

# **Unannounced Care and Finance Inspection Report 15 July 2020**



## **Mainstay DRP, Rathdree Supported Housing Service**

**Type of Service: Domiciliary Care Agency**  
**Address: 31 St Patrick's Drive, Downpatrick, BT30 6NE**  
**Tel No: 02844839683**  
**Inspectors: Kieran Murray**  
**Joseph McRandle**

[www.rqia.org.uk](http://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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a domiciliary care agency supported living type which provides personal care and housing support to 18 people with learning disability needs from the South Eastern Health and Social Care Trust (SEHSCT) area. Service users are supported by 18 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individual(s):</b> Mrs Helen Owen	<b>Registered Manager:</b> Mr Gareth Anthony Baker (Acting)
<b>Person in charge at the time of inspection:</b> Gareth Anthony Baker (Acting Manager)	<b>Date manager registered:</b> Mr Gareth Anthony Baker – “registration pending”

### 4.0 Inspection summary

An unannounced inspection took place on 15 July 2020 from 14.00 to 17.00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence received from the:

- Agency

Since the last inspection on: 2 May 2019. Correspondence has included:

- Notifications
- Other

Following review of this information, the inspector identified that the information received show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an:

- On-site inspection approach

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 Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

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

No areas requiring improvement were identified during this inspection.

**Evidence of good practice was found in relation to:**

- staff recruitment
- staff induction
- care records
- care reviews
- covid-19 education and management, including infection prevention and control (IPC) measures and updating of the policy
- use of personal protection equipment (PPE)
- service user involvement
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)
- the general financial arrangements for service users

**Service user comments:**

- "Just doing some carving to keep myself active with the coronavirus."
- "We have been given adequate information on covid-19."
- "Since lockdown I haven't been going out."
- "We keep social distance i.e. two meters apart."
- "I am washing my hands continually."
- "Staff use PPE to keep them and us safe."
- "The staff are keeping us physically fit by going for walks."
- "It's difficult not getting home to visit during covid-19."
- "I report any concerns to a senior."
- "I am allowed more social creativity."

**Relative's comments:**

- "I communicate any problems and we resolve together."
- "I don't have to worry about XXX at all."
- "I skype with XXX every night."
- "I have been down to Rathdree but miss giving XXX a hug."
- "Staff are very good and caring."

**HSCT representative comments:**

- "Staff are compassionate in their approach."
- "Service is very adaptable."
- "Person-centred approach."
- "(Agency) Good working relationship to complete testing of service users and staff."

**Staff comments:**

- "We continue to protect, respect and maintain human rights of service users."
- "I completed an induction folder plus a NISCC handbook."
- "We are aware of full PPE with personal care."
- "The management is always there if you need them."
- "If I had concerns I could go to any of the senior team or executive team."
- "(Agency) There is no negativity in the team."
- "There is plenty of information on covid-19."
- "There is nothing concerning us at the minute."

- “Never seen anything inappropriate. If I did I would say.”
- “We did IPC training through the phone (Zoom).”

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
<b>Total number of areas for improvement</b>	0	0

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

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

#### 4.2 Action/enforcement taken following the most recent care inspection dated 2 May 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 2 May 2019.

#### 5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During our inspection we focused on contacting the service users, their relatives and staff to find out their views on the service. We also spoke with HC professionals involved with the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following.

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

During the inspection the inspector met with the manager, senior support worker, three service users, two staff and a telephone conversation following the inspection with one service user’s relative and one SEHSCT professional.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

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 provide their views electronically to RQIA regarding the quality of service provision; no responses were received for inclusion in the report.

Ten questionnaires were also provided for distribution to the service users and their representatives; no responses were received for inclusion in the report.

The inspector requested that the person in charge place a "Tell us" card in a prominent position in the agency to allow service users, family members and friends 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.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The inspector would like to thank the manager, senior support worker, service users, service user's relatives, staff and SEHSCT staff for their support and co-operation throughout the inspection process.

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

## 6.0 The inspection

Areas for improvement from the last care/finance inspection dated 2 May 2019		
Action required to ensure compliance with Domiciliary Care Agencies Minimum Standards, 2011.		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	Staff are supervised and their performance appraised to promote the delivery of quality care and services.	<b>Met</b>
	This relates specifically to completed supervisions and appraisals of staff.  Ref: 6.3	
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records relating to supervision and appraisals and found that they were up to date at the time of inspection.	

## 6.1 Inspection findings

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's Human Resources (HR) Department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to AccessNI. The inspector reviewed documentation in staff files in relation to pre-employment checks which provided assurances that AccessNI checks were completed before commencement of employment.

The agency's induction programme outlines the induction programme which included the NISCC Induction Standards, lasting at least three days which is in accordance with the timescales detailed within the Regulations.

A review of 4 records confirmed that staff were currently registered with NISCC. The inspector noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

The inspector reviewed the records relating to staff training and found that two members of staff had not completed Deprivation of Liberty safeguarding (DoL's) training. However, within the agreed timescale the manager forwarded evidence to RQIA that both staff members had completed DoL's training. The inspector reviewed the information and found it to be satisfactory.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the safeguarding of adults (2016) which were the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had made a number of safeguarding referrals to the SEHSCT since the last inspection 2 May 2019 and that the referral had been managed appropriately. On the day of the inspection the Annual Position Report was not available for review by the inspector. However, within an agreed timescale the manager forwarded the report to RQIA. The inspector reviewed the report and found it be satisfactory.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.



The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in reporting concerns. The staff members spoken to were confident that management would take them seriously and act upon their concerns.

On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the HSCT and were noted to have been reviewed every year. It was positive to note that each restrictive practice was aligned to the specific area of the Human Rights Act.

The manager discussed the plans in place to address DoL's practices in conjunction with the SEHSCT.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, and annual care reviews with the service user, representatives and relevant Trust representative.

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 and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The inspector noted the following comments from service users, relatives, HSCT professionals and agency staff on the monthly quality monitoring reports:

### **Service users**

'I like staff to talk to me when I am worried.'  
'XXX happy in the house, I don't mind not getting out.'

### **Relatives**

'All gold stars – my XXX is well-taken care off.'

### **HSCT professionals**

'XXX is happy with the service Rathdree provides.'

### **Staff**

'All staff keep up a great standard of care.'

The inspector reviewed the Statement of Purpose (2020) and Service User Guide (2020) and noted that both documents needed to be updated to include information on DoL's and Covid-19. The manager forwarded both documents within an agreed timescale. The inspector reviewed both documents and found them to be satisfactory.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, NISCC registrations, adult safeguarding, risk management, collaborative working and service user involvement.



## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### Covid-19:

The inspector spoke to two staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff spoken to on the day of the inspection were aware of the guidance in relation to use of PPE for activities that brought them within two meters of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

The inspector reviewed records relating Infection prevention and control policies, training and use of PPE which were in-line with the guidance. The policies and procedures had been updated to include covid-19. The inspector noted that staff had signed the new policies to indicate that they had read the new policy and procedures.

Policies and guidance were available in hard copy within the agency office.

Staff who spoke to the inspector described how and where donning and doffing of PPE happened within the agency.

The inspector reviewed records that indicated that service users and staff had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Service users and staff spoken to on the day of the inspection were that If someone is in isolation with suspected COVID-19, they must not visit shared spaces such as sitting areas /common rooms.

The inspector evidenced daily cleaning schedules within the agency. The inspector noted easy read two meter guides for service users throughout the agency.

Hand sanitisers were placed in different areas throughout the agency for service users and staff to use to ensure good hand hygiene.

The manager advised the inspector that monitoring of staff practices took place during hand washing audits, observations during shifts and zoom calls.

The manager advised the inspector that information was disseminated to staff via circulars and WhatsApp on their phone.

## Areas of good practice

Compliance with Cov-19 guidance.

## Areas for improvement

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

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### **Management of Service Users' finances**

Financial systems and controls in place at the agency regarding service users' monies were reviewed; these included the system for recording transactions undertaken on behalf of service users, the system for recording the reconciliations of service users' monies, the system for charging service users' for transport and the system for retaining service users' monies.

Discussion with staff confirmed that a corporate appointee was in place for 15 service users, i.e. a person authorised by the Social Security Agency to receive and manage the social security benefits on behalf of an individual. A sample of two service users' files evidenced that copies of written confirmation from the Social Security Agency for the member of staff to act as their appointee were retained within the files.

Good practice was observed as monies held on behalf of service users were reconciled (checked) daily and recorded. Two signatures were recorded against the records of the reconciliations.

Discussion with staff confirmed that a bank account was in place for each service user. A review of a sample of statements from two bank accounts confirmed that the accounts were in the name of the service users. A sample of deposits and withdrawals identified within the bank statements was reviewed. The amounts reviewed were in line with the amounts detailed in the service users' statements of weekly income and estimated charges which were agreed with the service users and their representatives.

Good controls were observed in relation to the management of the bank accounts as the records of the withdrawals and deposits identified within the statements were checked and agreed by two members of staff on a monthly basis.

Discussion with staff confirmed that a transport scheme was in operation at the time of the inspection. A sample of transport invoices raised for two service users was reviewed. The miles incurred for the journeys were recorded along with the rate per mile. The miles charged to the service users agreed to the miles recorded within the transport book.

Records also showed that the amounts owed by service users for transport were withdrawn from the service users' bank accounts. A sample was taken of amounts withdrawn from two service users' bank accounts, the amounts withdrawn agreed to the amounts invoiced to the service users for their journeys.

A review of two service users' files showed that copies of written agreements between the service users' and the agency were retained within the files. The agreements provided details of the terms and conditions for staying at the agency, the current fee charged to service users and a list of the services provided at an additional cost.

Discussion with staff confirmed that updated agreements were recently issued to service users and their representatives however; the agreements had not been signed and returned to the agency at the time of inspection. Staff were advised to follow up on the agreements to ensure that signed copies were retained within the service users' files.

A review of records and discussion with staff confirmed that individual transaction sheets were maintained for each service user. The sheets were used to record the details of transactions undertaken on behalf of service users, including purchases of items and payments for additional services. The transaction sheets were also used to record monies deposited at the agency on behalf of service users.

A review of records from eight purchases undertaken by staff on behalf of five service users showed that the details and the amount of the purchases were recorded. Two signatures were recorded against all of the transactions reviewed. Receipts from the purchases were retained at the time of the inspection. Good practice was observed in relation to the audit process as a number was recorded on the receipts and the corresponding number was recorded against the purchases in the service users' transaction sheets.

### Areas of good practice

There were examples of good practice found in relation to: reconciling service users' monies, the controls surrounding the transport scheme and service users' bank accounts, up to date written agreements issued to service users and the system for recording transactions undertaken on behalf of service users.

### Areas for improvement

No areas for improvement from were identified during the finance inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)