

Unannounced Care Inspection Report 16 October 2018



Mourne Project

Type of Service: Day Care Service

**Address: Knockbracken Healthcare Park, Saintfield Road, Belfast, BT8
8BH**

Tel No: 02890 638860

Inspector: Marie McCann

www.rqia.org.uk

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

Mourne Project is a Day Care Setting for a maximum of eight service users daily and is operated by the Belfast Health and Social Care Trust (BHSCT). A programme of day support and training opportunities is delivered Monday to Friday for adults who have complex needs acquired from a brain injury or neurological condition. Service users in both the BHSCT and the South Eastern Health and Social Care Trust (SEHSCT) avail of this service.

3.0 Service details

Organisation/Registered Provider: Belfast Health and Social Care Trust	Registered Manager: Ms Patricia Kirk
Responsible Individual(s): Mr Martin Joseph Dillon	
Person in charge at the time of inspection: Ms Patricia Kirk	Date manager registered: 19 June 2009
Number of registered places: 8	

4.0 Inspection summary

An unannounced inspection took place on 16 October 2018 from 09.30 to 15.45.

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

The inspection assessed 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 staff induction, training, adult safeguarding, infection prevention and control, risk management and the environment. Further areas of good practice were also noted in regards to care records, communication between service users, staff and other key stakeholders; the culture and ethos of the day care setting, listening to and valuing service users; governance arrangements; management of complaints and incidents; quality improvement and maintaining good working relationships.

No areas requiring improvement were identified in this inspection.

Service users' comments are reflected throughout the report.

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 Ms 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 8 January 2018

No further actions were required to be taken following the most recent inspection on 8 January 2018.

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 by RQIA since the last inspection
- incident notifications which highlighted that four incidents had been notified to RQIA since the last care inspection on 8 January 2018
- unannounced care inspection report from 8 January 2018

During the inspection the inspector met with the registered manager, a day care worker, the assistant psychologist and a service user's relative. The inspector made introductions and greeted five service users and had more detailed discussion with three service users.

The following records were examined during the inspection:

- Three service users' care records.
- One staff induction record.
- A sample of service users' daily records.
- Staff training matrix.
- A sample of staff supervision and appraisal information.
- The day centre's complaints/compliments from January 2018.
- Staff roster information from 3 September 2018 to 12 October 2018.
- Fire safety precautions.
- A sample of minutes of staff meetings for October 2018, September 2018 and August 2018.
- The day centre's record of incidents and accidents from January 2018.
- A sample of monthly quality monitoring visit reports from January 2018 to September 2018.
- Annual Review of Quality of Care Report.
- Adult Safeguarding Policy.
- Complaints Policy, March 2017.
- Whistleblowing Policy, April 2018.
- The Statement of Purpose, August 2018.
- Service User Guide.

At the request of the inspector, the registered manager was asked to display a poster within the day centre. The poster invited staff to provide their views electronically to RQIA regarding the quality of service provision; two responses were received.

Ten service user and/or relatives' questionnaires were provided for distribution; five questionnaires were returned to RQIA within the timeframe for inclusion in this report.

The inspector requested that the registered manager place a 'Have we missed you' card in an appropriate position in the day centre to allow relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received. An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the day care setting.

The inspector would like to thank the registered manager, service users, relatives and staff for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 8 January 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 8 January 2018

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 inspector reviewed the day centre's systems in place to avoid and prevent harm to service users which included a review of staffing arrangements in place.

Discussions with the registered manager and staff confirmed that sufficiently competent and experienced persons were working in the centre to meet the assessed needs of service users. A review of a sample of staffing rotas evidenced that staffing levels were consistent with the number and skill mix of staff assessed as required to meet the needs of the service users. The rota clearly recorded the person in charge and the designation of staff on duty on a daily basis.

The registered manager confirmed that staff employment records were held within the BHSCT human resources department and that all appointments were made in compliance with relevant legislative requirements and trust policy and procedures. Discussion with the registered manager evidenced that there had been no newly recruited permanent staff in the day centre for a number of years. The registered manager stated that an agency staff member was currently working in the setting to cover the temporary secondment of one of the staff team. The importance placed by the service on maintaining a consistent staff team who have an effective understanding of service users' needs and possess the relevant knowledge and skills to support them was highlighted by the registered manager. Consequently, it was confirmed that on occasions when agency staff are needed, the same staff are requested as far as possible.

Discussion with the registered manager and a review of the induction records confirmed that the temporary staff member had been given an induction to support the individual in their role and duties.

Records examined established that competency and capability assessments had been completed for those left in charge of the centre in absence of the registered manager, and demonstrated that these staff were willing to assume responsibility as the person in charge of the setting in the registered manager's absence. These staff records also provided assurance that the staff members who may act in this capacity possessed sufficient experience and were knowledgeable regarding relevant day care setting regulations and standards.

The registered manager maintained a staff training plan to identify and plan for updates in respect of mandatory training. A review of this record evidenced that staff had received mandatory training relevant to their roles and responsibilities and that update training was booked as part of an ongoing training programme, as required. Discussion with the registered manager and a staff member evidenced that additional training in areas such as assisting service users with eating, drinking and swallowing; equality training and compliance with General Data Protection Regulations (GDPR) was also provided. The inspector provided advice to the registered manager in relation to reviewing the mandatory training guidance which is available on the RQIA website to ensure the service remains compliant with best practice guidance. Discussion with the registered manager and a staff member established that they considered that the training provided was of a good quality and enabled them to fulfil their roles and responsibilities.

The day care setting's governance arrangements in place that identify and manage risk were inspected. All incidents and accidents were recorded on an electronic system which was reviewed and audited by the registered manager, brain injury team coordinator and the BHSCT risk management team. A sample of incidents were reviewed for May 2018 and this showed that incidents had been managed appropriately with consideration being given to assessing the degree of risk and actions taken as required.

The registered manager confirmed that BHSCT safeguarding procedures are directed by the regional Adult Safeguarding Prevention and Protection in Partnership, July 2015 policy and its associated Operational Procedures, September 2016. Feedback from the registered manager highlighted that there is an identified Adult Safeguarding Champion (ASC) and a clear pathway for staff to follow in relation to referring any safeguarding concerns. Discussions with the registered manager and staff on the day of inspection revealed they were knowledgeable and confident regarding their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns and maintain written records. A review of a sample of records evidenced that staff were vigilant regarding the safety and wellbeing of the service

users while in the day care setting and in the community and responded appropriately. Staff had promptly referred any concerns to the relevant persons for investigation in accordance with safeguarding procedures.

The registered manager described how the ethos of the day care was to support service users achieve specific goals. Service users were supported to attend the day centre via practical support or motivational interventions and whilst in the setting, some service users were assessed as requiring continuous support/supervision from a delegated member of staff. On the day of inspection the inspector noted that this was deemed a positive intervention by service users who did not consider the provision of such continuous support from staff as unduly restrictive. Discussion with the registered manager and staff confirmed that any restrictive practices were appropriately minimised, assessed, and documented in the service user's care plans. It was also confirmed that such interventions were reviewed with the multi-professional team and the service user and/or service user representative, as required. This was evidenced in one service user record viewed. There was evidence within several service users' care records that the day care setting had maintained close working relationships with the multi-disciplinary team to ensure that effective behavioural support strategies were in place and that these were in the best interests of the service users.

Observation of the environment confirmed that it was warm, clean, fresh smelling and had suitable lighting. Fire exits and walk ways were clear and free from any obstructions. Discussion with the registered manager confirmed that furniture, aids and appliances were fit for purpose for the diverse needs of service users. Staff had received infection prevention and control training and food hygiene training. Infection prevention and control measures were in place with a good standard of hygiene observed throughout the centre. Measures included the availability of hand sanitisers around the unit, "seven step" hand hygiene notices positioned at wash hand basins and supplies of liquid soap and hand towels mounted on the wall in various locations. Staff had effective access to gloves and aprons, as required. A cleaning regime was noted to be maintained by the domestic staff.

Records examined identified that a number of safety checks had been undertaken including weekly fire alarm tests and fire safety drills to ensure service users could exit safely. A fire risk assessment was completed on 1 November 2016 and it was noted that there was one outstanding issue regarding an identified fire exit. This issue was shared with the RQIA estates team following the inspection who then visited the premises and agreed with the registered manager that interior fire evacuation signage would be amended and the current fire risk assessment updated.

Discussion with service users, a relative and staff evidenced that they felt the care provided was safe. The following is a sample of comments made:

Service users' comments:

- "You are fully involved in setting goals."
- "Staff support you to achieve goals but if you need more time and support the goals are reviewed, there is no pressure."

Staff comments:

- "There is regular information sharing to improve knowledge and skills and better outcomes for service users."

Relatives' comments:

- “The place is excellent.”
- “We feel xxxx is safe here.”

Six returned questionnaires indicated that respondents were very satisfied that care provided to service users was safe; of these responses, four were completed by service users and/or relatives and two were completed by staff. One service user indicated that they were satisfied that care provided was safe and commented: “I can talk to staff.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control, risk management and the environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 inspector reviewed the day care setting’s arrangements for appropriately responding to and meeting the needs of people who use the service. Information relating to the nature and range of services provided was outlined in the Statement of Purpose. Observations throughout the inspection confirmed that the day care setting was providing care in accordance with their Statement of Purpose.

Three service users’ individual files were inspected. The care records were noted to contain referral information; service user agreements; day care setting assessments; individualised care plans with behavioural support plans; goal plans and a number of risk assessments with evidence of review at regular intervals. The registered manager advised that staff maintained a daily record of service user’s progress when they attended the day centre. A review of a sample of these records noted that they were comprehensive and reviewed the outcomes of goals agreed in partnership with service users and staff. Care records were observed to be stored safely and securely in compliance with data protection legislation and best practice standards.

Discussion with staff and service users on the day of the inspection evidenced an inclusive and individualised approach to care delivery in which service users with the support of staff, were enabled to identify specific activities each day which would support them in working towards their goal plans. This resulted in the development of an individualised written activity plan for each day, which service users were observed taking ownership of. At the end of each activity, service users and staff reviewed its effectiveness, which enabled service users and staff to measure outcomes and inform planning of future activities and review of goal plans.

One service user described how the development of goals helped them to keep focused and it was positive to note that whilst staff encouraged service users to achieve set goals, they remained sensitive to the holistic needs of service users by working with them at an appropriate pace and reviewing goals, as necessary.

Staff spoken with discussed the importance of knowing the content of individual service user's assessments and care plans to inform and guide their practice and the need to ensure that records are maintained in an up to date and contemporaneous manner. The registered manager advised that staff meet each morning to facilitate the sharing of all relevant information which helps to ensure that service users receive safe and effective day care. There was evidence of effective and timely collaboration with the multi-disciplinary team using a trust wide electronic system.

There were systems in place to review each service user's placement within the setting to ensure it was appropriate to meet their health and social care needs. A sample of records viewed evidenced initial and annual care reviews undertaken in partnership with the service user and/or their relative and the multi-disciplinary team.

Discussion with service users and a relative confirmed that they were aware of how to request advice or raise a concern with staff, and that they would feel comfortable doing so and would be confident of an appropriate response. The service user guide informed service users of the trust complaints policy and a number of posters were displayed around the setting advising service users how to provide feedback on the service.

Staff spoken to confidently described how they would escalate any concerns to ensure the safety and wellbeing of service users. They demonstrated knowledge of the whistleblowing policy if they could not resolve their concerns locally but indicated that they would be unlikely to need this due to the transparent working relationships that existed within the team. They described how they would respond to concerns about the performance of a colleague and confirmed they knew how to access the whistleblowing policy. In addition, a poster was displayed on the staff notice board detailing how to raise any concerns within the organisation.

Discussion with service users, a relative and staff evidenced that they felt the care provided was effective. The following is a sample of comments made:

Service user's comment:

- "I wrote my activity plan myself today."

Staff comment:

- "Reflective practice is encouraged and supported."

Relatives' comments:

- ""Xxxx has really benefitted from coming here."
- "Staff are knowledgeable and know what they are doing."

Six returned questionnaires indicated that respondents were very satisfied that care provided to service users was effective; of these responses, four were completed by service users and/or relatives and two were completed by staff. One service user indicated that they were satisfied that care provided was safe and commented: “The staff know my care needs.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between service users, staff and other key stakeholders, and providing effective care which was outcome focused.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.

Discussions with service users and staff and observations made during the inspection indicated that the promotion of values such as choice, consent, equality, dignity and respect were embedded in the culture and ethos of the day care setting.

Discussion with registered manager and staff established that they were aware of their responsibilities and duty to promote and safeguard service users’ confidentiality and consent.

Observation of care delivery evidenced that service users were enabled and supported to engage and participate in meaningful activities. The registered manager advised how the service is proactive in identifying and sourcing opportunities for service users to experience fulfilment as well as work towards an outcome based plan. Introduction to the day centre is individualised at the pace of the service user and, on occasion, staff have provided outreach support to develop relationships with service users as a means of assisting them with their transition into the day care setting. This was confirmed in discussion with a relative of a service user on the day of inspection.

The inspector noted that the ratio of staff to service users enabled staff to seek service users’ feedback, opinions and choices on a continual basis throughout the day. Service users and staff were noted to be comfortable in each other’s company. Staff were observed providing clear information, using appropriate language, demonstrating active listening skills and checking service users’ understanding and expectations. Staff supported the inspector with interpreting some forms of communication from service users; the inspector was able to confirm that the information provided by staff was accurate and consistent with these service users’ positive gestures and non-verbal cues.

Formal arrangements to promote effective communication with service users and/or their representatives were facilitated through initial and annual care reviews, service user meetings and annual service user quality survey. Service user meetings were noted to be held bi-monthly and a sample of minutes were reviewed for February 2018, April 2018, June 2018 and August 2018. The minutes reflected service users being consulted about the structure of the day, activities, outings, outreach options and how to express dissatisfaction. The inspector advised that minutes of meetings should be improved to ensure that they indicate who is responsible for specific actions and within what time frame to enable follow up of actions at subsequent meetings. The registered manager agreed to action this. The registered manager advised that the service was in the process of collating the responses from the annual service user questionnaires into a report. On the day of inspection the inspector reviewed the 17 questionnaire responses which had been received. All responses confirmed that the service users liked to attend the day centre and all but one service user confirmed they were happy with the activities provided. The registered manager confirmed that feedback from the dissatisfied service user would be followed up and addressed as needed. Service users described their favourite things within the questionnaire responses, which included:

- “Pleasant atmosphere and good staff.”
- “The variety of tasks and activities”
- “Going walking out to see the horses and talking about problems. It makes me feel very good about myself and have a good day.”

The registered manager described methods used to promote service user participation and engagement in individual activity programmes, especially for those with memory loss, such as photographic diaries. There was evidence of ongoing quality improvement in this area as staff were currently reviewing the potential use of assistive technology to compliment these approaches. This example of ongoing service improvement is commended.

Discussions with staff highlighted that in addition to supporting service users with identifying and achieving goals, staff also share information with service users’ relatives or carers to improve the experience of service users in their home setting such as, interventions or strategies which support the service user if expressing a distressed reaction.

The inspector noted that the day care service also organised a number of activities for service users’ relatives throughout the year. The registered manager stated that positive feedback was always received regarding these events and relatives found that the opportunity to meet up with other carers was beneficial.

Discussion with service users, a relative and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service user’s comment:

- “Staff treat everyone with respect, I feel listened to and consulted.”

Staff comments:

- “The aim is for service users to work towards identified goals but also enjoy their time in the day centre and experience a sense of fulfilment.”
- “Service users receive a good service.”
- “It’s a privilege to work here.”

Relatives' comments:

- “Support and care is individualised.”
- “They (staff) tuned into what xxxx likes.”
- “If xxxx doesn’t want to do an activity they will respond and do something else.”

Seven returned questionnaires indicated that respondents were very satisfied that care provided to service users was compassionate; of these responses, five were completed by service users and/or relatives and two were completed by staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the day care setting, listening to and valuing service users and taking account of the views of service users.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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 Statement of Purpose for the day care service was reviewed and updated by the provider on August 2018. The document clearly describes the nature and range of the service to be provided and addresses all of the matters required by Regulation 4(1) of The Day Care Setting Regulations (NI) 2007.

Evidence gathered at this inspection indicates that the service is currently operating in keeping with its Statement of Purpose.

Discussion with the registered manager identified that she had a good understanding of her role and responsibilities under the legislation. There was a clear organisational structure and staff demonstrated awareness of their role, responsibility and accountability. This information was outlined in the day centre’s Statement of Purpose. The registration certificate was up to date and displayed appropriately.

Discussions with the registered manager and staff confirmed that there were systems in place to monitor staff performance and ensure that staff received support and guidance. Staff spoken with during the inspection confirmed the availability of continuous update training alongside supervision and appraisal processes and an open door policy for discussions with the registered manager. A review of a sample of records evidenced that staff received supervision and appraisal in compliance with the agency’s supervision and appraisal policy.

The inspector discussed arrangements in place that relate to the equality of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users. The registered manager confirmed that this was addressed with staff through their training, supervision and appraisal process. In addition, the registered manager confirmed that the day care setting had not received any complaints with respect to equality issues from service users and/or their representatives.

The inspector noted that the day care setting collects equality information in relation to service users, during the referral and assessment process. The data is used effectively and with individual service user involvement when a person centred care plan is developed.

Some of the areas of equality awareness identified during the inspection include:

- effective communication
- service user involvement
- adult safeguarding
- advocacy
- equity of care and support
- individualised person centred care
- individualised risk assessment
- disability awareness

The complaints and compliments records were reviewed since the previous inspection. No complaints were recorded and two compliments were noted. The registered manager and staff were able to confidently describe the procedure in place for recording and managing complaints and the organisation had a comprehensive complaints policy in place.

In addition, the registered manager and staff spoken with on the day of inspection confirmed that there are a range of policies and procedures in place to guide and inform staff, which reflects relevant Northern Ireland legislation, Day Care Regulations, Minimum Standards and current good practice guidance. Staff are able to access these policies and procedures in electronic format. Samples of policies viewed were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The inspector was advised that all staff had received training with regards to the General Data Protection Regulation (GDPR) to help them understand and be aware of recent legislative changes and how they relate to their role.

A review of a sample of staff meetings since the last inspection evidenced that they were typically held twice monthly and had a quality improvement focus. Set agenda items included service user updates, staff training, incidents and what we can learn from them, review of complaints and compliments, RQIA minimum standards and policies and procedures. The minutes of a staff meeting conducted on 11 October 2018 reflected sharing of information with respect to new standards for food and fluid modifications, hearing loss and learning letter regarding patient care. The inspector highlighted to the registered manager that the record of staff meeting minutes should be improved to clearly reflect the actions planned, who is responsible and within what timeframe. This will enable actions and outcomes to be effectively reviewed at the next staff meeting. The registered manager agreed to action this.

The inspector discussed the arrangements in place to ensure staff were registered with the relevant regulatory bodies of the Northern Ireland Council (NISCC) or the Nursing and Midwifery Council (NMC) as appropriate. Information regarding registration details and renewal dates are maintained by the BHSCT governance department who generate an email to the registered manager on a regular basis to confirm staff remain compliant. The registered manager confirmed all staff are currently registered.

The registered manager provided the inspector with evidence of a new audit tool which has recently been developed and is now to be implemented on a monthly basis. This tool will provide an audit of work practices and review fire arrangements, environment checks, file audits, staff supervision, recruitment, and training. This will be reviewed at future inspections.

The inspector confirmed there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users at appropriate intervals. The inspector discussed the monitoring arrangements under regulation 28 of the Day Care Setting Regulations (Northern Ireland) 2007. The regulation 28 monthly quality monitoring visit reports were available to be examined since the last inspection, with the exception of September 2018 which was forwarded to RQIA post inspection. The visits were a mixture of announced and unannounced visits and were undertaken on a rota basis by group of day care managers. The reports included evidence of consultation with service users, their relatives, service users' representatives and staff, review of the day care environment, health and safety issues, training, an overview of accidents/incidents, complaints, compliments, audit of records and an action plan. The inspector recommended that the monthly monitoring visit reports should be further developed to include a review of the previous month's action plans and provide a record of files audited using a unique identifier. In addition, a record of any file audit should be available within the identified individual's file. The registered manager agreed to action this.

A review of the day care setting's last annual report was noted to follow the matters as outlined in Regulation 17 (1) and schedule 3.

Discussion with service users, a relative and staff evidenced that they felt the care provided was compassionate. The following is a sample of comments made:

Service user's comment:

- "Staff treat everyone with respect, I feel listened to and consulted."

Staff comments:

- "There is good team work, staff are highly motivated."

Relatives' comments:

- "Never had to complain but know how to if I needed to."
- "Could talk to the manager or any of the staff, there is good communication."

Six returned questionnaires indicated that respondents were very satisfied that the service was well led; of these responses, four were completed by service users and/or relatives and two were completed by staff. One service user indicated that they were satisfied that the service was well led.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	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.



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews