

Inspection Report

22 June 2021



The Mews Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 143a Glen Road, Belfast, BT11 8BP
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Admin to populate boxes below as per information on Iconnect

Organisation/Registered Provider: The Cedar Foundation	Registered Manager: Mr Shane Hamill
Responsible Individual: Mrs Margaret Cameron	Date registered: Acting, registration pending
Person in charge at the time of inspection: Mr Shane Hamill	
Brief description of the accommodation/how the service operates: The Mews Supported Living Service is a domiciliary care agency supported living type situated in Belfast. The agency provides personal care and housing support for up to 12 service users who have living in individual apartments. The tenant group includes people with disabilities, autism or brain injuries who require support to increase independence and enhance their quality of life. The services are commissioned by the Belfast Health and Social Care Trust (HSCT) and Supporting People.	

2.0 Inspection summary

An unannounced inspection took place on 22 June 2021 from 10.35 to 16.35 by the care inspector.

This inspection focused on staff recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, incident reporting, complaints management, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users. There were good governance and management oversight systems in place. Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the service was 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, their relatives, HSCT 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.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided, this included questionnaires. In addition, an electronic survey was provided to enable staff to feedback to the RQIA.

4.0 What people told us about the service

We spoke with one service user, two relatives and six staff. No questionnaires were received prior to the issuing of the report. There was no response to the electronic survey.

Comments received during the inspection process

Service users' comments:

- "I am happy here, the staff are good. Staff help me."
- "I am getting a new phone today; the staff will go with me."
- "Staff take me out."
- "I speak to staff if I am worried."

Relatives' comments:

- "The Mews is a brilliant place; the staff are fantastic and very supportive. I have a good relationship with the staff; they are very approachable and listen. The staff are open and honest with us; we have built up a good trust. My son is very happy living there and it is a great relief that he is settled."
- "I have no concerns, the staff will work with us to ensure **** (service user) is looked after. There is good communication, any restrictions are discussed with us and I know that *****'s (service user) care is discussed at the multi-disciplinary meeting with the Trust."
- "Staff keep me informed of all changes."
- "Everything is working well; the staff look after him well."
- "Everything is very good, ***** (service user) tells us he is happy. This is a much better place than the place he was in before."
- "***** (service user) is very settled, we have no concerns."
- "Staff are very attentive."
- "It makes us happy that ***** (service user) is settled because we are getting older and worried about his future."

Staff comments:

- “I am happy working here.”
- “It is very busy and intense; the service users have complex needs.”
- “I feel there is good support; we can speak to the team leaders or the manager.”
- “We can raise concerns.”
- “We try to help the service users to be as independent as possible.”
- “I have no complaints, happy in my job and we have a good staff team.”
- “It has been a challenging time for the service users and staff during the pandemic.”

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 The Mews Supported Living Service was undertaken on 19 December 2019 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 organisation'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 organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated and was reviewed during the inspection.

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 could describe the process for reporting concerns, including out of hours arrangements.

It was noted that staff are required to complete adult safeguarding training during their induction programme and required 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 in relation to adult safeguarding matters. Records viewed and discussions with the manager indicated that adult safeguarding referrals made since the last inspection had been managed appropriately.

The service users who spoke to us indicated that they had no concerns regarding their safety; they stated that they 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. A relative who spoke to us indicated that they had no concerns with regards to the safety of their relative; they stated that staff are very approachable and attentive and listen to any comments they have.

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.

There are a number of restrictive practices in place; it was noted that appropriate risk assessments were completed in conjunction with the HSCT representatives and are reviewed regularly.

The manager and staff were provided with training appropriate to the requirements of their role. This included DoLS training. Those spoken with demonstrated that they have an understanding that people who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

There are arrangements in place to ensure that service users who require high levels of supervision or monitoring and restriction have had their capacity considered and where appropriate assessed.

Where a service user is experiencing a deprivation of liberty, the care records contain details of assessments completed and agreed outcomes developed in conjunction with the HSCT representatives. It was identified that the care needs of service users including any restrictions are reviewed as part of a weekly multi-disciplinary team meeting in conjunction with HSCT representatives.

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

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 identified that staff and visitors are required to have temperature checks before entering the service.

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 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.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. 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 for ensuring their registrations were up to date.

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 evidence of engagement with service users, service user's relatives, staff and HSCT representatives. Comments included:

- "Happy of support I received to look after my home."
- "I couldn't be happier."
- "My son is very well settled."

The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; and staffing arrangements including recruitment and training. 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 addressed.

There is a process for recording complaints electronically in accordance with the agency's policy and procedures. All complaints are reviewed by the Head of Service in conjunction with the manager. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the agency's monthly quality monitoring process. It was positive to note that the records of complaints received, the actions taken and the outcomes were detailed and comprehensive. It was noted that a number of complaints have been investigated in conjunction with the HSCT; there is one complaint currently ongoing.

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

There was a system in place to ensure that staff received supervision and training in accordance with the agency's policies and procedures.

It was established during discussions with the manager that there is currently an investigation ongoing in relation to a Serious Adverse Incident (SAI's).

With regards to Dysphagia and Speech and Language therapy (SALT) swallow assessment and recommendations; the discussions with the manager and staff and review of service user care records indicated that there are currently no service users who have swallowing difficulties or who are on a modified diet.

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 manager/management team

7.0 Quality Improvement Plan/Areas for Improvement

	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 Shane Hamill, Registered Manager, as part of the inspection process and can be found in the main body of the report.



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