

# Inspection Report

18 November 2021



## MENCAP

Type of service: Domiciliary Care Agency  
Address: 67 - 69 Princetown Road, Bangor, BT20 3TD  
Telephone number: 028 9127 3190

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<b>Organisation/Registered Provider:</b> MENCAP <b>Responsible Individual:</b> Mr Barry Mc Menamin	<b>Registered Manager:</b> Mrs. Anita Shannon  <b>Date registered:</b> Awaiting registration
<b>Person in charge at the time of inspection:</b> Manager	
<b>Brief description of the accommodation/how the service operates:</b> 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 20 service users with a learning disability both at the registered address and within the local community.	

## 2.0 Inspection summary

An unannounced inspection was undertaken on 18 November 2021 between 9.00 a.m. and 1.10 p.m. by the care inspector. This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service user's homes. There were good governance and management oversight systems in place. Good practice was also found in relation to the system in place of disseminating Covid-19 related information to staff and others.

One area for improvement has been made relating to the monthly quality monitoring.

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.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure

compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, notifications, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- discussions with service users and staff to find out their views on the service.
- reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

Information was provided to service users, relatives, staff and other stakeholders to request feedback on the quality of service provided. This included questionnaires for service users/relatives.

#### 4.0 What people told us about the service

We spoke with one service user and two staff. We also provided an electronic survey for staff to complete. No staff returns were received prior to the issue of this report.

Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



Do you feel your care is safe?

- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- “A good service.”
- “Excellent.”

## Comments received during inspection process-

### Service users' comments:

- "Staff always treat me with respect."
- "My keyworker is good and reliable."
- "I have no complaints."
- "The manger listens if I have any problems."

### Staff comments:

- "My induction was comprehensive and I had the opportunity to shadow other staff."
- "All my training is up to date."
- "Good staff communications."
- "The manager has an open door policy."
- "We promote independence and choice."

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to MENCAP was undertaken on 22 October 2020 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's policy and procedures reflect information contained within the Department of Health's (DoH) regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated this was reviewed and was satisfactory.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation

to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. Records viewed and discussions with the Manager indicated that one adult safeguarding referral had been made since the last inspection this was managed as per policies and procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had undertaken DoLS training appropriate to their job roles.

Examination of service users care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review for a number of service users. We established that the processes had been discussed the HSCT representatives.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment had rights as outlined in the Mental Capacity Act.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Question with regards care- Dysphagia**

The discussions with the Manager, staff and review of service user care records reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff had made a referral to the multi-disciplinary team for specific SALT recommendations to ensure the care received in the service user's home was safe and effective.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and engage with service users. Records viewed evidenced that criminal record checks (AccessNI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

#### **5.2.4 Are there robust governance processes in place?**

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service user's relatives, staff and HSCT representatives. The reports included details of the review of service user care records; accident/incidents; safeguarding matters; complaints; staff recruitment and training, and staffing arrangements. It was noted that 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. One area for improvement was made relating to a number of reports not being completed.

We noted some of the comments received during monthly quality monitoring:

##### **Service users:**

- "I like all the staff."
- "Good care and support."
- "Staff are pretty nice."

##### **Staff:**

- "I have a passion for the job."
- "\*\*\*\*\* is very supportive."
- "I find the work interesting."

##### **Relatives:**

- "Things are going well."
- "I'm happy with \*\*\*\* transition."
- "We are happy with the level of care and support."

##### **HSC Staff:**

- "I have a good working relationship with the service."
- "Good collaborative working."
- "Good staff communication."

There is a process for recording complaints in accordance with the agency's policy and procedure. It was noted that no complaints were received since the last inspection.

It was established during discussions with the Manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the Manager/management team.

## 7.0 Quality Improvement Plan/Areas for Improvement

One area for improvement has been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Findings of the inspection were discussed with Mrs Anita Shannon, registered manager, as part of the inspection process and can be found in the main body of the report.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 23(1), (2)(a), (b) (i) (ii), (c), (3)  <b>Stated:</b> First time  <b>To be completed by:</b> From Inspection Date	<p>(1) The registered person shall establish and maintain a system for evaluating the quality of the services which the agency arranges to be provided.</p> <p>(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding-</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided; and</p> <p>(c) has responded to recommendations made or requirements made imposed by the Regulation and Improvement Authority in relation to the agency over the period specified in the request.</p> <p>(3) The report referred to in paragraph (2) shall be supplied to the Regulation and Improvement Authority within one month of the receipt by the agency of the request referred to in that paragraph, and in the form and manner required by the Regulation and Improvement Authority.</p> <p>This refers to the monthly quality monitoring reports which are required to be submitted to RQIA every month until further notice. These reports are to contain a robust analysis of the operation of the agency.</p> <p><b>Response by registered person detailing the actions taken:</b></p> <p>The service manager will ensure all monthly quality monitoring reports are available at the time of inspection. Until further notice the registered manager will forward the completed quality monitoring report to RQIA every month.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**





The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**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)

Assurance, Challenge and Improvement in Health and Social Care