

Unannounced Care Inspection Report 8 January 2018



Mourne Project

Type of Service: Day Care Setting

**Address: Knockbracken Healthcare Park, Saintfield Road, Belfast,
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Inspector: Suzanne Cunningham

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting that provides care and support for a maximum of 8 service users daily. A programme of day care and activities, day time support and training opportunities is delivered Monday to Friday for adults who have complex needs from a brain injury and or neurological condition.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust	Registered Manager: Patricia Kirk
Responsible Individual(s): Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Patricia Kirk	Date manager registered: 19/06/2009
Number of registered places: 8 - DCS-PH	

4.0 Inspection summary

An unannounced inspection took place on 8 January 2018 from 09.00 to 14.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff knowledge of safe care; risk management; the day care setting environment; providing care, in the right place, in the right time; activities; the ethos of the day care setting; consulting with service users; listening to and responding to service user's choices and preferences; governance arrangements; effective leadership; effective management; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users said about attending Mourne Project: "I like it here"; "gets me out of the house"; One service user said "I like to be challenged", while pointing to an activity.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

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

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 9 August 2016

No further actions were required to be taken following the most recent inspection on 9 August 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre
- Information and correspondence received from the registered manager and Belfast Health and Social Care Trust
- Incident notifications which revealed nine incidents had been notified to RQIA since the last care inspection in August 2016
- Unannounced care inspection report 09 August 2016

During the inspection the inspector met with:

- The registered manager
- Four service users
- One day care worker
- One assistant psychologist

Questionnaires were given to the staff on duty to distribute between service users, representatives and staff. None were returned by staff; and five were returned by service users or relatives.

The following records were examined during the inspection:

- Two individual staff competency records
- Four service users' individual care files
- The complaints/issue of dissatisfaction record from April 2016 to January 2018
- A sample of incidents and accidents records from August 2016 to January 2018
- The staff rota arrangements during December 2017
- The minutes of service user meetings held in May, August and December 2017
- Staff supervision dates for 2017
- Monthly monitoring reports from August to November 2017
- The staff training information for 2017
- The settings statement of purpose

No areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 August 2018

The most recent inspection of the establishment was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 09 August 2016

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The settings daily staff arrangements and records were inspected for December 2017, this provided evidence that staff were allocated to support service users daily and undertake individual and group activities. The record detailed staff absences and when the manager was absent the rota showed who was in charge of the day care setting.

Competency and capability assessments had been completed for staff who had acted up in the manager's absence and two records were inspected which detailed the roles and responsibilities they were expected to undertake when in charge. These identified the staff who may be in charge were willing to undertake management tasks, understood and had the knowledge to fulfil their role and responsibility in the absence of the manager.

Service users' needs were complex in this setting and varied levels of support were being given during the day of the inspection. Generally the service users needed support from staff to move around and get involved. Observation of these arrangements showed staff were checking with service users to enquire how they felt, they were promoting and encouraging service users to be involved and encouraged service users to act independently when it was safe. The activities available for service users aimed to promote an active life, creative skills and build on cognitive skills as well as focus on developing social skills.

The settings training record demonstrated that staff had received mandatory training and training relevant to their role and responsibilities. Examples of training staff received in 2016 and 2017 were safeguarding; infection prevention and control; manual handling of service users; first aid; personal safety and disengagement; fire safety; food safety; COSHH; and fire safety training which will assure staff know how to keep service users safe.

The examination of the settings incidents and accidents revealed there were nine notifications forwarded to RQIA since the last inspection. The staff had maintained an accident/ incident record including external notifications which had been audited monthly. The record showed service users safety needs had been identified, recorded and managed to ensure practice was safe and effective.

The service users' access and exit to the day care setting was not restricted however most of the service users had one to one support during their time in Mourne Project on the day of the inspection. The need for this was recorded in service users care plans, risk assessments and was observed on the day of the inspection. Overall arrangements were not assessed as restrictive. Staff were openly communicating with service users to ensure they were fully appraised of the service users' feelings, needs and choices; staffs acted accordingly to assure the service users were comfortable and had their needs met. Specific arrangements were in place regarding supporting service users with their intimate care, eating and travel arrangements that assured service users were safe at those times. Inspection of the records in this regard revealed arrangements were the least restrictive options available and had been agreed with the multidisciplinary team.

Inspection of the setting environment and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected and it was noted fire exits were unobstructed, that the fire drill had been carried out in October 2017 and the fire risk assessment was not due for review until November 2018.

Overall the records and observations of staff showed the care and support delivered by staff was preventing harm to service users and the care delivered was intended to help them.

Staff were asked is care safe in this setting, they said care was safe because the staff had been trained and supported to meet the service users' needs who were being referred to this service. The staff said they use assessment and care planning processes to ensure there are plan to meet identified needs. The care plan was described as a document that can change over time in response to service users changing needs and preferences; these changes were done in consultation with the service users and may come from discussion with individual service users about their needs and preferences. Finally the staff were in agreement the high staff ratio was key to supporting service users in this setting safely and effectively, staff described benefits of the staffing ratio was service users were calm and can engage with activities and programmes of care with ease.

Five service users and relatives returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge of safe care, risk management and the day care setting environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA.

Four service users' care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. What each service user wanted to achieve in day care was also written into their plan and staff described the service users are asked each day when they arrive what their goals were for the day which are incorporated in to the daily plan written with the service user.

Discussion with the manager revealed records were stored safely and securely in the day care setting, in line with data protection. Staff discussion confirmed they had used the individual records to guide their practice and they understood the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' assessed needs and respond to them effectively.

During the inspection one service user discussed they like to be challenged intellectually in the setting, their plan on the day of the inspection incorporated brain training/ thinking type games which they said was their choice and they enjoyed. This was a good example of how staff were responding to individual service users assessed needs, their suggestions, preferences and promoting choice.

Discussion with staff revealed ways they had responded effectively to service users' needs, they discussed the outcomes/ goals model they were using to plan care. They said this had streamlined their approach and all staff knew what they were working toward for each individual service user. This could be a simple or complex plan that has an end goal suggested by the service user, staff or representative. Each goal is broken down into a detailed plan that is developed with the assistant psychologist and is unique to each individual service user. The assistant psychologist identified the detailed plans and staff ratios assured service users were getting the help and attention they needed and concluded the model was working well in terms of achieving outcomes for the service users attending the setting. Overall staff described their communication and procedures had ensured they provided safe and effective care, they knew what each service user needed and how best to meet their needs.

Five service users returned questionnaires to RQIA post inspection. Three were “very satisfied” and two were “satisfied” regarding questions “is care effective” in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, in the right time and activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff. Staff also described examples of staff using community resources to further promote service users independence and confidence. During the inspection it was noted staffing was one staff to one service user which could restrict service users independence however, staff presented as cognisant of this and worked together with service users to enable them to make decisions and be involved in their care and support. For example service users took the lead in games, got their own refreshments and contributed to the musical choices during an activity.

The service user meetings record was inspected for May, August and December 2017, this revealed the minutes recorded when the meeting was held, who was involved, what input the service users had, their comments, views, suggestions and action plan. This record was consistent with observations during this inspection when staff were observed consulting with service users and there was ongoing consultation with service users regarding activities. The service user annual questionnaires had been collected from service users however, they had not been summarised to understand what the setting was doing well and if any improvements could be made. Advice was given to complete the summary however it was also noted the responses were positive about the service and outcomes achieved.

During the inspection the service users were observed and communicated with which revealed service users were asked to contribute to their plan and the activities on offer; discussion between staff and service users revealed service users were satisfied the activities were meeting their needs. Communication with service users was not just verbal for example one service users smiled when he was asked was he enjoying himself and the staff member continued to use questions and read body language to gauge comfort, enjoyment, choices and preferences which was effective in this example. One service user who was asked can he have his say, responded they were happy to be told what to do by the staff because they knew what they liked and would organise this for them.

Discussion with staff during the inspection revealed staff were taking care to meet each individual service users' needs daily, they balanced the need to provide intellectual and physical opportunities and interventions were led by the service users' goals. They acknowledged not all work was one to one however; individual goals were also planned for during group activities. Staff concluded service users feedback is also sought at the end of each session to check if the service user felt their plan for the day had been achieved and how the outcome may influence future planning. The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff.

Five service users returned questionnaires to RQIA post inspection. They identified they were "very satisfied" regarding questions on "is care compassionate "in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting, consulting with service users, listening to and responding to service user's choices and preferences.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. Staff confirmed they had access to a range of policies and procedures in place that they used to guide and inform their practice.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months. The staff discussed key work responsibilities; professional development, support and general engagement with service users in detail. The records assured the meetings staff were being supported to deliver safe, effective and compassionate care.

The complaints record was inspected and this showed no complaints had been recorded regarding service users or the service they received in day care from 01 April 2016 to January 2017.

Inspection of staff meeting minutes revealed they were held on average monthly with minutes and attendance recorded. The content recorded discussions were held regarding service users’ needs and plans; activities, staffing arrangements; training opportunities; complaints; compliments; governance arrangements and minimum standards.

The setting had a range of audit arrangements in place that monitored and reviewed the safety, effectiveness and quality of care in the setting. The records did not reveal any concerns and improvements were implemented where needed.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the independent monitoring officer. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions.

The annual report for 2017 was provided for this inspection and this included matters listed in Schedule 3.

One service user said they were very familiar with the manager of the setting, they said she is busy but they knew where to find her if he had something to say.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together and could approach the manager at any time. They described the manager as a “great manager”. The staff said they respected the managers nursing expertise and the staff teams skills for example the psychologist. Staff said the manager has an open door policy, they can go to her about anything, she had been supportive and the staff said they were “looked after exceptionally well by management” and “work well together”.

Five service users returned questionnaires to RQIA post inspection. Four identified they were “very satisfied” and one identified they were “satisfied” regarding questions on “is care well led” in this setting. They identified they knew who was in charge of the setting at any time, the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, effective leadership, effective management and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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