



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Mourne Project</b>
<b>Establishment ID No:</b>	<b>10987</b>
<b>Date of Inspection:</b>	<b>3 June 2014</b>
<b>Inspector's Name:</b>	<b>Suzanne Cunningham</b>
<b>Inspection No:</b>	<b>17620</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

<b>Name of centre:</b>	Mourne Project
<b>Address:</b>	Knockbracken Healthcare Park Saintfield Road Belfast BT8 8BH
<b>Telephone number:</b>	028 9056 6789
<b>E mail address:</b>	patricia.kirk@belfasttrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Belfast HSC Trust Mr Colm Donaghy
<b>Registered manager:</b>	Mrs Patricia Kirk
<b>Person in Charge of the centre at the time of inspection:</b>	Mrs Patricia Kirk
<b>Categories of care:</b>	DCS-PH (adults with acquired brain injury stated on care report)
<b>Number of registered places:</b>	4
<b>Number of service users accommodated on day of inspection:</b>	Three am Four pm
<b>Date and type of previous inspection:</b>	28 November 2014 Primary announced inspection
<b>Date and time of inspection:</b>	3 June 2014 08:30 - 11:30 & 13:15 - 16:00
<b>Name of inspector:</b>	Suzanne Cunningham

## Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect day care settings. A minimum of one inspection per year is required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

## Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and themes and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of day care settings, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Day Care Settings Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Day Care Settings Minimum Standards (January 2012)

Other published standards which guide best practice may also be referenced during the inspection process.

## Methods / Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the minimum standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods / processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

### Consultation Process

During the course of the inspection, the inspector spoke to the following:

Service users	2
Staff	2
Relatives	0
Visiting Professionals	1

Questionnaires were provided, prior to the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires were addressed by the inspector in the course of this inspection.

Issued To	Number issued	Number returned
Staff	6	2

### Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Day Care Settings Minimum Standards and theme:

- **Standard 7 - Individual service user records and reporting arrangements:**

**Records are kept on each service user's situation, actions taken by staff and reports made to others.**

- **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

- **Theme 2 - Management and control of operations:**

**Management systems and arrangements are in place that support and promote the delivery of quality care services.**

The registered provider and the inspector have rated the centre's compliance level against each criterion and also against each standard and theme.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## Profile of Service

The service was established in May 2005 the aim of which was to provide a community based day support service for people with brain injury and complex needs. Mourne Project provides assessment; skills development programmes, support and respite care for service users.

## Summary of Inspection

A primary inspection was undertaken in Mourne Project Day Centre on 03 June 2014 from 08:30 till 11:30 and 13:15 till 16:00. This was a total inspection time of five hours and forty five minutes. The inspection was announced.

Prior to this inspection the provider submitted a self-assessment of the one standard and two themes inspected. The focus of the inspection was to assess the centre's compliance with the one standard and two themes chosen from the Day Care Settings minimum standards 2012; The Day Care Settings Regulations (Northern Ireland) 2007 and the providers' statements were verified. During the inspection the inspector used the following evidence sources:

- Analysis of pre-inspection information and questionnaires
- Discussion with the registered manager, staff and service users
- Examination of a sample of service user individual file records including evidence of behaviour management and support assessments; the complaints record; staff training record; individual staff records; incidents and incident and accidents record; evidence of service user consultation, monthly monitoring records; the centres statement of purpose; service users guide and policies & procedures
- Tour of the premises.

The inspector spoke to the senior day care worker and a day care worker individually and observed practice to gather evidence regarding the standards inspected and their views about working in the centre. This generated positive feedback regarding records and reporting arrangements including recording; person centred planning and assessments which reflect the individual needs of each service user. Staff were aware of the different types of restraint and restrictions that can be in place and were positive about the management arrangement's in this day care setting. The registered manager was described as supportive, experienced, has an open door policy, is a leader and is reflective. The inspector gauged from these discussions that staff are motivated to plan and deliver care that improves the service users overall experience in the day care setting and they are focussed on improving outcomes for the service user and family.

Two questionnaires were returned by staff who reported satisfactory arrangements were in place with regard to NISCC codes of practice; supervision; staff training; staffing and management arrangements; responding to service users' behaviour; confidentiality and recording. Positive comments were made regarding the quality of care that is provided; which they described as: "I feel the quality of care is excellent in the Mourne Project, a consistent down to earth, proactive approach to care and operations in the centre ensures this", "The quality of care in Mourne Project in my opinion is excellent, person centred and focussed".

The inspector observed all of the service users who were in the day care setting at the time of the inspection to gather evidence for the standard inspected and the two themes and discussed the same with one service user individually. This identified service users do have access to their plans, they have a copy which staff go through with them; then they are left to read through this in their own time before signing. Service users understood their information is kept safe and confidentially. Regarding how staff respond to service users becoming agitated or unhappy staff will talk to service users about how they are feeling, will check if anything is wrong and they present as knowing each service users moods individually. Service users were aware Patricia was the registered manager and in her absence Gerry will take on management responsibilities however, they would seek support from any of the staff. Service users commented they enjoy coming to the day centre as it gets them out of the house and it is a place where they can develop skills.

The inspector spoke with a psychologist who is allocated to this service by the trust during the inspection. She discussed the reviewing procedure which is six monthly; risk assessments and ensuring identified needs are met in the least restrictive way. The psychologist described staff as proactive in managing challenging behaviour; that is they anticipate and manage behaviour to avoid escalation and there is a multi-disciplinary team attached to this setting which offers advice and additional support as required. The service users who attend the setting have their dignity protected and needs met whilst managing risk using individual care plans. The psychologist described the registered manager as impressive, consistent, good leadership style and structured routine. With regard to the deputy manager he was described as clear and consistent. Overall she described the setting as clinically impressive.

The previous announced inspection carried out on 28 November 2013 had resulted in no recommendations and one requirement regarding a bathroom. The inspector concluded arrangements had been improved in this area and the centre had achieved compliance. .

**Standard 7 - Individual service user records and reporting arrangements: Records are kept on each service user's situation, actions taken by staff and reports made to others.**

Six criteria were inspected which examined the standard achieved in this centre with regard to individual service user records and reporting arrangements. The criteria inspected comprised of the seven areas within standard 7. All of the criteria inspected were assessed as compliant; and no recommendations or requirements are made.

Observations of service users; discussion with staff; and review of two service users' individual files provided evidence that the centre is performing well regarding standard 7. Policies and procedures were in place and described how service user's information should be kept, specified recording procedures and describe access. The service user information and a leaflet regarding service user information also explain records are kept securely and are accessible on request.

The observation of the day care provided and the information on the files evidenced recording was being maintained appropriately. The inspector concluded the centres process of maintaining and updating service users' records presents as well managed, is focussed on person centred practice and promotes service user's social needs, stimulates intellectual activity; and meeting need.

Based on the evidence reviewed the inspector assessed the centre as compliant in this standard. No requirements or recommendations are made with regard to this standard.

## **Theme 1 - The use of restrictive practice within the context of protecting service user's human rights**

Two criterion from regulation 14 were inspected which examined compliance with the use of any restrictive practices in this day care setting within the context of human rights. One criterion was assessed as compliant and one criterion was assessed as not applicable because the setting has not undertaken any restraint of service users and it is not part of anyone's day care plan, therefore no incidents have been or would be reported through to RQIA under current arrangements.

Discussions with the manager, staff and examination of records provided evidence that the centre was using clear operational systems and processes which promote the needs of the service users who attend the centre. Each care plan had been carefully considered with the service user when possible and a multi-disciplinary team to ensure needs are met in the least restrictive way but also to meet need and improve outcomes in the longer term.

In service users files the inspector viewed examples of reviews and meetings where service users' needs had changed, this was fully discussed in the review and the inspector was satisfied the staff were aware of changes in service users presentation and sought to act appropriately to address any concerns and changes to their assessment and care plan. Based on the evidence reviewed the inspector assessed the centre as compliant in this theme and this is commendable.

## **Theme 2 - Management and control of operations: Management systems and arrangements are in place that support and promote the delivery of quality care services.**

Two criteria from regulation 20 and one criterion from regulation 21 were inspected which provided the evidence to examine this theme. All of the criteria were assessed as compliant.

No requirements or recommendations are made with regard to this theme. The inspector concludes the arrangements in place for the registered manager to manage this day care setting and delegate tasks to the senior day care worker have been well assessed planned for and are subject to on-going monitoring. Based on the evidence reviewed the inspector has assessed the centre as compliant in this theme; no requirements or recommendations are made.

### **Additional Areas Examined**

The inspector undertook a tour of the premises, reviewed the complaints record, examined two service users individual files, validated the registered manager's pre inspection questionnaire, reviewed the staff questionnaires and viewed the environment. This did not reveal any further areas of improvement.

The inspector wishes to acknowledge the work undertaken by the manager and staff in preparation for this inspection and their open and constructive approach throughout the inspection process. Gratitude is also extended to the service users who welcomed the inspector to their centre and engaged with her during the inspection. Overall the inspector commends the proactive approach to day care that is delivered in this centre; there is a clear approach of support and improving outcomes for service users and their families which is consistent with the settings statement of purpose. As a result of the inspection a total of no requirements or recommendations have been made. This was reported to the management team at the conclusion of the inspection.

**Follow-Up on Previous Issues**

<b>No.</b>	<b>Regulation Ref.</b>	<b>Requirements</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation Of Compliance</b>
1.	26 (2) (b)	The registered person must ensure the damp in the bathroom in the day centre is treated and the area decorated.	This had been addressed by the trust estates department after the last inspection and improvements were viewed.	Compliant

<b>Standard 7 - Individual service user records and reporting arrangements:</b>	
<b>Records are kept on each service user’s situation, actions taken by staff and reports made to others.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.1 The legal and an ethical duty of confidentiality in respect of service users’ personal information is maintained, where this does not infringe the rights of other people.</p>	
<b>Provider’s Self-Assessment:</b>	
<p>All staff have a strong, legal and ethical obligation to protect service user information, e.g., electronic, paper, photographic. Service users expect that their information will not be used or disclosed without their knowledge and consent. The right to confidentiality is respected at all times.</p> <p>Information that service users provide should only be shared if it is necessary to provide appropriate care. At times the law allows disclosure of service user information because it is in the public interest to do so, e.g., to reduce harm to a child or vulnerable person.</p> <p>Staff are aware of and adhere to available guidance on the Code of Practice on Protecting the Confidentiality of Service User Information.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The inspector examined two individual service users’ records which presented as compliant with schedule 4; and inspected other records to be kept in a day care setting, which presented as compliant with schedule 5.</p> <p>Service users are given a range of leaflets when commencing at the setting such as Belfast health and Social Care Trust (BHSCT) “protecting and using your information”; “keeping it confidential”; “carers needs assessment”; “how to make a complaint or comment on our services”. An admission checklist is signed by the worker once this information has been given to the service user and or representative with an explanation of how information is kept in this setting.</p> <p>BHSCT and the setting have a range of policies and procedures pertaining to the access to records, communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement available for staff reference which reflect this criterion and present as compliant with current national, regional and locally agreed protocols re confidentiality; current DHSSPS guidance; regional protocols; local procedures issued by the HSC Board and Trusts and current legislation.</p> <p>Discussion validated management and staff knowledge regarding the duty of confidentiality, their role and responsibility to record, ensuring the quality of recording and safe management of service user’s personal information. Discussion with service users identified they are informed regarding confidentiality of personal information and recording practices in the day care setting.</p>	<p>Compliant</p>

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>7.2 A service user and, with his or her consent, another person acting on his or her behalf should normally expect to see his or her case records / notes.</p> <p>7.3 A record of all requests for access to individual case records/notes and their outcomes should be maintained.</p>	
<b>Provider's Self-Assessment:</b>	
<p>A service user and another person acting on his behalf can seek access to personal information within an organisation, held on computer or manual records. All requests are processed through a point of contact within BHSC. All requests must be in writing with a copy of a valid form of identification, the relevant fee as appropriate and a signed consent from the service user as appropriate. When all necessary documentation and fees have been received, then the 40 day time limit for processing the request begins.</p> <p>A record of all requests and subsequent outcomes is maintained.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The policies and procedures detail this criterion and are available for staff reference. The examination of two service users' individual records did evidence policies and procedures are put into practice with reference to records maintained and information provided to service users and their representatives verbally and in written form. With regard to who takes responsibility for issues and queries of freedom of information, confidentiality, consent, access to records and arrangements any staff member can assist a service user or representative to follow the process to access information. The trust encourages facilities to address these matters locally and resolve informally if possible. Discussion with staff working in the centre validated their knowledge commensurate with their role and responsibilities, they are committed to ensuring a person centred approach to their recording, staff working in the centre demonstrate knowledge of when and how service users see their records and how they should respond to requests from service users or representative to access service user records. When and if a request to access records is received this would be recorded detailing date, who applied for access and outcome of request. Service users and representatives are made aware that a service user record is kept and how they can access the records in the BHSC leaflets and day care setting information.</p>	Compliant

<p><b>Criterion Assessed:</b></p> <p>7.4 Individual case records/notes (from referral to closure) related to activity within the day service are maintained for each service user, to include:</p> <ul style="list-style-type: none"> <li>• Assessments of need (Standards 2 &amp; 4); care plans (Standard 5) and care reviews (Standard 15);</li> <li>• All personal care and support provided;</li> <li>• Changes in the service user's needs or behaviour and any action taken by staff;</li> <li>• Changes in objectives, expected outcomes and associated timeframes where relevant;</li> <li>• Changes in the service user's usual programme;</li> <li>• Unusual or changed circumstances that affect the service user and any action taken by staff;</li> <li>• Contact with the service user's representative about matters or concerns regarding the health and well-being of the service user;</li> <li>• Contact between the staff and primary health and social care services regarding the service user;</li> <li>• Records of medicines;</li> <li>• Incidents, accidents, or near misses occurring and action taken; and</li> <li>• The information, documents and other records set out in Appendix 1.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>Individual case records are maintained for each service user as identified, with the exception of Records of Medicines, as medication is not administered in this setting.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The examination of two service user individual records evidenced the above records and notes are available and maintained. The case records and notes are updated as required; they are current, focussed on the individual, improvements, growth and achievements in the day care setting. The records are compliant with appendix 1 (The Day Care Setting Regulations (NI) 2007), care reviews are taking place as described in standard 15. Reviews are held with the service user and if not possible the representative / family member and other professionals from the multi-disciplinary team. Examination of the files did not reveal any concerns in terms of the content of the files, assessment or planning practices.</p>	<b>COMPLIANCE LEVEL</b> Compliant

<p><b>Criterion Assessed:</b> 7.5 When no recordable events occur, for example as outlined in Standard 7.4, there is an entry at least every five attendances for each service user to confirm that this is the case.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>Staff make an entry in service user notes on every contact. This includes direct contact with the individual, i.e., face to face and/or telephone. Additionally all communication with involved staff and family members is recorded in the individual file as soon to the occurrence as possible.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The inspector examined two individual records and this evidenced there was a written entry at least once every five attendances for each individual service user, the recording was specifically about the service user's attendance and this information will be used in assessment, planning and review information.</p>	Compliant
<b>Criterion Assessed:</b>	
<p>7.6 There is guidance for staff on matters that need to be reported or referrals made to:</p> <ul style="list-style-type: none"> <li>• The registered manager;</li> <li>• The service user's representative;</li> <li>• The referral agent; and</li> <li>• Other relevant health or social care professionals.</li> </ul>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
<p>Staff are aware of their responsibilities in relation to the reporting on of any issues or concerns to the manager or senior day care worker. Service user related issues are communicated immediately to family/carers and to involved professionals as appropriate. Staff adhere to the following procedures: 3.22 (b) Referral to Health &amp; Social Care Professionals; 3.3 Communication with Carers and Representatives; 4.1 Absence of Manager.</p>	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector was provided with BHSCT and Day care setting policies and procedures pertaining to communication, confidentiality, consent, management of records, monitoring of records, recording and reporting care practices and service user agreement which were in place, consistent with this criterion and were available for staff reference. Staff reported they are aware of their role and responsibility to report and refer information and record the outcomes, inform representatives regarding information that may be reported or referred and seek consent.	Compliant
<b>Criterion Assessed:</b> 7.7 All records are legible, accurate, up to date, signed and dated by the person making the entry and periodically reviewed and signed-off by the registered manager.	
<b>Provider's Self-Assessment:</b>	
Staff store individual service user information both in a personal paper file and on a computer system. These electronic case notes are printed and filed in the personal file for reference. The registered manager reviews all records, some of which are always signed by the manager as per RQIA Standards, others are kept under review and signed off periodically.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The sample of service user individual records examined by the inspector met this criterion and consultation with a sample of staff working in the centre confirmed their understanding of this criterion.</p> <p>The settings training record evidenced staff receive training in records management, keeping records and governance.</p> <p>A sample of supervision and team records detail recording is periodically discussed and that staff all understand their role and responsibility in this regard. Furthermore staff spoken with and who complete inspection questionnaires, can confirm procedures and practice are in place to achieve this criterion.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>Theme 1: The use of restrictive practice within the context of protecting service user’s human rights</b>	
<b>Theme of “overall human rights” assessment to include:</b>	
<b>Regulation 14 (4) which states:</b>	<b>COMPLIANCE LEVEL</b>
<b>The registered person shall ensure that no service user is subject to restraint unless restraint of the kind employed is the only practicable means of securing the welfare of that or any other service user and there are exceptional circumstances.</b>	
<b>Provider’s Self-Assessment:</b>	
All service users have individual clinical risk assessments, care plans and behavioural support plans, which provide comprehensive details of the level of support required. All involved staff are aware of their content.	Compliant
Least restrictive practice is in place for a small number of our service users as per their individual care plans and under the direction of the Clinical Lead. All staff are in the process of receiving Human Rights Awareness training.	

Inspection Findings:	COMPLIANCE LEVEL
<p>The inspector examined a selection of records including: records of each service user as described in schedule 4; and other records to be kept in a day care setting, as described in schedule 5. This revealed restraint had not been used in this setting however; two service users were identified as at risk of escalating behaviours including hitting out and grabbing staff. Care planning and assessment documentation clearly identified how this can be managed for example using diversion, redirection, calm approach, behaviour reinforcement tool, staff proximity, low stimulus, low noise, personal space, communicating and as a specific intervention when assisting with personal care holding the service users hands gently. This had been examined in terms of service users human rights and liberty and it was assessed this is the least restrictive method to achieve the personal care task which is essential to protect the service users overall health and dignity. Professional guidance was sought when the plan was agreed; as was the representative’s consent. All care plans including those with management of behaviour techniques are reviewed at least annually and in this setting usually six monthly to ensure interventions remain necessary, proportionate and do not infringe service users’ human rights.</p> <p>Staff attend personal safety and disengagement training as part of the mandatory training programme which is refreshed every two years and staff had recently attended human rights awareness which outlined the duty of staff as well as the implications of some relevant court rulings. Staff discussed they work well as a team, therefore discussion, training and frequent reviews ensures staff competence, knowledge and skill is kept current thus ensuring care planning focusses on meeting need and using the least restrictive methods.</p> <p>The setting has a range of BHSCT and setting policies and procedures pertaining to: the assessment, care planning and review; managing aggression and challenging behaviours; recording and reporting care practices; reporting adverse incidents; responding to service users behaviour; restraint and seclusion; and untoward incidents which are available for staff reference.</p> <p>Discussion with staff validated management and staff knowledge about when and why restraint is used including their understanding of exceptional circumstances. Discussion with staff working in the centre confirmed their knowledge regarding the use of restraint or seclusion including how service users human rights are protected if restraint or seclusion is planned for or when it is used reactively. Staff discussed their awareness of the Deprivation of Liberty Safeguards. (DOLS) – Interim Guidance and how this impacts on practice.</p>	<p>Compliant</p>

<p><b>Regulation 14 (5) which states:</b></p> <p><b>On any occasions on which a service user is subject to restraint, the registered person shall record the circumstances, including the nature of the restraint. These details should also be reported to the Regulation and Quality Improvement Authority as soon as is practicable.</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment:</b></p> <p>On any occasion when restraint would be used, a Trust Incident Form and an RQIA Notification of Incident Form would be completed. The service users risk assessment, care plan and support plan would be reviewed and updated to ensure effective risk management. All staff will be made aware of any changes. A formal multi professional review meeting will be arranged to enable discussion and to minimise any future potential risks. An interim management plan may be agreed by the manager and the Clinical Lead. All information would be recorded in the individual service user file. Following an incident all staff are involved in debriefing sessions which provide an opportunity to enable self reflection and learning.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>No service users had been restrained in this setting and staff do not anticipate using restraint with the exception of gentle hand holding to calm service users and avoid hitting out. This presented as consistent with the settings ethos, statement of purpose and aims of the service. <i>Guidance on Restraint and Seclusion in Health and Personal Social Services</i>, Department of Health, Social Services and Public Safety, Human Rights Working Group, August 2005 is available for staff information.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Not applicable</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
--	---

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>
---	---

Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p><b>Management systems and arrangements are in place that support and promote the delivery of quality care services.</b></p> <p><b>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</b></p>	
<p><b>Regulation 20 (1) which states:</b></p> <p><b>The registered person shall, having regard to the size of the day care setting, the statement of purpose and the number and needs of service users -</b></p> <p><b>(a) ensure that at all times suitably qualified, competent and experienced persons are working in the day care setting in such numbers as are appropriate for the care of service users;</b></p> <p><b>Standard 17.1 which states:</b></p> <p><b>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</b></p>	
<p><b>Provider’s Self Assessment:</b></p>	
<p>Mourne Project has a core team of manager, senior day care worker, two day care workers and a psychology assistant. We are registered to have four service users attending per session and the staff complement allows for this and for the provision of individualised intensive support in accordance with identified need.</p> <p>With the exception of the psychology assistant, the other four staff have been in post from inception nine years ago and subsequently are highly skilled and experienced in supporting the needs of our service users.</p> <p>Staff adhere to procedure 4.1 Absence of Manager to ensure an appropriately experienced staff member is always available to be in charge of the facility in the manager's absence.</p>	<p>Compliant</p>

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>The manager of this day care setting is a qualified and registered mental health nurse with many years of experience of working with this service user group. The senior day care worker also has vast experience of working in this setting and with this service user group, he had also commenced the QCF level 5 training which is required for registered managers who do not have the professional qualifications required. Discussion with the manager, staff and the psychologist did not reveal any concerns regarding the current arrangements and the overall feedback is the arrangements support the clear management style of leadership in this setting which has improved the service delivery in this setting and therefore outcomes for service users who have attended this setting.</p> <p>The trust and setting have policies and procedures pertaining to the management and control of operations which are available for staff reference.</p> <p>Discussion with service users confirmed they are aware of the management structure in place but commented they would approach any staff member if they had a concern or a problem. The manager and the Senior Day care worker described they are clear regarding their roles and responsibilities, confirmed they are receiving supervision and appraisal in line with the day care setting standards, and delivering the same to their staff.</p>	Compliant
<p><b>Regulation 20 (2) which states:</b></p> <ul style="list-style-type: none"> <li>• <b>The registered person shall ensure that persons working in the day care setting are appropriately supervised</b></li> </ul>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p> <p>The manager provides formal supervision to the senior day care worker and to day care staff on a two monthly basis. The manager receives monthly supervision from her line manager and additionally receives professional supervision twice yearly as per BHSCT Supervision for Registered Nurses Policy. The assistant psychologist receives supervision on approximately a weekly basis from the Clinical Lead for the service.</p> <p>Aside from formal supervision, the manager and senior day care worker provide regular support, instruction and feedback to staff on an ongoing basis.</p>	Compliant

<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector discussed the training, supervision, appraisal arrangements and reviewed a sample of the records regarding the same and this did not reveal any concerns regarding the compliance with this criterion.	Compliant
<b>Regulation 21 (3) (b) which states:</b>	<b>COMPLIANCE LEVEL</b>
<ul style="list-style-type: none"> <li>• (3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</li> <li>• (b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</li> </ul>	
<b>Provider's Self-Assessment:</b>	
<p>Four of the five core staff have been in post from the service was established in 2005 and have gained many skills and expertise in delivering care and support to the individual service users.</p> <p>All four have achieved NVQ qualifications both prior to and during their time in Mourne. The manager is a mental health nurse registered with NMC and the senior day care worker is registered with NISCC and is currently completing his QCF Level 5 Diploma in Management.</p> <p>The psychology assistant supports and assists the work at Mourne under the direct supervision of the Clinical Lead.</p> <p>All staff attend regular training and refresher updates on an ongoing basis.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
The inspector examined the professional registration, qualifications, experience and evidence of competence of the registered manager and the records of the staff member who manages the day care setting in their absence and this did not reveal any concerns regarding compliance with this criterion.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## **Additional Areas Examined**

### **Complaints**

The complaints record was reviewed as part of this inspection. The annual complaints return for 2013 identified no complaints had been recorded. The inspector reviewed the complaints record which confirmed the return to RQIA. This did not reveal any concerns regarding the record. Furthermore no complaints had been recorded for 2014.

### **Service User Records**

Two service user files were inspected as part of this inspection and this revealed the file content was consistent with schedule 4.

### **Registered Manager Questionnaire**

The registered manager submitted a questionnaire to RQIA prior to this inspection. The information returned confirmed satisfactory arrangements were in place regarding governance and management arrangements, staffing arrangements and support for staff, policies and procedures, responding to service user's behaviour and reporting of accidents and incidents. The information was validated during the inspection and this did not raise any concerns that required further discussion or analysis.

### **Statement of Purpose & Service Users Guide**

These documents were submitted for this inspection and reference to them during the inspection did not reveal any concerns.

## **Quality Improvement Plan**

The findings of this inspection were discussed with Patricia Kirk as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

**Suzanne Cunningham**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



No requirements or recommendations resulted from the primary announced inspection of Mourne Project which was undertaken on 3 June 2014 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

<b>NAME OF REGISTERED MANAGER COMPLETING</b>	Patricia Kirk
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING</b>	Martin Dillion Acting Chief Executive

<b>Approved by: Suzanne Cunningham</b>	<b>Date 03 September 2014</b>