

**Unannounced Care Inspection
of
Mencap**

2 October 2015

1. Summary of Inspection

An unannounced care inspection took place on 2 October 2015 from 09.45 to 16.15. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with Sinead Murphy, the registered manager and Katrina Cox, team manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: MENCAP/Barry Joseph McMenamin	Registered Manager: Sinead Marie Murphy
Person in Charge of the Agency at the Time of Inspection: Katrina Cox, team manager.	Date Manager Registered: 6 June 2012
Number of Service Users in Receipt of a Service on the Day of Inspection: 6	

Mencap (Keady) is a supported living type domiciliary care agency which provides care and support to six service users with a learning disability. The service users are consulted and involved in all decisions associated with their support. They are supported by eight staff to develop independent living skills and to be involved in the local community.

The inspector would like to thank the service users and staff for their warm welcome and full cooperation throughout the inspection process.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

Prior to inspection the following records were analysed:

- The report of the previous inspection and the quality improvement plan
- Notifiable events forms submitted by the agency since the previous inspection

During the inspection the inspector met with two service users and with three care staff. The registered manager was present for the inspection visit.

The inspector distributed questionnaires to staff and service users during the inspection and three of these were returned to RQIA by service users and eight by agency staff. During the inspection, agency staff were asked to compile a list of professionals and other service user representatives who would be agreeable to being contacted by RQIA for the purposes of obtaining their views on the quality of service provision.

The completed staff questionnaires indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are satisfied that they are familiar with service users' care needs.
- Staff are satisfied that the agency's induction process prepared them for their role.
- Staff are satisfied that arrangements for service user involvement are effective.

Comments Included:

- "Mencap are excellent, providing excellent care in a people centred way."
- "Mencap give you good knowledge and training skills to be able to support the people they provide support for."
- "Care and service provided for the tenants is excellent."
- "Mencap give a great service and support."

Service user questionnaires completed by the three service users indicated the following:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users feel safe and staff respond to their needs.

The inspector spoke to one HSC Trust professional and two service users' relatives following the inspection visit. The HSC Trust professional informed the inspector the agency staff worked closely with them to prepare and support the service users' for their review meetings. The HSC Trust professional informed the inspector they had found the staff very helpful and professional at all times. They informed the inspector that the support provided was person centred and staff are good communicators. They also informed the inspector they were introduced to new staff and that staff responded promptly to the needs of service users. The service users' relatives informed the inspector their relatives were supported by staff to participate in a number of activities. They also informed the inspector that they were regularly updated by staff and made aware of any change in service users' needs. They are invited to attend regular review meetings and are very happy with the agency.

The following records were examined during the inspection:

- Recruitment policy and procedures
- Alphabetical index of staff
- Induction records
- Minutes of tenants meetings
- Staff training records
- Care records
- Whistleblowing policy
- Staff training records
- The "Shape Your Future" programme which outlined staffs supervision and appraisal schedule
- Record of complaints
- Tenants' care and support plans

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 13 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 14 (b)	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided –</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>This requirement relates to the registered person ensuring that the agency maintains a record of</p>	Met

	discussions with the relevant HSC Trust representative in relation to safeguarding vulnerable adult referrals and the outcome of any investigation undertaken by the HSC Trust.	
	Action taken as confirmed during the inspection: The inspector viewed the records in relation to safeguarding vulnerable adult referrals and the outcome of investigations undertaken by the HSC Trust. These records contained the referral details and the outcome of any investigations undertaken by the HSC Trust.	

5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's Recruitment and Selection Policy was examined. The policy refers to a range of employment checks including references, verification of qualifications/professional registration and disclosure sought through Access NI.

The agency maintains an alphabetical list of staff supplied or available for supply to work in the homes of service users and this was available for inspection and was up to date.

The inspector was advised that staff are not supplied to work with service users at short notice and that if staff were required they would be supplied by Mencap relief staff. All of the staff supplied to work with service users has a copy of their photographic identification documents maintained at the agency premises. The staff who participated in the inspection informed the inspector if the agency required staff at short notice confirmation of their identity would be forwarded to the agency and their performance would be reported to the sector manager following their shift.

The induction information included an induction checklist which outlined the areas to be covered during the 12 week programme. The three members of staff who contributed to the inspection advised the inspector that the induction programme had been very thorough and prepared them for their role. The induction programme includes a tour of the accommodation, outline of supported living, operational procedures, referral process, outline of the service users and supervision and appraisal information.

The inspector examined the induction records of the three staff members and these had been signed by the staff member and their line manager. The induction records provided evidence of a structured induction period and the identification of training needs.

The agency's staff supervision and appraisal arrangements were discussed with agency staff who reported they participate in the "Shape Your Future" programme. The staff and registered manager informed the inspector this programme involves quarterly meetings, one of which is an appraisal meeting, during which a rating is agreed indicating if staff have met their agreed goals. The staff who participated in the inspection informed the inspector that this programme was person centred and clear personal requirements were discussed and training needs

addressed. The supervision and appraisal records of three staff were examined by the inspector and these records indicated staff received annual appraisals and supervision in accordance with the “Shape Your Future” programme. However the agency did not have a supervision/appraisal policy within the policy manual available for inspection. The inspector was able to confirm the managers and staff involved in supervision and appraisal had been trained in supervision and performance appraisal.

The inspector viewed the templates used during staff supervision sessions and these referenced KSF elements, evaluation of training attended and any issues relating to concerns about poor practice/whistleblowing.

Is Care Effective?

The staffing levels in the service were discussed with service users and agency staff who advised the inspector that there is always enough staff on duty to meet the needs of service users.

The agency’s staff duty rotas were examined and reflected the staffing described by service users and staff i.e. two staff are supplied during the day time, Monday to Friday, one staff member on Saturday and Sunday and one member of staff is available to respond to the needs of service users at night (sleep in). The inspector was informed that the number of staff decreases at the weekend as two of the service users stay with relatives at the weekend. Staffing levels are higher on days when service users require individual support to attend hospital appointments.

The three service users who returned a questionnaire indicated that they were satisfied with the care and support they received from agency staff. These service users indicated they were satisfied that staffing levels are appropriate at all times.

The eight members of staff who returned a questionnaire indicated that they were satisfied with staffing levels. The three staff members who participated in the inspection informed the inspector that if a service user requested to go out at short notice, staff attempted to accommodate this by discussing changes with other service users and gaining their consent to rearrange schedules if possible.

The HSC Trust professional who contributed to the inspection described agency staff as helpful and approachable. They also commented on the ability of agency staff to effectively meet the needs of service users and to appropriately refer to the HSC Trust any changes in circumstances.

Agency records confirmed that staff receive a structured induction lasting at least 12 weeks and the inspector was advised that the agency currently does not use staff supplied by other agencies to address staff shortfalls; these shifts are covered by Mencap staff. The registered manager informed the inspector if agency staff are required the manager would receive confirmation of the staff member’s qualifications, training record and photographic identification.

The inspector was advised that the effectiveness of the induction training is evaluated throughout the induction period and during supervision. The agency’s induction records

contained evidence of the assessment of competency and understanding of key induction areas including adult safeguarding and health and safety.

The agency's Whistleblowing Policy was discussed with staff who described their awareness of the policy and of the role of RQIA in raising concerns about poor practice.

The agency's training records were examined and provided evidence of training provided in the mandatory areas in accordance with the frequency outlined in RQIA's "Guidance On Mandatory Training for Providers of Care in Regulated Services."

Is Care Compassionate?

Staffing arrangements were discussed with the service users who confirmed that they are made aware of any staffing changes and that they know in advance who is going to be supplied to work with them. The HSC Trust professional and service user's relative informed the inspector that they are introduced to new staff members and all staff maintain regular contact with them to ensure they are kept up to date with any changes relating to the service users.

The agency maintains records of tenants' meetings held weekly and this included evidence of service user engagement and of policies being shared with service users. Holidays and day trips were also noted to have been discussed in detail and the views of service users noted.

Areas for Improvement

The agency has a "Shape Your Future" programme, which provides detail of the arrangements for and frequency of supervision and staff appraisal. However the agency does not maintain a policy on supervision and appraisal within a policy manual, therefore one recommendation has been made.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	----------	-----------------------------------	----------

5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

Is Care Safe?

The agency has care and support plans which include information from referral agents. The referral information seeks specific assessment information from the prospective service users. The information sought relates to the assessment of needs and risks from the service users' perspective.

All of the service users who returned a questionnaire to RQIA indicated that they are satisfied that their views and opinions are sought about the quality of the service and that staff respond appropriately to their needs. Overall, service users indicated that they were satisfied with the care and support received from agency staff.

Service users who met with the inspector advised that they each have a key worker and can approach any member of staff in relation to their care and support.

Service users' care records were examined and reflected a range of outcomes for service users including more independence and positive risk taking. The HSC Trust professional informed the inspector that the agency staff contribute to review meetings and they ensure the service users are prepared for the meetings.

Is Care Effective?

Service users have regular meetings with their key workers and agency staff updates service users' records on a daily basis to reflect their progress and preferences with regard to their care and support plans.

The care records examined had been written in a person centred manner and reflected the preferences and choices of the service users. Human rights information has been included within the service users' care/support plans and the inspector was advised that staff reinforce this during key worker sessions.

The inspector was advised that service users' care and support needs are reviewed by the HSC Trust at least annually and that agency staff prepare a report for the review meeting and support the service users to contribute to the report and to their meeting. The agency staff who contributed to the inspection confirmed they contribute to the service users' reviews and that staff proactively seek the views of the Trust as appropriate. However the inspector found one care and support plan did not contain an update to date risk assessment in relation to a restrictive practice. The team manager advised the inspector the HSC Trust were aware of the need to provide an updated risk assessment. This was confirmed by the inspector following examination of the review records maintained by the agency. The inspector examined the financial support records relating to one service user, these records did not reflect the involvement of the service user's representative. The team manager informed the inspector the service user's representative was their financial appointee and maintained regular contact with the agency.

Is Care Compassionate?

Service users who met with the inspector confirmed that they had been fully involved in the development of their care and support plans and that staff are flexible and responsive to changing needs or preferences. However staff informed the inspector that on Saturdays and Sundays there was only one member of staff on duty, as two service users were not at home on these days. The potential impact this may have on service users was discussed and the inspector was informed that additional staff could be arranged if the service users planned any outings in advance on these days.

The inspector observed agency staff interacting with service users in a friendly and supportive manner and staff who participated in the inspection demonstrated their knowledge of the service user's needs and preferences. The care and support plans evidenced that agency staff meet with service users regularly to discuss what the tenants think of the service and the complaints procedure is explained to tenants every six months.

Areas for Improvement

The care and support plans for one service user did not contain an updated risk assessment relating to a restrictive practice and another service user's financial plan was not signed by the

service user's representative; therefore the agency could not demonstrate the service user's representative involvement and agreement with the financial support plan. Therefore a requirement has been made.

Number of Requirements:	1	Number of Recommendations:	0
--------------------------------	----------	-----------------------------------	----------

5.5 Additional Areas Examined

5.5.1 Complaints

The agency returned to RQIA a summary of all complaints received between 1 January 2014 and 31 March 2015. The agency had not received any complaints for this period.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Sinead Murphy, the registered manager and Katrina Cox, the team 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and 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. Once fully completed, the QIP will be returned to 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 weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan				
Statutory Requirements				
Requirement 1 Ref: Regulation 15(2) (b) Stated: First time To be Completed by: 30 November 2015	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;			
	Response by Registered Person(s) Detailing the Actions Taken: The relevant risk assessment has now been updated and signed by the Care Manager. The relevant financial plan has been signed by the service users representative.			
Recommendations				
Recommendation 1 Ref: Standard 9.3 Stated: First time To be Completed by: 30 November 2015	Policies and procedures are centrally indexed and compiled into a policy manual.			
	Response by Registered Person(s) Detailing the Actions Taken: Mencap's Shape Your Future Framework document will be updated to clearly state that it is our Policy for staff supervision and appraisal and that it can be accessed from the 'Managing People' section on the staff intranet.			
Registered Manager Completing QIP		Sinead Murphy	Date Completed	23/11/15
Registered Person Approving QIP		Barry McMenamin	Date Approved	23/11/15
RQIA Inspector Assessing Response		Lorraine O’Donnell	Date Approved	24/11/15

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address