

# Unannounced Care Inspection Report

## 17 June 2016



## MENCAP

**Type of Service: Domiciliary Care Agency**

**Address: 112 Fairgreen, Keady BT60 3UR**

**Tel No: 02837531590**

**Inspector: Joanne Faulkner**

## 1.0 Summary

An unannounced inspection of MENCAP (10862) took place on 17 June 2016 from 10.15 to 17.30.

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 training and induction systems and ensures 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 (HSC) Trust, 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. One area for quality improvement was identified in relation to the agency's recruitment policy.

### 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 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 robust 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 and their representatives. The inspector identified evidence of a range of positive outcomes for service users. 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 and collaborative working partnerships with HSC Trust representatives and other external stakeholders was evident. No areas for quality improvement were identified during this inspection.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011, previous inspection outcomes and any information we have received about the service since the previous inspection.

### 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 Sinead Murphy, registered manager, 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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 2.0 Service details

<b>Registered organization/registered provider:</b> MENCAP/Barry Joseph McMenamin	<b>Registered manager:</b> Sinead Marie Murphy
<b>Person in charge of the agency at the time of inspection:</b> Sinead Marie Murphy	<b>Date manager registered:</b> 15 May 2013

### 3.0 Methods/processes

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

- Discussion with the registered manager and staff
- Examination of records
- Consultation with service users and stakeholders
- Evaluation and feedback

Prior to inspection the following records were analysed:

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

The following records were viewed during the inspection:

- Four service users' care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- 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
- Staff Handbook
- Recruitment Policy
- Pre-employment checklist
- Probation Policy
- Capability Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Complaints Procedure
- Data Protection Policy
- Document Retention Policy
- Report and Record Keeping 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 registered manager and four staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; six staff and three service user questionnaires were returned.

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 (10862) is a supported living type domiciliary care agency which provides domiciliary care and housing support to adults with a learning disability in a supported living setting in Keady, Co Armagh. The agency's office is located in the service users' homes.

The agency's staff provide 24 hour care and support to five tenants who share the premises.

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 registered manager, 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 registered manager, 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 2 October 2015

Last care inspection statutory requirements		Validation of compliance
<b>Ref:</b> Regulation 15(2) (b)  <b>Stated:</b> First time	The registered person shall, after consultation with the service user, or if consultation with the service user is not practicable, after consultation with the service user's representative, prepare or ensure that a written plan ("the service user plan") is prepared which shall— (b) specify the service user's needs in respect of which prescribed services are to be provided;	Met
	<b>Action taken as confirmed during the inspection:</b> It was noted that the required risk assessment related to a restrictive practice; the manager stated that the restrictions are no longer in place.  It was noted that care plans in place specify the service user's needs in respect of which prescribed services are to be provided.	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.3  <b>Stated:</b> First time	Policies and procedures are centrally indexed and compiled into a policy manual.	Met
	<b>Action taken as confirmed during the inspection:</b> It was identified that the agency's policies and procedures are maintained electronically and in paper format.	

#### 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 registered manager 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. It was identified that service users are 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 an induction handbook. Records viewed outlined the information and additional supervision and support provided during the 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 registered manager that relief staff are not accessed from another domiciliary care agency.

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 indicated that they had the knowledge, skills and support to carry out their roles; they could describe the need to provide care and support 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 registered manager, 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 manager and staff.

The agency's 'Shape your Future' policy outlines the frequency and process to be followed relation to supervision and appraisal. It was 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 in their role.

The agency has an electronic system for recording training completed and for highlighting when training is required to be updated; it was viewed by of the inspector. The registered manager 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 individual supervision and appraisal meetings. Staff who spoke to the inspector stated that training provided was beneficial to their role.

The inspector examined the agency's provision for the welfare, care and protection of service users. The agency has in place a policy relating to the safeguarding of vulnerable adults. The registered manager 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 is currently in the process of reviewing their policy and procedures to reflect information contained within the guidance and in line with HSCT procedures.

The agency maintains records in relation to safeguarding vulnerable adults; discussions with the registered manager and records viewed indicated that the agency has adhered to policy and procedures in dealing with allegations of any suspected or actual abuse.

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 manager stated that staff are required to complete an annual training update. Staff who met with the inspector demonstrated that they had a good understanding of safeguarding issues and could describe the types of abuse, possible indicators and 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 manager and staff could describe the process for assessing and reviewing risk; service users confirmed that risk assessments and management plans are completed in conjunction with them and where appropriate their representatives. The person completing the agency's quality monitoring, audits risk assessments and any restrictive practices in place. From records viewed it was identified that risk assessments and care plans are reviewed six monthly.

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.

Six staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is safe.

### **Service user comments**

- 'I like living here.'
- 'I am happy with everything; I have no concerns.'

### **Staff comments**

- 'More staff would be good to allow us to go out on more trips with the service users.'
- 'We have enough staff to meet the needs of the service users.'
- 'Supervision is worthwhile.'
- 'Training is good.'

### **Areas for improvement**

One area for improvement was identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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### 4.3 Is care effective?

During the inspection the inspector reviewed that 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 outline the procedures for the creation, storage, retention and disposal of records; it was noted from a range of records viewed during the inspection that they were maintained in accordance with legislation, standards and the organisational policy.

The inspector viewed the care records for four of the service users; service users stated that they are supported to participate in the development of their care plans. It was noted that staff record daily the care and support provided to service users. Documentation viewed indicated that risk assessments and care plans are reviewed and updated in accordance with the agency's policies and procedures and that service users have an annual review involving HSCT representatives.

Documentation viewed and discussions with the registered manager and staff indicated that the agency has in place robust arrangements to monitor, audit and review the effectiveness and quality of care delivered to service users.

The manager stated that the monthly quality monitoring visit is completed by another manager within the organization. It was noted that records of visits completed included the views of service users and where appropriate relevant representatives. The documentation 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. It was noted that an action plan is developed.

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

The inspector noted that the agency issues questionnaires to service users and stakeholders annually to ascertain their views on the quality of the service being provided.

It was noted that the agency provides service users with human rights information issued by the Ministry of Justice and information relating to accessing an advocate.

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 observation of staff interaction during the inspection indicated that staff communicate effectively with service users. It was 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 manager stated that the agency seeks to maintain effective working relationships with the HSC Trust and other agencies; staff could describe instances of liaison in order to achieve better outcomes for service users.

Six staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is effective.

### Service users' comments

- 'Staff help me with my cooking; I help clean the kitchen.'
- 'I have no complaints; I can do what I want.'
- 'I speak to the staff if I am worried.'
- 'I am happy with the help I get.'

### Staff comments

- 'Service users are supported to live as independently as possible.'
- 'If I have any concerns I speak to the manager.'

### Areas for improvement

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

Agency staff could describe the importance of ensuring confidentiality at all times and had knowledge of the agency's confidentiality procedure. Staff could describe how the views and choices of service users are central to care and support provided; they described examples of positive risk taking to enable service users to live as independently as possible. Discussions with staff and training records viewed indicated that staff had received human rights training during their initial induction; 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 an individualised manner.

Care plans viewed were written in a person centred manner and service users confirmed that they are involved in developing their individual care and support plans and in making decisions relating to the care they receive. Records of tenant meetings reflected the involvement of service users and detailed decisions made by service users in relation to shared living.

The inspector viewed a wide range of information provided in an alternative format used to enable service users to have a clearer understanding of the information being provided.

The inspector noted that the views of service users and/or their representatives were recorded throughout a range of relevant agency documentation. 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, annual service user and stakeholder questionnaires and tenant partnership meetings.

During the inspection the inspector observed staff communicating with service users in a manner which respected the individual views, choices 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. Records viewed and discussions with staff and service users indicated that service users are involved in decision making relating to a range of matters. The inspector viewed documentation used to support service users in making informed decisions; it outlines the processes used and outcomes achieved.

The manager could describe the process for liaising with the HSC Trust in relation to instances where there are capacity and consent issues identified.

The manager could describe the systems 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, tenant's meetings', group reflection event and annual satisfaction questionnaires provide evidence of consultation with service users and where appropriate their representatives.

Six staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the care provided is compassionate.

### **Service users' comments**

- 'I like it here; I have just moved in.'
- 'I go shopping on a Friday and I can choose what I want.'
- 'Staff listen to me.'
- 'I talk to my key worker.'
- 'Staff help us to make our food; we have separate cupboards for our food.'
- 'Staff have been really kind to me.'
- 'We go to the pub.'

### **Staff comments**

- 'I like my job; it's not a chore to work here.'
- 'The service users can do what they want; they are supported to do a number of things individually such as cooking, shopping and going to the theatre.'
- 'Service users are consulted about their care.'

### **Areas for improvement**

No areas for improvement were identified during the inspection.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 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. During the inspection the inspector viewed a number of policies and procedures electronically; the inspector discussed with the manager and staff the complexities and challenges of navigating the system. The registered manager stated that the agency has recently installed an updated electronic system and that staff are currently becoming familiar with accessing information; assurances were provided that staff would receive relevant support and training in relation to familiarising themselves with the new system.

It was identified that the agency's data protection and complaints policy were required to be updated to include details of RQIA; the inspector was provided with assurances that the policies would be reviewed and updated.

Documentation viewed and discussions with the registered manager 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.

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 registered manager 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.

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 organisational and management structure of the agency outlines lines of accountability and roles and responsibilities of staff. It was noted that during their 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. The agency's Statement of Purpose and Service User Guide are kept under review.

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 staff indicated that they work collaboratively with HSCT representatives and other external stakeholders.

Staff stated that they can access support of the registered manager at any time and described the process for receiving support out of office hours. It was noted that the agency has in place a reference file for staff containing important information on a range of areas and in addition relevant contact details of persons to contact for advice or guidance. Staff indicated that their views and opinions are listened to and that the agency addresses issues raised.

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

Six staff and three service user questionnaires were returned to the inspector; responses received from both service users and staff would indicate a high level of satisfaction that the service is well led.

### Service user comments

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

### Staff comments

- 'Training is good it refreshes your memory.'
- 'I feel supported.'
- 'We are given the opportunity to develop our knowledge.'
- 'We have staff meetings.'

### Areas for improvement

No areas for improvement were identified during the inspection.

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

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sinead Murphy, registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the 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 person/s 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 the Domiciliary Care Agencies Minimum Standards. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

## 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) and assessed 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 person/manager 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 person/manager 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 11.1  <b>Stated:</b> First  <b>To be completed by:</b> 17 October 2016	The registered person should ensure that the agency's policy and procedures for staff recruitment detail the recruitment process and comply with legislative requirements and DHSSPS guidance.  <b>Response by registered person detailing the actions taken:</b> Mencap's Recruitment policy and procedures will be updated to detail our recruitment process and comply with legislative requirements and DHSSPS guidance in advance of 17 October 2016.

*\*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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