

# Inspection Report

10 May 2021



## Rathview Mews Supported Living Service

Type of service: Domiciliary Care Agency  
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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> Mrs Stacey McCusker – acting, no application required
<b>Responsible Individual:</b> Dr Anne Kilgallen	<b>Date registered:</b> 1 August 2020 – acting
<b>Person in charge at the time of inspection:</b> Interim Manager	
<b>Brief description of the accommodation/how the service operates:</b>  Rathview Mews Supported Living Service, Omagh, is a supported living type of domiciliary care agency. The agency provides personal care and social support to adults who have severe 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 10 May 2021, at 10.45am by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) and Nursing and Midwifery Council (NMC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practices, monthly quality monitoring, Dysphasia and Covid-19 guidance.

## 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.

The inspection focused on:

- contacting the service users, WHSCT representatives and staff to obtain their views of the service.

- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

#### 4.0 What people told us about the service

We spoke with three service users and two staff.

In addition, we received three service user/relative questionnaires which indicated that all respondents were happy with the service provided by the agency.

Comments received during the inspection process -

##### Service users' comments:

- "I like living here; it's grand, ok, no problems."
- "I can come and go as I please."
- I am more responsible now. I am my own boss. I have my own choices."
- "I am very happy and relaxed living here and the staff are good to me."
- "I have independence."
- "I am happy with the way things are run."
- "It's just great."
- "I have control of my own finances."
- "I have a lot more privacy here. I don't have any worries of people coming in to my room."
- "Staff are 100%."

##### Staff comments:

- "The manager is great and very approachable. There is an open door policy."
- "Service users are given choice, respect and dignity."
- "We have a close knit staff team."
- "I've learnt so much from the multi-disciplinary team."
- "I am happy working here and it's a relaxed atmosphere."
- "Training is beneficial."
- "I am aware of the safeguarding and whistleblowing policy and procedures."
- "The service users appear to be happy here and we are trying to support their independence."

Following the inspection, we also received feedback from three HSCT professionals.

##### HSCT professionals' comments:

- "Communication from the service is excellent. Staff are very supportive to our team and engage at a very good level. The staff are very supportive and helpful to the service users and are always very approachable."
- "The care provided to the service users in Rathview Mews is of a high standard and individualised to the service users."

- “All information is shared in relation to the service users open to the recovery team to ensure their mental health and well-being is assessed, therefore ensuring the care provided is based on individual need.”
- “There is an excellent level of care provided in Rathview Mews.”
- “Any issues or concerns raised are reviewed and addressed in a timely manner using a collaborative approach.”

## **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 inspection to Rathview Mews Supported Living Service was undertaken on 20 November 2018 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 agency’s provision for the welfare, care and protection of service users was reviewed. The agency’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The agency has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed.

Discussions with the manager demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff were aware of the ASC and the procedure to follow if they have any concerns. It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the WHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that three adult safeguarding referrals have been made since the last inspection. All referrals were managed in accordance with the agency’s policy and procedure.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The agency has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act. It was discussed that the service users currently residing in Rathview Mews all have capacity and are independent in respect of all matters including finances and medication.

The manager confirmed that the agency does not manage individual service users' monies. The service users spoken with confirmed that they have control of their own finances.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

It was noted that restrictive practices are not in place for any of the service users within Rathview Mews.

### **5.2.2 Is there a system in place for identifying care partners who visit service users to promote their mental health and wellbeing during Covid-19 restrictions?**

The manager advised us that there were no care partners visiting service users during the Covid-19 pandemic restrictions.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff. Recruitment is undertaken by the agency's Human Resources (HR) Department within WHSCT.

A review of the records confirmed that all staff provided are appropriately registered with NISCC and the NMC. Information regarding registration details and renewal dates are monitored by the manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager told us that the agency does not use volunteers or voluntary workers.

### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and WHSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters,

complaints, staff recruitment , training, and staffing arrangements. It was noted that an action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

There is a process for recording complaints in accordance with the agency's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the agency's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process.

The manager confirmed that the agency had not received any specific recommendations from Speech and Language Therapy (SALT) in relation to service users' dysphagia needs to ensure the care received in the setting was safe and effective.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was established during discussions with the manager that the agency had not been involved in any Significant Event Analysis (SEA's) or Early Alerts (EA's). The manager spoke about one Serious Adverse Incident (SAI) however this related to a service user within the hospital setting rather than within the supported living agency.

## **6.0 Conclusion**

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team.

## **7.0 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the interim manager as part of the inspection process and can be found in the main body of the report.



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