

# Inspection Report

19 July 2023



## Rathview Mews Supported Living Service

Type of service: Domiciliary Care Agency  
Address: Drumnakilly Road, Omagh, BT79 0PB  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Western Health and Social Care Trust	<b>Registered Manager:</b> Ms Mary Patricia McBride
<b>Responsible Individual:</b> Mr Neil Guckian	<b>Date registered:</b> 5 October 2022
<b>Person in charge at the time of inspection:</b> Ms Mary Patricia McBride	
<b>Brief description of the accommodation/how the service operates:</b>  Rathview Mews Supported Living Service, is a supported living type of domiciliary care agency located in Omagh. The agency provides personal care and social support to adults who have mental health needs. The agency has 12 individual self-contained flats, two of which have been adapted for people with a disability, shared lounge areas and gardens. Services are commissioned by the Western Health and Social Care Trust (WHSCT).	

## 2.0 Inspection summary

An unannounced inspection took place on 19 July 2023 between 10.50 a.m. and 3.15 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency'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 Safeguards (DoLS), service user involvement, restrictive practices and dysphagia management was also reviewed.

No areas of improvement were identified during this inspection.

Evidence of good practice was found in relation to staff knowledge of adult safeguarding, communication between service users, the agency's staff and other key stakeholders; staff training; and quality assurance.

Based on the inspection findings RQIA were assured that compassionate care was being delivered in the agency and the manager had taken relevant action to ensure the delivery of safe, effective and well led care.

We would like to thank the manager, service user and staff for their support and co-operation throughout the inspection process.

### 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 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 domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

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

### 4.0 What did people tell us about the service?

During the inspection we spoke with a service user and staff members.

The information provided indicated that there were no concerns in relation to the agency.

Comments received included:

#### Service user's comments:

- "This is a great place to live. The manager and all the staff are helpful and supportive. I am well supported and I wouldn't want to leave here. I choose how I spend my day and I can go out whenever I choose to. If I had any problems, I would feel comfortable talking to staff. I know they would listen to me. I have no problem here."

#### Staff comments:

- "There is good training provided by the Trust and relevant to my role. It is my view that service users' views are listened to and we all do what we can to support them."
- "I get a handover at every shift and there is good communication in the service."
- "The manager is very supportive and always available to discuss any matters."
- "There is good working arrangements with the recovery team. The service users' needs are the priority and they are supported with their day to day needs."

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

- "Staff in Rathview Mews ensure service users are satisfied with the support offered and every effort is made to ensure they are happy."
- "Standard of support for residents is at high level with excellent support from manager."
- "Excellent facility, well led."

One service user returned a questionnaire. The respondent indicated that they were very satisfied with the care and support provided. Written comments included:

- "I am happy in Rathview Mews. The staff are good to me."

## 5.0 The inspection

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

The last care inspection of the agency was undertaken on 10 May 2021 by a care inspector. No areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 What are the systems in place for identifying and addressing risks?

The agency'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).

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. They could also describe their role in relation to reporting poor practice and their understanding of the domiciliary care agency's policy and procedure with regard to whistleblowing.

Discussion with a service user confirmed 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 agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

The agency 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.

No concerns were raised with the manager under the whistleblowing policy.

The agency's governance arrangements for the management of accidents/incidents were reviewed. Review confirmed that an effective incident/accident reporting policy and system was in place. Staff are required to record any incidents and accidents in a centralised electronic record, which is then reviewed and audited by the manager and the WHSCT governance department. A review of a sample of accident/incident records evidenced that these were managed appropriately.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with the manager and staff evidenced that staff were very knowledgeable regarding each service user and the support they required in order to ensure their safety. In addition, discussions evidenced that they had an understanding of the management of risk, and an ability to balance assessed risks with the wishes and human rights of individual service users.

Staff consulted with on the day of inspection spoke positively about the training they receive and confirmed that they received sufficient training to enable them to fulfil the duties and responsibilities of their role and that training was of a good standard. Review of a sample of staff training records concluded staff had received mandatory and other training relevant to their roles and responsibilities since the previous care inspection such as infection prevention and control, first aid and moving and handling. It was positive to note that the agency provided training in regard to safety interventions.

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.

Care reviews had been undertaken in keeping with the agency's policies and procedures.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required; a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (Northern Ireland) 2016 (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 completed DoLS training appropriate to their job roles. The manager reported that none of the service users were subject to DoLS.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

### **5.2.2 What are the arrangements for promoting service user involvement?**

From reviewing service users' care records and through discussions with staff and a service user, it was positive to note that service users had an input into devising their own plan of care. We reviewed elements of three service users' care files. Care records also reflected the multi-professional input into the service users' health and social care needs.

It was positive to note that the agency met with service users on a regular basis. Some matters discussed included activities, home security and health and safety.

Discussion with the staff and a service user provided assurance that the staff had responded to service users' wishes, feelings, opinions and concerns with the aim of ensuring service users received an effective service.

### **5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

Whilst none of the service users had swallowing difficulties, it was positive to note that staff had completed training in dysphagia and the management of a choking incident.

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

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or the Nursing and Midwifery Council (NMC); 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 were no volunteers being supplied within the agency.

### **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, where appropriate, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

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

We reviewed the quality monitoring arrangements in line with Regulations and Standards. A review of the reports of the agency'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).

The agency's registration certificate was up to date and displayed appropriately.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process. Discussion with staff confirmed that they knew how to receive and respond to complaints sensitively and were aware of their responsibility to report all complaints to the manager or the person in charge. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

Discussions with the manager and staff described positive working relationships in which issues and concerns could be freely discussed; staff reported they were confident that they would be listened to. In addition, staff confirmed that they felt supported by management.

Discussions with the management and staff confirmed that systems were in place to monitor staff performance and ensure that staff received support and guidance. This included the availability of continuous training updates, supervision/appraisal processes, team meetings and an open door policy for discussions with the management team and observation of staff practice.

There is a system in place that clearly directs staff as to what actions they should take if they are unable to gain access to a service user's home.

## **6.0 Quality Improvement Plan (QIP)/Areas for Improvement**

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





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