

Unannounced Care Inspection Report

06 July 2017



MENCAP

Type of Service: Domiciliary Care Agency
Address: 67 - 69 Princetown Road, Bangor, BT20 3TD
Tel No: 028 9127 3190
Inspector: Jim McBride

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

Mencap, Bangor, is a supported living type domiciliary care agency located close to Bangor town centre. The agency's staff provide 24 hour care and support to a maximum of 15 tenants with a learning disability. Service users live in either single or double self-contained apartments. The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life. Specific services provided by the agency include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs and wishes. Discussion with the staff and observation of service users provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector would like to thank the person in charge, service users and agency staff for their support and co-operation throughout the inspection process.

3.0 Service details

Organisation/Registered Provider: MENCAP Barry McMenamin	Registered Manager: Sinead Murphy
Person in charge at the time of inspection: Support Worker	Date manager registered: 17 February 2009

4.0 Inspection summary

An unannounced inspection took place on 06 July 2017 from 09.00 to 13.30. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

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:

- Care reviews
- Staff induction
- Training and development.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the staff member on duty, 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 5 December 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 05 December 2016.

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 inspection report and quality improvement plan (QIP)
- Record of notifiable events for 2016/2017
- Record of complaints notified to the agency
- Communications with the agency.

Specific methods/processes used in this inspection include the following:

- Discussion with a support worker
- Discussion with one service user
- Evaluation and feedback
- Agency staff member's records
- Staff member's induction and training records
- Staff training records including:
 - Safeguarding
 - Human rights
 - Challenging behaviour
 - Makaton
 - Risk assessment
 - Positive behaviour support.
- The agency's statement of purpose (January 2017)
- Monthly quality monitoring reports completed on behalf of the registered provider.

During the inspection the inspector spoke with a staff member on duty who was able to give a comprehensive overview of the service. One service user spoke generally with the inspector. During this inspection the inspector had the opportunity to observe staff interact with the service users, who were going about their daily activities.

At the request of the inspector staff were asked to distribute ten questionnaires to staff for return to RQIA. Seven questionnaires were returned. The inspector also asked staff to distribute ten questionnaires to tenant's. It was disappointing to note that no questionnaires were returned from service users. Further detail of feedback is included throughout this report.

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

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 December 2016

The most recent inspection of the agency was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 5 December 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with		Validation of compliance
Area for improvement 1 Ref: Standard 8.7 Stated: First time	It is recommended that the registered provider should review and update that agency's Statement of Purpose to include details of the name and address of the registered provider and the registered manager.	Met
	Action taken as confirmed during the inspection: The agency have updated their Statement of Purpose in January 2017 and the document in place was satisfactory.	

6.3 Inspection findings

6.4 Is care safe?

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

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's induction policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions

with the person in charge that during induction staff complete mandatory training and shadow other staff employed by the agency. A record of the induction programme provided to staff is retained by the agency.

The person in charge discussed methods used to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users; this included measures taken to ensure continuity of staff provided. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. The inspector noted that the agency currently use the services of three other registered domiciliary agency's to provide services to tenants. The records of identification, training and induction of agency staff from these agencies was in place and the records were satisfactory.

The inspector noted from documentation viewed that the agency maintains a record of individual staff supervision and appraisal; records viewed indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. One staff member confirmed that they did receive supervision and appraisal and could describe the benefits.

The agency has a system in place for recording staff training; the person in charge could describe the process for identifying gaps in training in conjunction with the organisations training co-ordinator and for ensuring that required training updates are completed. It was noted that staff are required to complete required a range of mandatory training and in addition training specific to the needs of individual service users.

The inspector viewed that agency's staff training information and noted that the records indicated that staff had completed relevant training. The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy and it was also noted that the agency provided training information sessions for staff in relation to the updated procedures.

The agency has identified an Adult Safeguarding Champion (ASC) (2017); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has a process for maintaining a record of referrals made to the HSC Trust safeguarding team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made four referrals in relation to adult safeguarding since the previous inspection. These incidents were discussed with the person in charge who stated that the incidents had been resolved satisfactorily.

Discussions with the person in charge indicated that they had a clear understanding of safeguarding issues and the process for reporting concerns; they also had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and additional update training.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. It was noted that the agency's risk assessments, support planning and review, and risk management policies outline the processes for assessing and reviewing risk. It was noted that service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed in conjunction with service users. The inspector noted some of the comments made by service users during their annual reviews:

- "I'm very happy no concerns."
- "I have a good relationship with staff and other service users."

The inspector viewed a range of risk assessments and care and support plans in place relating to individual service users. It was identified that the monthly governance arrangements include an audit of risk assessments and care practices.

The agency's registered premises are located within the same building as the service users' accommodation; it includes an office area that is suitable for the operation of the agency as described in the Statement of Purpose (2017).

Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

Questionnaire comments

- "Service users are safe in their environment."
- "Risks are regularly reviewed."
- "Risks are well managed."
- "Risks assessments are in place to ensure safety."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to staff induction, training, supervision and appraisal; adult safeguarding and risk management.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy.

One staff member described the methods used to ensure that service users are supported to be involved in the development of their care and support plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

Discussions with staff and records viewed indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by one of the agency's senior management team.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding referrals and in addition details of the review of staffing arrangements and documentation. The inspector noted some of the comments received from tenants, staff, relatives and HSC trust professionals:

Tenants:

- "I have no concerns about the support I receive."
- "I enjoy living in Princetown Road."
- "I like the support from staff."
- "I like living here."

Relatives:

- "Staff here have learned how to communicate well with *****."
- "The team is very supportive."

Staff:

- "I get good support from the managers."
- "Training is beneficial."
- "Both managers are very approachable."
- "Everyone communicates well together."

HSC Trust:

- "My two clients are well supported."

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with staff, and observations of staff interactions during the inspection indicated that staff communicate appropriately with service users.

The agency facilitates service user meetings. The inspector noted some of the topics discussed during meetings:

- Activities
- Fire safety
- New tenants
- Personal safety.

Staff meetings are facilitated and a record of issues discussed maintained.

The inspector noted some of the topics discussed during meetings:

- Tenants
- Support plans
- Training
- Recording and reporting
- Good practice
- Complaints.

The agency records evidenced a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

Questionnaire comments:

- “The care provided is person centred and individualised.”
- “All support is geared towards achieving goals to ensure increased independence.”

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to effective record keeping, audits and reviews, quality monitoring and communication between service users, relatives and agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

During the inspection the inspector sought to assess the agency's ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

Observations made during the inspection indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe ways in which they support the service users to take positive risks.

The inspector noted that staff provide care in an individualised manner and ensure that service users are encouraged and supported to make informed choices. It was identified that the agency has provided a range of information in alternative formats to support service users to meaningfully engage in decisions about their individual care and support.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency's documentation. Processes to effectively engage and respond to the comments and views of service users and were appropriate representatives are maintained through the agency's compliments and complaints process; monthly quality monitoring visits; care review meetings; annual stakeholder, service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement.

Seven returned questionnaires from staff indicated:

- Staff receive appropriate training for their role
- Staff receive supervision and appraisal.

Questionnaire Comments:

- "MENCAPs values remain at the centre of all the work staff carry out."
- "The needs of service users are a priority."
- "All staff are very motivated and go over and beyond within their role."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the provision of person centred compassionate care and the effective engagement of service users and their relatives.

No areas for improvement were identified 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 management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented effective systems of management and governance.

The agency has in place a range of policies and procedures in accordance with those outlined within the minimum standards; they are retained both in a paper format stored within the agency's office and online for staff. The arrangements for policies and procedures to be reviewed, every three years, were found to have been implemented consistently.

The inspector noted that the agency has a systematic approach in auditing and reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the person in charge that the agency's governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with agency staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received.

It was identified from records viewed that the agency has received no complaints since the previous inspection.

The inspector viewed information that evidenced that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints on a monthly basis. The inspector viewed evidence of appropriate staff induction, training, supervision and appraisal.

There was evidence of effective collaborative working relationships with stakeholders, including the HSC Trust representatives and relatives. The inspector noted positive feedback from the HSC Trust representatives regarding the ability of the agency to work in partnership to achieve the better outcomes for individual service users.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The person in charge stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC). It was noted that a record is maintained by the agency and the HR department detailing registration details and expiry dates.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards. The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated.

Seven returned questionnaires from staff indicated that:

- Current staffing arrangements meet service user's needs.
- Any complaints from service users are listened to.

Questionnaire comments:

"It's useful having the managers on site."

"Management support structure is fantastic advice is always available."

"Staff are supported to maximise full potential of service users."

"The service is managed professionally by staff and management."

"We operate a friendly, approachable and caring service."

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements, management of complaints, incidents and quality monitoring.

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
 @RQIANews