



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

## **Primary Announced Care Inspection**

<b>Name of Establishment:</b>	<b>Mountfern Centre incorporating 'Montra Centre', 'Challenging Behaviour Unit' &amp; Harpur's Hill Centre'</b>
<b>Establishment ID No:</b>	<b>11125</b>
<b>Date of Inspection:</b>	<b>4 November 2014</b>
<b>Inspector's Name:</b>	<b>Dermott Knox</b>
<b>Inspection No:</b>	<b>20319</b>

**The Regulation And Quality Improvement Authority**  
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<b>Name of centre:</b>	Mountfern Centre incorporating 'Montra Centre', 'Challenging Behaviour Unit' & Harpur's Hill Centre'
<b>Address:</b>	6 Rugby Avenue Coleraine BT52 1JL
<b>Telephone number:</b>	(028) 7034 7878
<b>E mail address:</b>	mountfern.centre@northerntrust.hscni.net
<b>Registered organisation/ Registered provider:</b>	Dr Tony Stevens
<b>Registered manager:</b>	Mr Michael Bacon
<b>Person in Charge of the centre at the time of inspection:</b>	Mr Michael Bacon
<b>Categories of care:</b>	MAX, DCS-LD(E), DCS-LD, DCS-MAX
<b>Number of registered places:</b>	102
<b>Number of service users accommodated on day of inspection:</b>	81, as follows: Main Unit – 51 CBU -- 12 Montra -- 11 Harpur's Hill – 7
<b>Date and type of previous inspection:</b>	27 January 2014 Primary Announced Inspection
<b>Date and time of inspection:</b>	4 November 2014 10:30am – 5:00pm
<b>Name of inspector:</b>	Dermott Knox

## 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	6
Staff	4
Relatives	2
Visiting Professionals	0

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	25	0

### 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**

Mountfern Adult Centre is a day care facility owned and managed by the Northern Health and Social Care Trust. The centre is situated in a residential area on the outskirts of Coleraine in the Mountfern Complex. The setting shares its location with various departments including; Pavestone Centre, Learning Disability Team, Podiatry and Physiotherapy Departments, Occupational Health and Occupational Therapy.

The centre provides services for up to 55 adult service users who have assessed needs related to a learning disability. Within the main centre there are four activity rooms and a special needs unit (SNU), which includes a multi-sensory room. The SNU provides for people who may have complex medical needs and severe learning disabilities. The workshop area has an adjoining training kitchen.

There are three satellite day centres relating to Mountfern Adult Centre, with all staff reporting to the one registered manager. One of these, the challenging behaviour unit, is located within the Mountfern Complex. The Montra Centre and Harpurs Hill Centre are situated in Coleraine town.

The challenging behaviour unit provides a service for up to 15 service users who may present behaviours which challenge others. This unit is well-staffed and has readily available support from the Trust's Consultant Clinical Psychologist. The Montra Centre and Harpurs Hill Centre each provide services for up to 15 people.

Mountfern Centre's catchment area is Coleraine, Portstewart, Portrush and Castlerock and surrounding areas of Downhill, Milltown and Articlave. Transport is provided to and from the centre, where necessary, using up to six vehicles. Three are wheelchair accessible buses, one is a mini bus and two local taxi vehicles are also used.

## **Summary of Inspection**

A primary announced inspection was undertaken in Mountfern Adult Centre on Tuesday 4 November 2014 from 10:30am until 5:00pm. Prior to the inspection the service provider submitted a self-assessment of the centre's performance in the one standard and two themes forming the focus of the inspection. The two requirements and two recommendations from the previous inspection had been implemented satisfactorily.

The inspector was introduced to many of the service users attending the centre and met for discussions with six people, either individually or during group activity time. One service user acted as guide on a tour of the main premises and the manager accompanied the inspector on a visit to the nearby Challenging Behaviour Unit (CBU). Montra Centre and the Harpur's Hill Centre were not visited on this occasion. In the groups that were visited during the inspection there was an atmosphere of purposeful engagement between staff members and service users.

Individual discussions were held with the manager, four staff and two relatives, regarding the standards, team working, management support, supervision and the overall quality of the service provided. No completed staff questionnaires were returned to RQIA by the completion date of this report.

Overall, discussions with all contributors elicited a positive view of the service provided in the centre and indicated a strong commitment by the manager and the staff team to practice in

Mountfern Centre incorporating 'Montra Centre', 'Challenging Behaviour Unit' & Harpur's Hill Centre'~ Primary Announced Care Inspection~ 4 November 2014

compliance with, or to exceed, the minimum standards for day care settings. There was a high level of satisfaction amongst the staff members with regard to the supervision and training provided and the opportunities available for working toward a vocational qualification. There was evidence from discussions and in written records to indicate a good level of inclusion and involvement of service users in decision making with regard to the care provided. Service users spoke highly of the support they experienced and the opportunities provided by the staff for their enjoyment and development. These included a good range of cultural and leisure activities in the local community. Provision of transport to facilitate these activities was good.

The inspector wishes to acknowledge the constructive approach of the manager and staff throughout the inspection process. Gratitude is extended to service users who welcomed the inspector to the centre and contributed to the evaluation of the service provided. Also to the two parents of service users, who gave their time and their views on the provision of services and described the valuable support they experienced from the centre's staff. There was a range of evidence to indicate that Mountfern Adult Centre provides a high quality of care to those who attend. The staff and management are commended for their commitment to the provision of this service.

**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.**

The centre has well-written policies and procedures including those on confidentiality, recording and reporting, data protection, complaints and service user feedback and deprivation of liberty safeguards and human rights. The policies and procedures are available for staffs' reference. The registered person had arrangements in place to review policies and procedures in order to ensure that they were kept up to date and accurate.

In the sample of five service user care records examined, there were good examples of individuals or their representatives having signed to indicate their involvement and agreement with the content. Files were structured and maintained in a consistent manner by the key workers and were in keeping with the Trust's procedures.

Good quality progress notes were being kept, as were assessments, care plans and records of reviews. The clarity and precision of care planning records and behaviour management programmes in the CBU was exemplary. The manager and day care workers were consistent in their reporting of incidents and accidents.

Mountfern Adult Centre was judged to be operating in compliance with this standard.

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

The NH&SCT has an excellent written policy and guidelines on the use of restrictive interventions and this was available to members of staff. Both the written records and discussions with staff confirmed that instances of physical restraint were recorded accurately and reviewed to assess the appropriateness of the actions taken. The senior day care worker in the CBU described specific behaviour management programmes in place, including the time

limited use of a safe, seclusion room. Staff confirmed that calming and diffusing techniques, developed through training, were found to be successful in responding to service users on most occasions. A number of service users engage each day in detailed and structured TEACCH programmes.

Staff discussed the use of good communication and the importance of developing good understanding of each individual's needs and preferences. The NH&SCT also has a written policy and procedures for 'Behavioural Interventions for Clients with Learning Disability and Challenging Behaviour', and staff confirmed their positive and supportive approach to working with any individual whose behaviour is challenging to others. RESPECT training had been provided for staff. Extensive written guidance was available to staff with regard to deprivation of liberty and human rights and staff who met with the inspector were committed to maintaining best practice in these areas.

The centre was judged to be operating in compliance with this theme.

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

Staff records showed that the registered manager and the two senior day care workers are appropriately qualified and experienced to take charge of the centre. Training for key aspects of this role had been provided, including for the responsibility of supervision. The manager currently completes annual appraisals with all staff members.

There was evidence from discussions with staff to confirm that members of the staff team work supportively with one another and the manager reported a very low level of absence from work. Systems were in place for supervision, appraisal and promoting staffs' learning. Records of staff training and supervision were up to date, with formal supervision sessions being provided in compliance with the minimum standard requirement.

The staffing structure and reporting arrangements were clearly set out in writing in the statement of purpose, for reference by all stakeholders. Staff who met with the inspector presented as being confident and competent in their roles and responsibilities.

Monitoring arrangements are standardised across the NH&SCT day care services and the three monitoring reports examined, addressed all of the required matters in good detail. Monitoring was carried out by locality managers representing the Trust.

The evidence indicates that the centre is operating in compliance with the criteria in this theme.



**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	20(1) (c) (i)	<p>The registered person must ensure that all staff in the Mountfern service receives an annual appraisal.</p> <p>Arrangements in place to achieve this must be reported on the returned QIP.</p>	<p>Annual appraisals for all staff had been completed and well-detailed records of these were available for inspection.</p>	Compliant
2	26 (2) (n) 26 (4) (a)	<p>The registered manager must ensure that a review of the storage and use of flammable or noxious substances is undertaken to ensure compliance with risk assessments and health and safety legislation.</p> <p>Arrangements put in place in this regard must be reported on the returned QIP.</p>	<p>The necessary actions had been taken by the manager and staff to ensure the safe use and storage of flammable substances and these arrangements had been reported to RQIA.</p>	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16.2	<p>The registered manager should ensure that transition plans for service users who need or wish to move on from the service are addressed at care reviews.</p> <p>Arrangements put in place to achieve this must be reported on the returned QIP.</p>	<p>Where applicable, transition plans were included in discussions at care reviews and records of the decisions and actions required were kept.</p>	Compliant
2	15.3	<p>The registered manager should put appropriate arrangements in place so that an initial review of the service users care plan occurs within four weeks of attending the centre. Arrangements put in place to achieve this must be reported on the returned QIP.</p>	<p>The centre's procedures now included holding the initial review within four weeks of the commencement of a placement in the centre.</p>	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>
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.	
<b>Provider's Self-Assessment:</b>	
The Trust has policies and procedures in place in relation to confidentiality and any records held by the organisation. These include; Records Management Policy and Processing of Personal Information (POPI). The purpose of these policies are to support staff and enable them to work within the law and within good practice guidelines. The policy covers retaining personal information, Records and Record keeping, Safe Storage of personal information, Access and Sharing of information and Retention and Disposal of Confidential Information.	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
Relevant policies and procedures were available to staff within the centre. Reviewed and revised copies of these documents are now being kept on computer and these were available for inspection. Regular managers' meetings within the Trust provide opportunities for discussion of any suggested amendments to policies and procedures that an individual manager may make.	Compliant

<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>Service users and their representatives are permitted to have access to their own personal records/case notes. Requests for information are processed in line with Trust Procedure/Policy and documents maintained where this takes place.</p> <p>Within the Mountfern, service users are actively involved in their care planning/review process and, where appropriate/when possible, will also contribute to completing records for this process.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>There was written evidence to confirm that service users and their representatives are encouraged to access their records. Some service users had signed assessments, care plans and review reports. Two relatives of service users spoke in very complimentary terms about the communication between the centre's staff and their family members and confirmed that they and the service users were encouraged to participate in decision making with regard to the day care service.</p>	Compliant

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<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>Provider's Self-Assessment:</b>	
<p>Each service user has an individual case record. These are completed and maintained in line with Trust/RQIA requirements.</p> <p>These records include; referral information, carer/multi-disciplinary contacts, assessments and reviews, care plans, contacts and details of activities.</p> <p>Any changes to circumstances, significant incidents/near misses are recorded along with details of actions taken/further work to be done.</p> <p>All records are stored securely in line with Information Governance requirements.</p>	Compliant
<b>Inspection Findings:</b>	<b>COMPLIANCE LEVEL</b>
<p>A sample of four service user's records was examined in detail and several others were accessed for examples of specific records. All records were found to be well organised and up to date. Care plans in the Challenging Behaviour Unit were excellent, with measurable objectives written with precision and clarity. The manager acknowledged the opportunity for other staff to be encouraged to learn from this good practice.</p>	Compliant

<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.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
Staff ensure that records are maintained/updated with an entry regarding service users, at least every five attendances. This is done in line with Trust and RQIA requirements. These records are signed and dated.	Compliant
<b>Inspection Findings:</b>	
Progress notes for service users were informative, well written and kept in compliance with this criterion.	Compliant
<b>Criterion Assessed:</b>	
7.6 There is guidance for staff on matters that need to be reported or referrals made to: <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>	
The Northern Health and Social Care Trust has a comprehensive package of policies and procedures directing staff on matters pertaining to service user care and reporting procedures. Specific training is also provided on areas such as Safeguarding, Recording, Storage and Sharing of Records. A policy library is available to all staff, either via "hard copy", or via the Trust Intranet. Advice and direction is also available at all times from Line Managers and Multi Disciplinary Team.	Compliant
<b>Inspection Findings:</b>	
There was good written and oral evidence to verify the provider's self-assessment. Staff members were confident in their understanding of the reporting procedures.	Compliant

<p><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.</p>	
<p><b>Provider's Self-Assessment:</b> Records are maintained in line with Trust requirements. They should be legible. These are signed and dated by the person making the entry and periodically reviewed by management, within supervision and when monitoring review records/audits.</p>	Compliant
<p><b>Inspection Findings:</b> Good quality records were available in each of the service user's files examined and they met the requirements of this standard.</p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>

<p><b>PROVIDER'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR'S OVERALL ASSESSMENT OF THE DAY CARE SETTINGS COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<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>	
<p><b>Regulation 14 (4) which states:</b></p> <p><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></p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment:</b>	
<p>In line with Trust Policy, restraint is only used when no other option is available to ensure the safety of service users. This is a practice standard emphasised in RESPECT training. Staff endeavour to ensure that prevention and early intervention measures are employed before restraint is considered.</p> <p>If physical intervention measures are not part of a service users plan then the Positive Behaviour Support team/RQIA will be notified and the situation will be considered and assessed. It may be then appropriate to include additional measures in the persons care plan to help manage any future incidents.</p> <p>Incidents are recorded and reported in line with requirements of the Northern Trust and RQIA.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A number of restraint events were recorded regarding service users who attend the Challenging Behaviour Unit (CBU). The centre has a clear and detailed policy on the ‘Use of Restrictive Physical Interventions’ and the written programmes for relevant service users were excellent. The centre works closely with a consultant clinical psychologist on the development and monitoring of behaviour management programmes and this has enabled them to provide a day care service for a number of people who previously were accommodated in hospital.</p>	Compliant



<p><b>Regulation 14 (5) which states:</b>  <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>Whatever the situation, all uses of restraint are recorded on the appropriate documentation and sent to the Positive Behaviour Support team/RQIA.                  Incidents, reports and records are also completed in line with requirements and recorded in the persons care notes and personal file.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
<p>There was evidence to verify the provider’s self-assessment statement above. RQIA has received reports regularly regarding the use of physical interventions in the centre and records of multidisciplinary meetings with regard to the relevant service users were available.</p>	<p>Compliant</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> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE DAY CARE SETTING COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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Theme 2 – Management and Control of Operations	COMPLIANCE LEVEL
<p>Management systems and arrangements are in place that support and promote the delivery of quality care services.</p> <p>Theme covers the level of competence of any person designated as being in charge in the absence of the registered manager.</p>	
<p>Regulation 20 (1) which states:</p> <p>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 -</p> <p>(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;</p> <p>Standard 17.1 which states:</p> <p>There is a defined management structure that clearly identifies lines of accountability, specifies roles and details responsibilities for areas of activity.</p>	
<p><b>Provider's Self Assessment:</b></p>	
<p>The Northern Trust have developed a dependancy tool to assess client need and calculate the number of staff required to meet service user needs, and this tool has been endorsed by the Northern Board.</p> <p>Where vacancies arise, or cover is required eg. for maternity leave, requests to ensure that appropriate staffing needs are met are submitted promptly to minimise any potential shortfall in provision of care. Where needed, suitably experienced "as and when" or agency staff are utilised to uplift staffing levels. These are staff used on a consistent basis and are familiar with service users, their needs and programmes of care.</p> <p>A flow chart outlining staff roles and lines of accountability is available in the unit. All staff have clear job descriptions, outlining roles, responsibilities and areas of accountability.</p>	Compliant
<p><b>Inspection Findings:</b></p>	COMPLIANCE LEVEL
<p>Mountfern Adult Centre has clear and up to date records of staffing provision and there was written evidence to verify that appropriate numbers of staff were employed. The majority of staff members had gained a relevant qualification in care and two staff members had been registered to commence a QCF assessment in the coming year. The management structure and staff details were set out in the statement of purpose.</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>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>Supervision in Mounfern is undertaken on a cascading framework through grades of staff. Day Care Locality Manager supervises Registered Manager band 6, Registered manager supervises 2 Senior Day Care Worker and Band 5 Day Care Workers, who in turn supervise Support Workers (Band 3). Registered manager and 2 SDCW are well experienced and have relevant supervision training. All Band 5 staff have responsibility for supervising support workers and giving them daily direction and guidance to ensure service users receive an effective and quality service. Group team supervision for DCW is carried out on a regular basis minuted by clerical staff. These regular meetings ensure that good communication is maintained and staff have a forum to voice feelings, ideas, concerns and relevant operational areas with managers. Staff meetings are also held during our closure days where all staff have the opportunity to discuss and share ideas regarding our service. Staff also receive annual appraisals and complete personal development plans to enable them to further develop their skills and knowledge. Staff are aware that they have daily access to line managers for any concerns or advice. Hawthorns operates an "Open Door Policy" whenever possible.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The provider's self-assessment was verified through examination of a sample of supervision records and from discussions with the manager and four staff members. On a tour of the facility, it was clear that Day Care Workers, or Senior Day Care Workers were leading the work in each of the groups in the centre. Staff reported that they were well supported in their work.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</p>

<p><b>Regulation 21 (3) (b) which states:</b></p> <ul style="list-style-type: none"> <li><b>(3) For the purposes of paragraphs (1) and (2), a person is not fit to work at a day care setting unless –</b></li> <li><b>(b) he has qualifications or training suitable to the work that he is to perform, and the skills and experience necessary for such work</b></li> </ul>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider's Self-Assessment:</b></p> <p>Prior to appointment all staff must demonstrate, via interview and evidence of qualification/experience, that they are suitable for the work that they will be asked to undertake.</p> <p>The Trust expects staff to be suitably qualified and to undertake training and qualifications appropriate to their grade. A regular programme of mandatory and vocational training is provided to enable staff to continually develop their skills and knowledge.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p> <p>The Trust has a staff recruitment and selection policy in place and there was evidence on file of the rigorous staff selection process. Records of staff training provided verification of compliance with the mandatory training requirements and of the continuing QCF programme provided for Trust staff.</p>	<p><b>COMPLIANCE LEVEL</b></p> <p>Compliant</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>
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<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>
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## **Additional Areas Examined**

### **Complaints**

The centre's record of complaints was examined and was found to be satisfactory. The manager undertook to further update one record with regard to a complainant's lack of communication on the level of satisfaction on the resolution of the concern. There was other evidence to indicate that the issue had been fully resolved.

### **Premises**

In one of the male toilet facilities, the largest cubicle did not have sufficient space for ease of use by a service user who uses a wheelchair. This presents a potential infringement to the privacy and dignity of the individual and a difficulty for any staff member who is assisting that person.

Toilet cubicles for use by service users in wheelchairs, who require staff's assistance, must be of a suitable size to allow privacy and ease of access.

### **Service user guide**

The service user guide presented comprehensive information on many aspects of the day centre, but much of this appeared to be inaccessible and possibly unappealing to those who use the service. Given that detailed information is available in the centre's statement of purpose, for those who request it, the registered person should review and revise the Service User Guide, so that it is as accessible as possible to service users. Alternative formats may be necessary.

## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Michael Bacon, Registered Manager, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



## Quality Improvement Plan

### Primary Announced Care Inspection

#### Mountfern Adult Centre

4 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Michael Bacon, Registered Manager, either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Day Care Settings Regulations (NI) 2007

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 5(1)	The registered person should review and revise the Service User Guide, so that it is as accessible as possible to service users. Alternative formats may be necessary.	One	Service user guide reviewed and revised making it more accessible to service users.	31 December 2014
2	Regulation 19(1)(a)	The registered person shall ensure that a recent photograph of each service user is kept in his or her records. Only good quality photographs should be used.	One	Requirement discussed. All Day Care Workers aware that good quality photograph should be kept in each service users records – this has now been implemented.	28 November 2014
3	Regulation 26(2)(a)	Toilet cubicles for use by service users in wheelchairs must be of a suitable size to allow privacy and ease of access. (Ref: discussion with the manager)	One	This cubicle is no longer suitable for use by wheelchair users – new toilet block recently built with individual disabled toilets now to be used for any service user who uses a wheelchair or needs assistance from staff. These toilets are of a suitable size to allow privacy and easy access – All staff aware of this.	31 December 2014



Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing Qip</b>	Michael Bacon
<b>Name of Responsible Person / Identified Responsible Person Approving Qip</b>	Tony Stevens

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	D Knox	12/01/15
Further information requested from provider	No		