and times have been added to transport information.

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