

# Unannounced Care Inspection Report 5 December 2016



## MENCAP

**Type of service: Domiciliary Care Agency**  
**Address: 67 - 69 Princetown Road, Bangor BT20 3TD**  
**Tel no: 02891273190**  
**Inspector: Joanne Faulkner**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of MENCAP (10773) took place on 5 December 2016 from 10.00 to 17.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

Delivery of safe care was evident on inspection. The agency has in place robust recruitment, staff induction and training systems and aims to ensure that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care Trust(HSCT), and when required other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during the inspection.

### Is care effective?

Delivery of effective care was evident on inspection. The agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and review of individualised care and support plans. The agency has in place systems for reviewing and monitoring of the quality of care in conjunction with service users, and where appropriate their representatives, and for providing ongoing assurance of continuous service improvement. There are systems in place to promote effective communication with service users and stakeholders. No areas for quality improvement were identified during this inspection.

### Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was embedded throughout staff attitudes and the provision of individualised care and support. It was noted from observations made and discussions with staff and service users that staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected; there was evidence of positive risk taking to enable service users to live a fulfilling life. The inspector identified evidence of a range of positive outcomes for service users. The agency has effective systems in place for obtaining and responding to the views and opinions of service users. The inspector identified evidence of a range of positive outcomes for service users; a system developed and implemented to support one individual to communicate their views and choices more effectively with staff was viewed by the inspector. No areas for quality improvement were identified during this inspection.

## Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers operate the agency in accordance with the Minimum Standards and fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with HSCT representatives and other external stakeholders was identified. One area for quality improvement was identified during this inspection in relation to the agency's Statement of Purpose.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards 2011.

### 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with the person in charge, 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.

### 1.2 Actions/enforcement taken following the most recent care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> MENCAP/Barry Joseph McMenamin	<b>Registered manager:</b> Sinead Marie Murphy
<b>Person in charge of the service at the time of inspection:</b> Project Worker	<b>Date manager registered:</b> 6 June 2012

### 3.0 Methods/processes

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

- Discussion with the person on charge and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Recruitment Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Complaints Procedure
- Data Protection Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the minimum standards.

During the inspection the inspector met with two service users, the person in charge and three staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; eight staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

#### 4.0 The inspection

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 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.

#### 4.1 Review of requirements and recommendations from the last care inspection dated 30 March 2016

There were no requirements or recommendations made as a result of the last care inspection.

#### 4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanism for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that the agency's recruitment policy is required to be updated to reflect the full range of pre-employment checks required in accordance with minimum standards. The person in charge stated that confirmation is received when the process has been completed, and provided assurances that staff are not provided until all necessary checks and training has been completed. The inspector viewed correspondence received by the agency informing them that satisfactory pre-employment checks had been completed for individual staff members. It was identified that service users are supported to be involved in the staff recruitment process.

The agency's induction programme, 'Shape your Future' outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted that staff are required to complete the organisations induction programme during the initial twelve weeks of employment. The inspector viewed records maintained by the agency relating to the induction programme provided; it was noted that staff are required to complete a range of

induction booklets. Records viewed outlined the information provided and additional support provided to staff during their induction and probation periods.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity. It was identified from discussions with the person in charge that relief staff are currently being accessed from another domiciliary care agency. The inspector noted that the agency maintains staff profiles for relief staff provided electronically; however during the inspection the relevant records were collated into a folder to be retained in the agency's office to ensure access of the information to all staff as required.

Staff could describe how the induction programme provided had equipped them for the requirements of their job role. They stated that their initial induction had included training, shadowing other staff members, meeting service users and becoming familiar with their individual care needs. Staff who met with the inspector indicated that they had the knowledge and skills to carry out their job roles; they could describe the need to provide care in a manner that respects the privacy, dignity and choices of service users and the benefits of supporting service users to take positive risks.

Discussions with the person in charge, staff and service users indicated that there are available at all times an appropriate number of skilled and experienced persons to meet the assessed needs of service users. Staff rota information viewed reflected staffing levels as described by the person in charge and staff; it was noted that staffing levels are adapted to meet the needs and routines of service users.

The agency's 'Shape your Future' policy outlines the frequency and process to be followed in relation to supervision and appraisal. The inspector identified that the agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff confirmed that they received supervision and appraisal and felt that they were beneficial to them. The person in charge could describe additional training that they are being facilitated to complete in relation to developing their leadership skills.

The agency has an electronic system for recording training completed and for highlighting when training is required to be updated. The person in charge described the process for identifying gaps and the role of the organisations training co-ordinator. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users i.e. positive behavioural support. Staff stated that they can highlight individual training needs at any time and confirmed that training is discussed during supervision and appraisal meetings.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation has recently reviewed their policy and procedures relating to the safeguarding of vulnerable adults to reflect information contained within the guidance and in line with HSCT procedures. It was noted that the policy is currently in draft format. The agency maintains records in relation to safeguarding vulnerable adults.

It was identified from discussions with staff and records viewed relating to staff training that staff are required to complete a workbook and face to face training in relation to safeguarding vulnerable adults during their induction period. The person in charge stated that staff are required to complete an annual training update. Staff who met with the inspector demonstrated

that they had an understanding of safeguarding issues and could describe the procedure for reporting concerns.

Staff had knowledge of the agency's whistleblowing policy and were aware of their responsibility in highlighting and raising concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. The person in charge and staff could describe the process for assessing and reviewing risk; service users stated that they are encouraged and supported to be involved in the completion of risk assessments and management plans. From records viewed it was identified that risk assessments and care plans are reviewed annually. The inspector noted that service users are encouraged to set individual goals and staff support them to achieve positive outcomes.

The agency's registered premises are located in the same building as the service users' accommodation; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

Eight staff questionnaires were returned to RQIA; responses received would indicate that staff are satisfied that safe care is provided.

#### **Service user comments**

- 'I like living here.'
- 'I live here with my wife.'
- 'My keyworker keeps me right.'

#### **Staff comments**

- 'I got a lot of training when I started and I shadowed other staff.'
- 'I feel listened to; I can speak up.'
- 'Supervision is worthwhile; I can raise issues.'
- 'I am happy working here.'
- 'I think we currently have enough staff; can fluctuate due to the needs of the service users.'
- 'Friendly, comfortable scheme.'

#### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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#### **4.3 Is care effective?**

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided by the agency is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection, and record keeping policies detail the processes for the creation, storage, retention and disposal of records; the inspector noted that records viewed during the

inspection were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed the care records for a number of the service users; it was noted that staff record daily the care provided to service users and in addition complete a monthly summary report in conjunction with each individual service user. who spoke to the stated that they are supported to participate in the development of their care plans. Records viewed indicated that risk assessments and care plans are reviewed and updated in accordance with the agency's policies and procedures. Service users stated that they are encouraged to participate in the development of their individual care and support plans.

It was identified from records viewed and discussions with person in charge that the agency has in place systems to monitor, audit and review the effectiveness and quality of care provided to service users.

It was identified that the service manager is required to complete a monthly report and in addition a monthly quality monitoring visit is completed by another service manager from within the organization. The inspector noted from records viewed that the views of service users and where appropriate relevant representatives had been recorded. The record includes details of the audit of complaints, compliments, accidents, incidents, safeguarding concerns and in addition a review of staffing, documentation and financial management arrangements are completed.

The agency facilitates tenant partnership meetings; records viewed and discussions with service users indicate that they are encouraged to attend and given opportunity to express their views and opinions. Service users stated that they are provided with details of the agency's complaints procedure and could describe the process for making a complaint. It was noted that the agency maintains a record of all compliments and complaints.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice and that the service user guide contains details of the process for accessing independent advocacy services.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and staff and observation of staff interaction during the inspection indicated that staff communicate appropriately and effectively with service users. The inspector observed that service users can speak to staff at any time and those who spoke to the inspector made positive comments about staff. The agency facilitates regular service user and staff meetings and a record is maintained of issues discussed.

The person in charge could describe instances of liaison in order to achieve better outcomes for service users and stated that the agency seeks to establish effective working relationships with the HSCT representatives and other stakeholders.

Eight staff questionnaires were returned to RQIA; responses received would indicate that staff are satisfied that the care provided is effective.

### **Service users' comments**

- 'I talk to staff when I am worried.'
- 'Staff take me out, my walking is not too good now.'



- 'I don't know where I would be without the staff.'
- 'The staff help me with cooking, showering and taking my tablets.'

### Staff comments

- 'Service users have choice; everything is up to them.'
- 'We promote independence.'
- 'We are given opportunity to develop our skills.'
- 'Care levels are the highest they can be but we are constantly improving and adapting to the service users' needs.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## 4.4 Is care compassionate?

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, support and life choices.

The inspector noted that issues relating to confidentiality forms part of the staff induction process. Agency staff had knowledge of the agency's confidentiality procedure and could describe the importance of ensuring confidentiality at all times. Staff stated that the views and choices made by service users determine the care and support provided. Staff stated that they are provided with human rights training; it was noted that service users are provided with human rights information in an easy read format. Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation and that care is provided in a person centred manner.

During the inspection the inspector viewed a number of individual service user care plans and noted that they were written in a person centred manner. Service users stated that they are encouraged to be involved in the development of their care plans. Records of service user meetings indicated the involvement of service users; the person in charge stated that service users decide the frequency of meetings.

The inspector viewed a range of information in an alternative format provided by the agency to enable service users to have a clearer understanding of the information being provided. The inspector viewed a range of documentation which included the views and comments of service users. Formal processes to record and respond to service users are maintained through the agency's compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, and tenant partnership meetings.

The inspector observed staff communicating with service users in a manner which respected the individual views and feelings of service users. Service users stated that they could make choices regarding their daily activities and that staff respect their privacy and dignity.

Discussions with staff and service users indicated that service users are involved in decision making relating to the care and support they receive.

During the inspection the inspector viewed a communication tool in a pictorial form developed for one of the service users to enable them to effectively communicate their views and choices to staff; it was noted that one staff member has been co-ordinating the implementation of this system and has been involved in supporting other staff.

Staff could describe the process for liaising with HSCT representatives in relation to instances where there are concerns regarding capacity and consent issues.

Staff could describe the processes in place to evaluate the quality of service provided; it was noted that they are completed in a manner which takes into account the views of service users and their representatives. The agency's monthly quality monitoring, service users meetings' and satisfaction questionnaires provide evidence of consultation with service users and where appropriate their representatives.

Eight staff questionnaires were returned to RQIA; responses received would indicate that staff are satisfied that the care provided is compassionate.

### **Service users' comments**

- 'I am happy here.'
- 'I am going out today for lunch.'
- 'I miss XXXX; they were nice and helped me.'
- 'We go to out on the bus to Portaferry.'

### **Staff comments**

- 'I love it here.'
- 'Service users have individual Person Centred Plans.'
- 'The service users are all so different; they like to do different things.'
- 'Care is extremely person centred; good to see tenants involved in all aspects of their care.'
- 'Staff are attentive and caring; it is vital that the service user is involved in care planning.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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## **4.5 Is the service well led?**

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has in place a range of policies and procedures which were noted to have been reviewed and updated in accordance with timescales denoted within the Minimum Standards.

It was identified that the agency's policies and procedures are retained electronically and additionally that a number of key policies are in paper format and retained in the agency's office. Staff could describe the process for accessing the agency's policies.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with the person in charge and staff indicated that they have the knowledge of the agency's policy and they were familiar with the process for receiving and managing complaints. The person in charge could describe the support provided to service users in making a complaint to the housing provider.

Documentation viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk; these include ongoing review of required policies and procedures, and monthly audit of safeguarding incidents, complaints and incidents notifiable to RQIA.

It was identified the agency has in place management and governance systems to drive quality improvement. Arrangements for managing and reviewing of incidents and complaints include mechanisms for identifying trends and reducing the risk of recurrences. Records viewed provided evidence of appropriate staff supervision, appraisal, and management of performance issues.

The agency's Statement of Purpose and Service User Guide are kept under review. The organisational and management structure of the agency outlines lines of accountability and roles of staff; however it was recommended that the record be updated to include details of the name of the registered provider and registered manager.

The inspector identified that during induction staff are provided with a job description which outlines the role and responsibilities of their job role. Staff who spoke to the inspector demonstrated that they had a clear understanding of their roles and responsibilities. Service users were aware of staff roles and had knowledge of who to contact if they required assistance or had a concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided by the agency.

Discussions with the person in charge and staff indicated that the agency works collaboratively with HSCT representatives and other external stakeholders.

Staff stated that they can access support of the manager or the person in charge at any time and described the process for receiving support out of office hours. Discussions with staff indicated that their views and opinions are listened to and that the agency addresses issues raised.

Staff who met with the inspector could describe their responsibility in reporting concerns and had knowledge of the agency's whistleblowing policy.

Eight staff questionnaires were returned to RQIA; responses received would indicate that staff are satisfied that the service is well led.

## Service user comments

- 'I have no complaints.'
- 'The staff are decent.'

## Staff comments

- 'I feel supported; I can report any concerns to the person in charge.'
- 'The service is well managed.'
- 'Staff are constantly trained.'

## Areas for improvement

One area for improvement was identified during the inspection in relation to the agency's Statement of Purpose.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	1
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with person in charge, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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 Domiciliary Care 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time  <b>To be completed by:</b> 12 March 2017	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.  <b>Response by registered provider detailing the actions taken:</b> The Statement of Purpose has been reviewed and now has up to date details of the name and address of the registered provider and the registered manager.

*\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\**



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