

Care Inspection Report

09 August 2016



Mourne Project

Type of service: Day Care Service

**Address: Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8
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Tel No: 02890638860

Inspector: Dermott Knox

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mourne Project took place on 09 August 2016 from 10.00 until 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the day centre was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

The day centre premises were in good condition with no obvious hazards for service users or staff. There is substantial space available for activities and for therapeutic work with service users. Records and discussions with staff and service users confirmed that staffing levels met the assessed needs of the service users. Safeguarding principles and procedures were promoted by staff who were interviewed. Although only four service users attended on the day of this inspection, observation of the delivery of care provided evidence that service users' needs were being met by the staff on duty. Risk assessments were being carried out routinely in an effort to minimize risks and to manage them consistently. No areas for improvement were identified at this inspection with regard to the provision of safe care.

Is care effective?

Detailed assessments and care plans for each service user contributed to the delivery of effective care for those service users whose circumstances and records were examined at this inspection. Outcomes for service users were measured and recorded using an established and nationally recognised Goal Attainment Scale. Effective care was affirmed by the two service users and three staff who met with the inspector. There was both written and verbal evidence of excellent resulting benefits for service users. Staff were deployed in a manner that made good use of their skills and experience and enabled the team to function efficiently and effectively. The multi-disciplinary nature of the team provided evident benefits to care planning and positive outcomes for service users. The manager and staff spoke of supportive and positive working relationships within the team and with community based professionals. There was wide-ranging evidence of effective care being provided.

Is care compassionate?

Good quality, compassionate care was affirmed by all six of the questionnaire respondents, three service users and three staff members. The evidence of compassionate care being provided in the centre, included the respectful and caring tones of interactions between staff members and service users and the discreet manner in which personal care and confidential matters were dealt with. The caring practices that were observed were also reflected in progress records, staff meeting minutes and review reports. All staff members, who were interviewed, spoke highly of the qualities of their colleagues. Four service users commented very positively on their enjoyment of attending the centre and of its value to them, both socially and therapeutically.

Is the service well led?

The centre has systems in place to ensure that staff are well-informed on the responsibilities of their various roles and the expected standards of practice. The manager and staff members

confirmed that the service was well supported by senior managers in the Trust. Monitoring visits were carried out on a monthly basis by Trust appointed managers of other facilities. Staff have a well-planned programme of training and are supervised and supported within the team. Evidence from discussions with staff indicate that the manager has positive working relationships with all members of the staff team and that they, in turn, have the confidence and support of their colleagues. There was evidence to indicate good working practices that are well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent care inspection on 14 September 2015.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Mr Martin Joseph Dillon	Registered manager: Mrs Patricia Kirk
Person in charge of the home at the time of inspection: Mrs Patricia Kirk	Date manager registered: 19 June 2009
Categories of care: DCS-PH	Number of registered places: 8

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Record of notifications of events
- Record of complaints for the year to end of March 2016

- Statement of Purpose
- Quality Improvement Plan from the previous inspection on 14 September 2015.

During the inspection the inspector met with:

- Two service users in group settings
- Two service users in one to one discussions
- The registered manager
- Three care staff for individual discussions
- One carer who accompanied a service user to the centre.

Questionnaires were left with the manager to be distributed to service users, staff and a number of relatives or carers of service users. Three completed questionnaires were returned to RQIA by service users and three by staff members.

The following records were examined during the inspection:

- File records for four service users, including care plans and review reports
- Progress notes for three service users
- Five monitoring reports for the months of January, February, April, May and June 2016
- Record of complaints (Two complaints since previous inspection, both fully resolved)
- Minutes of four service users' meetings in January, February, April and June 2016
- Minutes of two staff meetings from June and July 2016 (held monthly)
- Training records for two staff
- File records for two staff, including selection, training and supervision records
- A sample of written policies, including those on 'Recruitment and Selection', 'Management, Control & Monitoring of the Day Centre' and, 'Records Management'.
- Service User Guide
- A report of the Annual Review of Quality of Care in the Mourne Project, set out in 'Service User Consultation Report' and 'Carer Consultation Report'.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 September 2015

The most recent inspection of the establishment was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP was validated by the inspector at this care inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 14 September 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 28 (3) & (4) Stated: First time	The responsible person must make arrangements to improve the monthly monitoring visits and reports in the following areas: <ul style="list-style-type: none"> • The ratio of unannounced monthly monitoring visits versus announced visits to this setting must be improved. • The monthly monitoring report must include analysis of the conduct of the day care setting i.e. compliance with the day care setting regulations and standards. 	Met
	Action taken as confirmed during the inspection: Five reports of unannounced monthly monitoring visits were examined at this inspection. Three of these, for April, May and June 2016 had been carried out by three different peer managers of other facilities within the Trust. Each of the five reports contained comments on the conduct of the day care setting, in keeping with the requirements of regulations and minimum standards.	

4.3 Is care safe?

The manager and three staff members, who met with the inspector, confirmed that they have complete confidence in the practice of all members of the staff team in their work with service users. The staff member who takes charge in the manager's absence has many years' experience of working in the centre and in other care related employment. The Trust's policy on Recruitment and Selection of staff was reviewed and approved by the Trust in June 2016 and includes all of the procedures necessary to ensure that candidates for vacant posts are vetted appropriately and selected in accordance with best practice principles.

There were systems in place to ensure that risks to service users were assessed regularly and managed appropriately and this included inputs by community based professionals, service users and, where appropriate, a relative/carer. Risk assessments, including for transport and mobility safety matters, were present in each of the service user's files examined and each one had been signed as agreed by the service user or a representative. A fire risk assessment was completed for the centre early in 2016, following which there is a plan in place to upgrade one of the fire exits in order to make exiting easier for those who use wheel chairs.

Six questionnaires were completed and returned to RQIA; three by staff members and three by service users. Respondents were unanimous in their praise of the quality and safety of care provided. Two service users contributed through individual discussions to the inspection process and spoke very positively of the quality and safety of care provided at the centre and of the benefits they have gained by taking part in their individual programmes of activities.

Service users' rights and the methods available to them of raising a concern or making a complaint had been discussed in each of the service users' bi-monthly meetings. Evidence from discussions, observations and in written records indicated that staff seek the views of service users regarding their care preferences and their feelings of security in the programmes in which they participate. Staff presented as being well informed of the needs of service users and of methods of helping to meet those needs safely.

Seven notifiable events have been reported to RQIA since the beginning of 2016 and records in the centre indicated that they had been managed and reported appropriately. No complaint had been recorded since the 08 October 2015 and this matter had been resolved to the satisfaction of the complainant.

The centre was clean, spacious and in good repair and service users confirmed that they were provided with a safe and comfortable environment in which to take part in their programmes of care and rehabilitation.

There was wide-ranging evidence to support the conclusion that safe care is provided in The Mourne Project Day Centre.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.4 Is care effective?

Four service users' files were examined and each was found to contain clear and detailed assessment information on the individual and on his or her functioning. Risk assessments addressed clinical, transport, moving and handling, speech and language and other areas of risk as they applied to the individual. There was evidence of assessments being reviewed regularly and revised as necessary.

A number of service users' records included detailed reports by other professionals, e.g. Clinical Psychologist (Lead), Assistant Psychologist, Speech and Language Therapists and Occupational Therapists, providing evidence of the multi-disciplinary nature of the Mourne Project's work. Staff reported positive working relationships with both the team-based professionals and those in other community services. The manager and all three staff attributed significant value to the regular involvement of other professionals in the service, and their own, well-developed knowledge and skills in working with people with brain injury was evident from both the oral and written reporting on their work.

Care planning in the project has goals for each service user, expressed as “SMART Goals”, i.e. Specific, Measurable, Attainable, Realistic and Timely, and the careful and accurate expression of each goal presented great clarity to service users, their carers (where appropriate) and staff members, enabling an accurate measure of attainment to be made. This measurement is made using an established and well tested Goal Attainment Scale (GAS) with which staff members were familiar and knowledgeable,(Ref; Goal Attainment Scaling(GAS) in Rehabilitation. The GAS-Light model. 2009 Professor Lynne Turner-Stokes, King’s College, London). A day care worker described clearly the procedure that was followed in working with a service user to establish agreed attainable goals and to then link each planned activity with a target goal and to rate the individual’s participation toward achieving this.

A record is kept of each service user’s involvement and progress, with day to day case notes being additional to the targeted GAS records. Two service users spoke about their experiences of participating in the centre’s activities and in their individual care programmes. One person, with no previous typing experience, had progressed to taking responsibility for typing the records of service users’ meetings, while the second person spoke in specific detail about her attainments and overall positive progress in both physical and verbal activities. These included her making a presentation to the Trust Board of a self-made video of work within the day centre. She said that she was very pleased with the guidance and support provided within the Mourne Project. Another service user, who was unable to attend the centre on the day of this inspection, had made significant progress in attaining a number of agreed goals relating to a more healthy and constructive lifestyle. Evidence for this was available on file and was reported verbally by the manager and staff members.

Records of annual reviews for each person demonstrated that an evaluation of the overall suitability of the placement had been discussed in detail and agreed. Review reports were available in each of the files examined and these were informed by the progress records written regularly for each service user. The manager and staff worked creatively to involve service users in a variety of experiences, making full use of the available resources and local facilities. The evidence indicates that the care provided is effective in terms of promoting each service user’s involvement, wellbeing and rehabilitation and it was evident that a valuable, high quality service was provided.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.5 Is care compassionate?

Observations of activities throughout the centre provided evidence of service users relating positively to staff. There was also evidence of caring and supportive relationships between service users, with one person reporting that she had been helped very patiently by another to develop her knowledge and skills in computer use. Staff members presented as being committed to ensuring that service users were fully supported throughout their attendance at the centre. In all of the interactions observed, service users were engaged with warmth, respect and encouragement.

Service users confirmed that staff listen to them carefully and involve them in deciding how they want to proceed in achieving their goals. Within each individual's planned care programme, there were opportunities for choice and examples of staff creatively accommodating each service user's abilities and resistances to the pace or content of the programme.

Staff demonstrated a detailed knowledge of each service user's assessed needs as identified within the care plan and worked together to develop constructive methods of facilitating change.

There were systems in place to ensure that the views and opinions of service users were sought and taken into account in all matters affecting them. These included regular service user meetings, monthly monitoring visits, annual quality surveys and both individual and small group activity sessions. Thirteen completed questionnaires had been returned by service users for the Mourne Project's 2016 quality survey. Sample responses included:

"I like to socialise and be challenged",

"I enjoy getting involved in cooking and baking".

Responses in the three service user questionnaires, administered by RQIA, affirmed that compassionate care was delivered to a high standard within the day care setting. Responses in these questionnaires, plus three from staff members, all rated the service very positively. The views of a sample of service users, sought during each monthly monitoring visit, were included in the monthly reports that were examined. Overall, there was wide-ranging evidence of the delivery of compassionate care in the Mourne Project.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The Belfast HSC Trust has clear management information set out in the statement of purpose, so that the leadership and decision making structure for the service is made clearly available. There was written evidence in a sample of the staffing records to show that staff members were appropriately qualified for their designated roles and this was confirmed by staff who were interviewed. The senior day care worker, who may be required to take charge of the centre in the manager's absence, had completed an appropriate competence assessment for this role.

The Mourne Project and the Belfast HSC Trust have quality assurance systems in place, through which operations are monitored and staff practice is evaluated. Staff training needs were assessed and agreed in formal supervision, in annual appraisal meetings, in regular, monthly team discussions and in day to day briefings. In addition to mandatory training, staff had completed training in goal setting and the use of the Goal Attainment Scale. Records of staff training were up to date and showed that relevant, developmental opportunities were regularly made available. There was evidence from discussions with staff to confirm that the team was well-motivated to provide high quality, effective care.

In discussions, staff spoke of positive working relationships between the manager and staff team members. Staff confirmed that formal supervision was a positive factor in their confidence and skills development. The availability of immediate, on the job support from the manager was also confirmed.

Examination of a sample of monthly monitoring reports showed that all of the required aspects of the centre's operations were rigorously checked, with an action plan included in each report, to ensure that any necessary improvements would be addressed within a specified timescale. Monitoring visits had been carried out by several different facility managers and this contributes a usefully varied evaluation of the service. The evidence presented at this inspection indicates that the Mourne Project is a well led service.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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