

Unannounced Care Inspection Report 12 February 2019



The Mews Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 143a Glen Road, Belfast, BT11 8BP
Tel No: 0289061 1014
Inspector: Aveen Donnelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

The Mews is a, supported living type domiciliary care agency, situated in Belfast. The agency provides personal care and housing support to up to 12 individuals who have tenancies in self-contained apartments. The tenant group includes people with disabilities, autism or brain injuries and who require support to increase independence and enhance their quality of life. The services are commissioned by the Belfast Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Ms Eileen Marian Thomson	Registered Manager: Mrs Ciara Todd
Person in charge at the time of inspection: Mrs Ciara Todd	Date manager registered: 13 November 2018

4.0 Inspection summary

An unannounced inspection took place on 12 February 2019 from 09.50 to 16.40 hours.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011. The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The care records were well maintained and evidenced a person-centred approach to care delivery. There were examples of good practice found throughout the inspection in relation to the culture and ethos of care. There was evidence of good governance and management systems in place.

The agency's consideration of the tenants' human rights in relation to the use of restrictive practices is commended. The support provided to tenants in relation to them fulfilling their ambitions was also commended.

Areas for improvement were identified in relation to the recruitment processes and the staff registrations with the Northern Ireland Social Care Council (NISCC).

The tenant met with indicated that they were very happy living in The Mews.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and tenants' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Details of the Quality Improvement Plan (QIP) were discussed with Ciara Todd, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 29 November 2017

No further actions were required to be taken following the most recent inspection on 29 November 2017.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No responses were received.

Ten questionnaires were also left with the manager to obtain feedback from tenants and/or their representatives. No questionnaires were returned within the deadline for inclusion in the report.

The inspector requested that the person in charge place a 'Have we missed you'" card in a prominent position in the agency to allow tenants and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

During the inspection process the inspector spoke with the manager, three staff members, four tenants' representatives, three HSC Trust representatives and one tenant. Further detail is included within the body of the report.

The following records were examined during the inspection:

- recruitment checklist and related records
- staff induction and training records
- supervision and appraisal matrix
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- restrictive practice register
- staff meeting' minutes
- tenants' meeting' minutes
- compliments records
- monthly quality monitoring reports
- the Statement of Purpose
- the Service User Guide

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 November 2017

The most recent inspection of the agency was an unannounced care inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 29 November 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

The agency's registered premises are located at 143a Glen Road, Belfast and were suitable for the purposes of the agency.

At the time of the inspection, the agency was being managed by the manager, with a deputy manager, eight team leaders and a team of support workers. The agency's staffing arrangements were discussed and the inspector was advised that there were currently two staff vacancies. These vacancies were being filled by agency staff who were familiar with the agency and the tenants. Relatives spoken with stated that there had been a high turnover of staff and that the tenants' schedules were not consistently adhered to. This matter was relayed to the manager, who advised that two staff had recently been appointed as Behaviour Practitioner Leads and that the agency was awaiting the required checks before the staff commenced employment. Plans were also in place to recruit a Social Inclusion Officer, whose role would be to promote the inclusion of tenants in various activities.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. Recruitment checklists reviewed indicated that all pre-employment information had generally been satisfactorily completed; however, the review of supporting recruitment records identified that in one staff record, the references on file did not include a reference from the staff member's most recent employer. In the second record reviewed, a gap in employment was evident and there was no evidence that this had been explored as part of the recruitment process. This was discussed with the manager. An area for improvement has been made in this regard.

The inspector was unable to evidence that there was a robust system in place to ensure that all staff were registered with NISCC within the required timescales. The review of the records confirmed that there were three identified staff members, who were not registered with NISCC.

The manager provided assurances to the inspector, that only those staff members who were registered with NISCC would be supplied by the agency, until this matter had been addressed. Following the inspection, the regional manager for the service confirmed to RQIA by telephone on 5 March 2019, that the registrations of the three identified staff members had been completed. An area for improvement has been made in this regard.

A review of records confirmed that all staff, including staff from other domiciliary care agencies, had received a structured induction programme in line with the timescales outlined within the Regulations.

There were systems in place to monitor staff performance and to ensure that they received support and guidance. This included mentoring through formal supervision meetings and completion of annual appraisals. These areas were monitored by the management team as part of their quality monitoring processes. The inspector was informed that the manager and deputy manager had completed a training course on 'coaching and mentoring' and that the team leaders were in the process of completing this also.

Discussion with staff and a review of the training records confirmed that training had been provided in all mandatory areas. Additional training in areas such as positive behaviour support coaching and resilience had been provided to relevant staff. Awareness training on autism and epilepsy had been provided and bespoke training had been provided in relation to the specific needs of individual tenants. The manager also advised that the agency provided staff with a four-day training course in the Management of Actual or Potential Aggression (MAPA).

Discussion with staff confirmed that they were knowledgeable about their specific roles and responsibilities in relation to adult protection and how they should report any concerns that they had. Any incidents that had been referred to adult safeguarding from the date of the last care inspection had been managed appropriately. Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that a senior director within the organisation holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures.

A review of the accident and incident records confirmed that they were managed appropriately and were notified to the HSC Trust in keeping with local protocols.

Discussion with the manager indicated and a review of the records confirmed that any restrictive practices used, were considered and agreed in conjunction with the tenants and their relevant representatives. A review of the records confirmed that restrictive practices were reviewed on a regular basis and were overseen by the manager, as part of the agency's governance audits. It was good to note that the restrictive practice register gave due consideration to the impact on the tenants' human rights for each restriction used. This is good practice and is commended.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development, adult safeguarding and risk management. The agency's consideration of the tenants' human rights in relation to the use of restrictive practices is commended.

Areas for improvement

Areas for improvement were identified in relation to the recruitment processes and the staff registrations with the Northern Ireland Social Care Council (NISCC).

	Regulations	Standards
Total number of areas for improvement	2	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The full nature and range of service provision was detailed in the Statement of Purpose and Service User Guide. The agency's arrangements for appropriately assessing and meeting the needs of the tenants were examined during the inspection.

A review of the care records identified that they were maintained in accordance with the legislation and standards.

Care reviews with the HSC Trusts were noted to be held as required. Discussion with the manager indicated that care and support plans were updated to reflect changes agreed at the review meetings.

The agency had developed and maintained a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to the tenants. Monthly quality monitoring was undertaken by a senior manager within the organisation. Quality monitoring reports indicated consultation with a range of tenants, staff and as appropriate HSC Trust representatives.

There was evidence of effective communication with the tenants and their representatives and with relevant HSC Trust representatives, as required. Staff meeting' minutes reflected that there was effective communication between all grades of staff and this was supported by staff spoken with during the inspection. Tenants were also encouraged to attend meetings, which were held on a regular basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the tenants.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspection sought to assess the agency's ability to treat the tenants with dignity and respect; and to fully involve them/their representatives in decisions affecting their care and support. The culture and ethos of care was found to promote dignity, respect, independence, rights, equality and diversity. This was reflected through the staff attitudes and the delivery of the service.

The staff had a good knowledge of the tenants they supported. The review of the care records identified that the agency had obtained information that outlined their life histories, family and community relationship networks.

Participation in activities in the local and wider community were encouraged, with appropriate staff support. The manager discussed various activities including attending social groups, such as 'Community Roots', shopping trips or going to the cinema, dining out, going to football matches or museums. Day trips were facilitated where possible. The inspector was informed of plans for one tenant to fly to Manchester, to visit the set of Coronation Street. This is particularly commended as the tenant had never been on a plane before.

The agency had received positive feedback through the quality monitoring report from HSC Trust representatives regarding the ability of the agency staff to work in partnership to meet the needs of the tenants. Comments viewed within the records are detailed below:

- "(Team Leaders) are supporting (the tenant) excellently."
- "They are supporting (tenant's name) extremely well."
- "They are doing a great job forging relationships."
- "This place is great."

Comments viewed in the monthly quality monitoring reports included:

- "The support provided is amazing and the staff have been brilliant."
- "We are extremely happy with the care and support provided, the staff are good people and we know that they are honest and kind."

Consultation with one tenant indicated that they were happy with the care and support provided. The inspector also spoke with the manager, three staff members, four tenants' representatives and three HSC Trust representatives. Some comments received are detailed below:

Tenants' representatives

- "They are very friendly, I have no concerns."
- "Everything is ok."
- "The girls are fantastic."
- "Happy that (tenant's name) is there, they have settled in now."

One relative spoken with discussed specific concerns in relation the staffs' adherence to the tenants' schedule of activities. Given that the manager had advised that two Behaviour

Practitioner Leads and a Social Inclusion Officer were in the process of being recruited, the specific comments were relayed to the manager, for review and action as appropriate.

Staff

- “Everyone is supported very well.”
- “There is a very collaborative, supportive culture, where we encourage the people to live their lives the way they want.”
- “I am really proud to be working here, the value based interviews used here, ensures that the right kind of people are employed.”

HSC Trust representatives

- “They have provided an excellent service, taking into account the complexities of service users’ needs.”
- Excellent, this is one of the best community units I have been in, communication is good and the management is very good.”
- “Generally good.”

The inspector also provided ten questionnaires to the manager, for her to distribute, as appropriate to the tenants and/or their representatives. No questionnaires were returned within the timeframe for inclusion in this report.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing the tenants and their representatives. The support provided to tenants in relation to them fulfilling their ambitions was commended.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed the management and governance systems in place within the agency to meet the needs of the tenants; it was identified that the agency has effective systems of management and governance in place.

The organisational structure of the service was clearly reflected in the service user guide and in the statement of purpose. Advice was given in relation to the need for the registered manager’s details to be included in the Statement of Purpose and Service User Guide. Following the inspection, the updated documents were submitted to RQIA by email on 26 February 2019.

The day to day operation of the agency was overseen by the manager, eight team leaders and a team of care staff. In addition the agency's on call system ensured that staff could avail of management support 24 hours a day. The manager advised that the current on-call arrangements were currently being considered in relation to having a specifically trained person for the agency, who would be able to give support in relation to behaviour management.

Staff spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All those consulted with described the manager in positive terms. It was evident that the manager had worked very hard to ensure that the tenants' needs were being met and to improve communication between staff and the tenants' representatives.

There was a process in place to ensure that any complaints received were managed in accordance with regulation, standards and the agency's own policies and procedures. The manager advised that no complaints had been received from the last care inspection. All those consulted with were confident that staff/management would manage any concern raised by them appropriately. Discussion with the manager and a review of records confirmed that tenants were encouraged to raise concerns, at the tenants' meetings.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement; discussion with the management team and a review of relevant records evidenced that all areas identified in the action plan had been addressed.

The agency had an Equal Opportunities Policy. This outlined the agency's commitment to ensuring that the tenants were treated equally. The agency collected equality data on tenants such as; age, gender, race, disability, marital status via the commissioning trust referral information. Staff had also attended training on equality and diversity.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years.

Review of records pertaining to accidents and incidents confirmed that these were appropriately managed. RQIA had been notified appropriately of any reportable incidents.

There was evidence of effective collaborative working relationships with key stakeholders, including the HSC Trust, families of the tenants and staff.

On the date of inspection the registration certificate was up to date and displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ciara Todd, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP 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 the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 13(d) Schedule 3(4) and (8)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection.</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to:</p> <ul style="list-style-type: none"> • Two written references, including a reference from the person's present or most recent employer, if any. • A full employment history, together with a satisfactory written explanation of any gaps in employment. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager along with Cedar Foundation Human Resources Department will complete preemployment checks ensuring references are obtained from the persons present or most recent employer, and, that any gaps in employment are queried and a satisfactory explanation evidenced. The Registered Manager along with Cedar Foundation's Human Resouce Department will ensure full and satisfactory information is available as specified in schedule 3.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(d) Schedule 3(7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of the inspection.</p>	<p>The registered person shall ensure that no domiciliary care worker is supplied by the agency unless full and satisfactory information is available in relation to him in respect of each of the matters specified in Schedule 3.</p> <p>This relates specifically to the care staffs' registration with the Northern Ireland Social Care Council (NISCC)</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Manager completes regular checks on staffs NISCC registration status and will ensure no staff member is working in the premises without the appropriate registration. All staff are supported to complete their NISCC registration if this is their first time in a support or care role. All staff who have worked previously in a care or support role and who would have been required to register with NISCC are asked for their registration details at the application and induction stage. Regular checks by the manager ensure all staff are informed of when their NISCC is due for repayment or when their registration is due to be renewed.</p>



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care