Inspection Report

27 June 2022

Mourne Stimulus Day Centre

Type of service: Day Care Setting
Address: 1 Council Road, Kilkeel, BT34 4NP
Telephone number: 028 4176 5897

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Mourne Stimulus Day Centre **Responsible Individual:** Mrs Cynthia Cranston MBE	**Registered Manager:** Ms Melanie Nolan **Date registered:** 27 March 2009
Person in charge at the time of inspection: Ms Melanie Nolan	
Brief description of the accommodation/how the service operates: This is a day care setting which is registered with RQIA to provide care to people who have a learning disability. The centre endeavours to integrate service users as far as possible into the life of the local community and encourage use of the full range of social, leisure and commercial facilities in the area.	

2.0 Inspection summary

An unannounced inspection was undertaken on 27 June 2022 between 09.00 a.m. and 15.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the day care setting's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguarding (DoLS), restrictive practices, Dysphagia and Covid-19 guidance was also reviewed.

Two areas for improvement were identified which related to recruitment and training.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

Mourne Stimulus Day Centre uses the term 'attenders' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

3.0 How we inspect.

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of day care services, we are committed to ensuring that the rights of people who receive services are protected. This means we will be seeking assurances from providers that they take all reasonable steps to promote people's rights. Users of day care settings have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, we want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members. The information provided indicated that there were no concerns in relation to the day care setting.

Comments received included:

Service users' comments:

- "I like everyone in the centre."
- "The staff are nice and very helpful."
- "I look forward to coming every week."
- "The staff are great."

Service users' relatives/representatives' comments:

- "I couldn't praise them enough."
- "Amazing difference in my son since being here."

- "They ask what he would like to do."
- "Good communication."

Staff comments:

- "Great place to work."
- "Never seen this incredible level of care anywhere else."
- "Couldn't be happier."
- "The attenders see us as a part of their extended families."

HSC Trust representatives' comments:

- "I have no issues with the centre."
- "My clients and their families are very happy with what is on offer."
- "It's a great local service for them."

Returned questionnaires indicated that the respondents were very satisfied with the care and support provided. Written comments included:

- "The day centre is great."
- "My daughter loves going, the staff are so kind and caring."

A number of staff responded to the electronic survey. The respondents indicated that they were very satisfied that care provided was safe, effective and compassionate and that the service was well led. Written comments included:

- "Mourne Stimulus is a family orientated environment and provides much needed respite for families of the local area."
- "It's a great place to work."
- "Love my job!"
- "An amazing place to work."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last care inspection of the day care setting was undertaken on 28 October 2021 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 Are there systems in place for identifying and addressing risks?

The day care setting's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflected information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The day care setting's annual Adult Safeguarding Position report had been formulated and was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the day care setting's policy and procedure with regard to whistleblowing. Safeguarding training records were not available during the inspection. These records were submitted after the inspection and were found to be satisfactory. An area for improvement has been raised in relation to the availability of these records and of other records as described later in this section.

The day care setting retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The day care setting had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future. A review of the policy pertaining to moving and handling training and incident reporting identified that there was a clear procedure for staff to follow in the event of deterioration in a service user's ability to bear weight.

Care reviews had been undertaken in keeping with the day care setting's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management.

A review of the policy relating to medicines management identified that it included direction for staff in relation to administering liquid medicines. If an oral syringe was used to administer medicine to a service user, this was clearly noted in the daily care records. The competency assessments for staff undertaking administration of medicine using an oral syringe were not available at inspection. These were submitted after the inspection and were satisfactory. This is included in the area for improvement already described above.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had confirmed that they had completed appropriate Deprivation of Liberty Safeguards (DoLS) training appropriate to their job roles. Records of this training were not available during inspection but were later submitted and found to be satisfactory. This is included in the area for improvement already described above. The manager reported that none of the service users were subject to DoLS. Advice was given in relation to developing a resource folder containing DoLS information which would be available for staff to reference.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

It was also positive to note that the day care setting had recommenced service user meetings which enabled the service users to discuss what they wanted from attending the day centre and any activities they would like to become involved in.

It was important that individuals with learning disabilities are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an information leaflet/easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

The day care setting had completed an annual review in relation to their practice which incorporated service user and their representatives' feedback (Regulation 17). This was disseminated to all of the service users, in a format which best met their communication needs.

5.2.3 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). A number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency. A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the day care setting. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

Where service users required the use of a specialist feeding tube, there were clear, individualised management plans and risk assessments in place and staff had completed competency assessments for the use of these systems. It was identified, however, that there was no policy available for staff on enteral feeding. The manager was advised on the day of inspection of the need for an enteral feeding policy.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the day care setting's staff recruitment records identified that the pre-employment checks for one staff member did not include evidence of a criminal record check (AccessNI). The manager was able to confirm AccessNI checks had been undertaken prior to commencement of the employment and evidence was added to the recruitment file on the day of inspection. In two staff recruitment records it was identified that each did not contain two written references. In one recruitment record the reasons for leaving a previous care role and gaps in employment were not explored. A declaration of being physically or mentally fit for the purposes of the work was not present in either record. An area for improvement has been raised in relation to these findings. There was discussion with the manager about the importance of accurately recording the start date for one of the employees.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was one volunteer working in the agency. The day care setting had a policy and procedure for volunteers but this did not specify that volunteers must not undertake any personal care duties. The manager confirmed that volunteers do not undertake any personal care duties. The volunteer policy was updated and submitted for review following the inspection.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, however, this did not refer to NISCC's Induction Standards for new workers in social care. The documentation did not always adequately capture the three day induction programme which included shadowing of a more experienced staff member. Following inspection, the manager shared the updated induction documentation which was found to be satisfactory.

Written records were retained by the day care setting of the person's capability and competency in relation to their job role.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monthly monitoring arrangements in place in compliance with Regulation 28 of The Day Care Setting Regulations (Northern Ireland) 2007. A review of the reports of the day care setting's monthly quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. The reports included details of a review of service user care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

The day care setting's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the day care setting's policy and procedure.

6.0 Conclusion

Based on the inspection findings, two areas for improvement were identified. Despite this, RQIA was satisfied that this day care setting was providing services in a safe, effective, caring and compassionate manner and the service was well led by the manager.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007 and Day Care Settings Minimum Standards, (revised), 2021.

	Regulations	Standards
Total number of Areas for Improvement	2	0

Areas for improvement and details of the QIP were discussed with the manager as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Day Care Setting Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 19 (3) (a) and (b) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure that the records pertaining to staff training and competency are kept up to date and available for inspection at all times. Ref: 5.2.1, 5.2.5
	Response by registered person detailing the actions taken: On the date of inspection all training records were kept in individual staff files which Mourne Stimulus agreed was hard to see clearly which staff had completed what. Going forward on our recommendations from the RQIA Inspector Mourne Stimulus compiled a new working data spreadsheet which includes all mandatory training and additional training needs. This spreadsheet will remain active and continue to be updated as staff complete their training. In addition to this data, staff will be asked to document their expectations prior to the training this is called a pre-training expectation questionnaire and will receive a competency sheet to be completed by the training provider at the end of the training. Staff will also be asked to complete a Training Evaluation Form at the end of the Training.
Area for improvement 2 **Ref:** Regulation 21(3)(d) **Stated:** First time **To be completed by:** Immediately from the date of inspection	The registered person shall ensure that pre-employment records for staff include the following: • evidence of a criminal record check (AccessNI) • two written references • reasons for leaving previous employments • full employment history, including an explanation of gaps in employment • a declaration of being physically or mentally fit for the

	purposes of the work Ref: 5.2.4
	Response by registered person detailing the actions taken: Director, Manager and Admin (HR) have been identified to attend Recruitment training. Access NI is completed with every new staff member prior their employment, going forward Mourne Stimulus will evidence this by writing the staff members access NI number and date on their personnel folder. Two written references MUST be obtained prior start date. Mourne Stimulus will ensure two written references are received before applicant commences. Mourne Stimulus have made changes to our application form to include reasons for leaving previous employment, if this information is not given on the application form Mourne Stimulus will ensure we ask at the interveiw. Documented on the application form Mourne Stimulus are asking the applicants to provide information regarding any gaps in employment. If they do not provide this information Mourne Stimulus will ask at the interview. Declaration of being physically and mentally fit for the purpose of the post will be completed after the post has been accepted by the applicant. All the above information will be obtained prior any staff member starting their job within Mourne Stimulus this will be evidence through a recruitment checklist.

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