

Unannounced Care Inspection Report 19 December 2019



The Mews Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 143a Glen Road, Belfast, BT11 8BP
Tel No: 028 9061 1014
Inspector: Corrie Visser

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 on the Glen Road in West Belfast. The agency provides a range of support including personal care and housing support for up to 12 individuals who have tenancies in self-contained 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 and Supporting People.

3.0 Service details

Organisation/Registered Provider: The Cedar Foundation Responsible Individual: Margaret Cameron	Registered Manager: Kelly Devlin – Acting (no application required)
Person in charge at the time of inspection: Margaret Cameron	Date manager registered: Kelly Devlin is acting as manager until new manager is appointed. No application is required for Ms Devlin.

4.0 Inspection summary

An unannounced inspection took place on 19 December 2019 from 10.00 hours to 13.45 hours.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties 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 be seeking 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 choices and freedoms associated with any person living in their own home.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to recruitment process, induction for staff, training and development and monitoring and ensuring registration with the Northern Ireland Social Care Council (NISCC).

There were no areas identified for improvement during inspection.

Service users' comments are incorporated throughout the report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Mrs Margaret Cameron, responsible individual, 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 12 February 2019

The completed QIP was returned and approved by the care inspector.

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 12 February 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included 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 provided for distribution to the service users and their representatives. One response was received however it does not specify if it is from a service user or a relative. The respondent stated they are "very satisfied" in all aspects of the care being provided.

During the inspection process the inspector spoke with the responsible individual, two head of living managers, four staff members, four tenants' representatives, two HSC Trust representatives. No tenants were available during the consultation process. Further detail is included within the body of the report.

The following records were examined during the inspection:

- five recruitment files
- 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

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The inspector would like to thank the responsible individual, manager, service users, service user’s relatives and staff for their support and co-operation throughout the inspection process.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 12 February 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (d) Schedule 3 (4) and (8) Stated: First time	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. This relates specifically to: <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. Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector reviewed five recruitment files and it was noted that all checks were completed prior to the commencement of	

	employment. This included two references – a character reference and a reference from the staff member’s previous employer. The application form was also reviewed and it was noted there any gaps in employment were explained either in the application form or during the interview process.	
Area for improvement 2 Ref: Regulation 13 (d) Schedule 3 (7) Stated: First time	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. This relates specifically to the care staffs’ registration with the Northern Ireland Social Care Council (NISCC) Ref: 6.4	Met
	Action taken as confirmed during the inspection: The inspector reviewed the matrix the agency uses to monitor the registration of staff on the NISCC register, including agency staff. It was evidenced that all of the staff working for the agency are registered accordingly. Any agency worker who is not registered or if the registration has lapsed is not provided and the matrix is colour coded in relation to this.	

6.2 Inspection findings

6.3 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 are suitable for the purposes of the agency.

At the time of the inspection, the agency’s manager left her post at the end of November 2019. It was arranged that Ms Kelly Devlin, Head of Living Options would undertake this role until the new manager was appointed in the middle of January 2020. The agency is aware that RQIA is required to be notified of the change of manager and an application would be progressed. There were two deputy manager positions vacant and the agency were interviewing on the day of inspection. There was also a vacancy for a team leader and the closing date to this ended on the day of inspection. The agency had 50 employees and four bank staff. The inspector was

advised that there has been a shortage of staff however agency workers were assisting with these vacancies. It was also reported that Ms Devlin and Mrs Cameron were also providing support to the tenants if there were staff shortages. There appeared to be a general consensus in speaking to staff that pressures were being put on them due to staff shortages, however they were grateful that the agency workers were being provided. It was raised, however, that agency staff were not trained in MAPA, therefore were unable to support certain tenants. It was important to note that positive changes were being made since Ms Devlin was in post and it was hoped that these changes would continue.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. As stated in the QIP, there were issues in relation to securing two reference checks, however in the five records viewed during inspection, appropriate references had been sought which is in compliant with regulation. The staff did not commence post until all checks had been completed and they had completed their induction including shadowing more experienced members of staff. The application form was also viewed and any gaps in employment history had been explored in the application form and also in the interview.

The inspector was provided with a matrix evidencing the registration of staff with NISCC. Permanent and agency staff were included in this matrix. The matrix was colour coordinated and any staff who was not registered or their registration had lapsed was highlighted in red and the manager advised that these staff members would not be provided for any shifts. It was evidenced that the agency had all the registration numbers and expiry dates for all members of staff.

A review of induction records evidenced that all paperwork was signed off and the staff had the appropriate training including safeguarding, communication, deprivation of liberty, diversity and equality, Management of Actual or Potential Aggression (MAPA), administering medication. There was a system in place to ensure that the training for all staff was up to date, both mandatory and eLearning. It was reported to the inspector that if the staff do not keep their training up to date, they will not be provided for a shift until this is completed.

A discussion with a member of staff highlighted that it was not made clear in the job description or the interview that a requirement of the job was to be trained in MAPA and feels the job was "mis-sold" on this basis, as well as it not being made clear the level of personal care required. This was discussed with the responsible individual who advised that this area will be made clear in the job description and during the interview process.

Discussion with staff confirmed that they were knowledgeable about their specific role and responsibilities in relation to adult protection and they should report any concerns that they had. They were satisfied to how any concerns were managed and stated that these were done in a timely way by senior management. Mrs Margaret Cameron is the agency's Adult Safeguarding Champion (ASC) and it was discussed that all safeguarding activity is in accordance with the regional policies and procedures.

All accidents and incidents were managed appropriately and were notified to the HSC Trust in keeping with local protocols. It was also discussed that any concerns or complaints made about the agency were considered and the agency has devised an action plan which the inspector and the Trust deemed appropriate to meet the demands of the service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training and development, ensuring all staff are registered with NISCC, recruitment, managing complaints and incidents, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 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 agency's Statement of Purpose and Service User Guide. The remit for meeting and the assessing the needs of the tenants was in accordance with the legislation and standards. The agency works closely with the commissioning Trust to ensure care and support plans are updated to reflect changes agreed at review meetings.

There was evidence that the agency attends meeting with the HSC Trust ensure that they are the appropriate provision to meet the needs of the tenants.

There was also evidence of effective communication with the tenants and their representatives and with relevant HSC Trust representatives, as required. Staff meeting minutes showed that there was effective communication between all grades of staff and this was supported by staff spoken with during inspection. It should be commended that the responsible individual has a presence within the agency and feeds back to the staff in relation to the agency's operation and with regard to the needs of the tenants. Tenants meetings were also held on a regular basis and tenants were encouraged to attend these so their voices can be heard.

Areas of good practice

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

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

6.5 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.

The inspector spoke with the responsible individual, manager, four staff members, five tenants' representatives and two HSC Trust representatives. Some comments received are detailed below:

Tenants' representatives

- "we are happy, **** is well cared for."
- "**** is well settled and loves it there."
- "**** loves it and is very happy."
- "staff are proactive in dealing with any concerns I have."
- "everything is perfectly ok."
- "**** is well settled."
- "no time is being spent with ****."
- "**** was allocated more hours and it is not happening."
- "no one is ever with him. The staff are always in the staff room."
- "too many changes in staff. Why are they leaving?"
- "staff book tickets for **** to go to concerts which he enjoys."
- "**** is happy enough living there. **** is a lot more settled over the past few weeks."

Staff

- "we are always on the go. It is busy and very challenging but I love the place."
- "there has been a decrease in levels of staff but we are still able to meet the tenants needs."
- "there has been a lot of change in the service, but good change."
- "the changes being put in place will benefit Cedar."
- "we were firefighting prior to the change of management, but there has been a positive difference."
- "some staff go out of their way and give up their own time for the tenants."
- "love my work, it's rewarding."
- "the job is very challenging but there is lots of training."

HSC Trust representatives

- “the staff are more than helpful to give updates.”
- “**** is very happy living there and likes the staff.”
- “the manager has changed and a positive difference has been made.”
- “the frequency and intensity of incidents with **** has decreased.”
- “the staff have got to know **** very well.”
- “there were glitches in the beginning but all is settled now.”
- “****’s health has improved and staff have been great with implementing this.”

Unfortunately the inspector was unable to speak to any tenants for discussion of the service, however their next of kin stated they were happy living in The Mews.

The above comments were discussed with the manager and the concerns raised with the inspector will be discussed with the staff team to ensure the quality of care is improved to the tenants.

The inspector also provided ten questionnaires to the manager, for her to distribute, as appropriate to the tenants and/or their representatives. One questionnaire was received however it is unclear if it is from a service user or a relative, however the feedback was “very satisfied” with all aspects of care being provided by the agency.

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 agency has recruited a new manager who will be commencing post by the end of January 2020. The agency will be required to update their Statement of Purpose and Service Users Guide to reflect the change of manager and also progress an application with RQIA for this person to be appointed the registered manager.

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. There was a general consensus from discussions with staff and professionals that positive changes had been implemented from the change of manager and it was hoped that these changes will continue so as to ensure a high level of care is being provided to the tenants.

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 agency devised an action plan in relation to complaints received to detail how the agency were going to rectify the issues. This was agreed through a strategy meeting with the commissioning Trust.

Discussions with relatives and staff reflected that there was a clear, known process of how to raise concerns. It was positive to note that any concerns that were raised were dealt with and managed in a timely way and staff were described as "proactive".

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.

On the date of inspection the registration certificate was up to date and displayed appropriately. The agency will require a new certificate when the new manager is appointed. This was discussed with the responsible individual who advised that this will be progressed once the manager is in post.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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)