

Announced Care Inspection Report 04 July 2017



MENCAP

Type of Service: Domiciliary Care Agency

Address: 112 Fairgreen, Keady, BT60 3UR

Tel No: 02837531590

Inspector: Jim McBride

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency supported living type which provides personal care and housing support to adults with a learning disability in a supported living setting in Keady, County Armagh. The agency's office is located in the service users' homes. The agency's staff provide 24 hour care and support to six 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 service 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 service manager, service users and agency staff for their support and co-operation throughout the inspection process.

3.0 Service details

Organisation/Registered Provider: MENCAP, Barry McMenamin	Registered Manager: Ms Sinead Marie Murphy
Person in charge at the time of inspection: Service Manager	Date manager registered: 06 June 2012

4.0 Inspection summary

An announced inspection took place on 04 July 2017 from 09.00 to 13.00

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to:

- Staff recruitment
- Care reviews
- Staff induction
- Training and development.

No areas requiring improvement were identified

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the service manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 17 June 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 17 June 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

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

- Discussion with the service manager and care staff
- Discussion with one service user
- Examination of records
- File audits
- Evaluation and feedback
- Recruitment policy and procedure
- Staff member's records
- Staff member's induction and training records
- 2016 Annual quality report
- Staff training records including:
 - Safeguarding
 - Human rights
 - Data protection
 - Finance training
 - Challenging behaviour
 - Learning disability awareness
 - Smart objectives setting.
- The agency's statement of purpose (June 2016)
- Monthly quality monitoring reports completed on behalf of the registered provider.

During the inspection the inspector spoke with the service manager, two staff and one service user. Their feedback has been included throughout this report. During this inspection the inspector had the opportunity to observe staff interact with the service users, who were going about their daily activities.

At the request of the inspector the manager was asked to distribute ten questionnaires to staff for return to RQIA. Two questionnaires were returned. The inspector also asked the

manager to distribute six questionnaires to tenant's and their relatives. Four questionnaires were returned. Further detail of feedback is included throughout this report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 June 2016

The most recent inspection of the agency was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 June 2016

Areas for improvement from the last care inspection		
Area for improvement 1 Ref: Standard 11.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The recruitment policy was reviewed and updated by the agency in February 2017. The document in place was satisfactory.	

6.3 Inspection findings

6.4 Is care safe?

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

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

The agency's recruitment policy (2017) details the processes used for staff recruitment and included a list of pre-employment checks completed. Records viewed indicated that the agency has in place effective recruitment systems to ensure that staff are not provided for

work until all required checks have been satisfactorily completed. It was identified that staff recruitment is processed by the organisations Human Resources (HR) department; records in place detailed the process for receiving confirmation that staff are available to commence employment.

The agency's induction policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that during induction staff complete mandatory training and shadow other staff employed by the agency. A record of the induction programme provided to staff is retained by the agency.

The person in charge discussed methods used to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users; this included measures taken to ensure continuity of staff provided. The inspector viewed the agency's staff rota information and noted it reflected staffing levels as described by the person in charge. Staff who spoke to the inspector felt that had the knowledge and skills to fulfil their job role.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervision and appraisal; records view indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits. It was identified that the supervision process involves an observation of staff's practice and competency assessments.

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

The inspector viewed that agency's staff training information and noted that the records indicated that staff had completed relevant training. Staff who spoke to the inspector could describe the process for requesting additional training if required; they indicated that training completed had equipped them with the knowledge and skills for their role.

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

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

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has a process for maintaining a record of referrals made to the HSC Trust safeguarding

team relating to alleged or actual incidences of abuse. Records viewed and discussions with staff indicated that the agency has made no referrals in relation to adult safeguarding since the previous inspection.

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

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

- "I have no concerns."
- "I get on well with the staff and help new staff settle in."
- "I'm happy and like the people here I like to talk to *****".
- "I have no issues at this time."
- "I love living here."
- "I'm happy with staff and tenant's here."

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

The agency's registered premises are located within the same building as the service users' accommodation; it includes an office area that is suitable for the operation of the agency as described in the Statement of Purpose (2016).

Four returned questionnaires from service users indicated:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Questionnaire comments:

- "They help me to cross the road."
- "Everything is alright here."

Two returned questionnaires from staff indicated:

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

Service users' comments

- "I feel well here and enjoy the support I get."

Staff comments

- "Induction and training is comprehensive."
- "Tenants are cared for well and we support their wishes."

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

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

The agency's data protection and record keeping policies outline the procedures 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 agency's staff personnel records viewed by the inspector were retained securely and in an organised manner. The inspector noted that staff had received training relating to data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care and support plans. One service user stated that that he was involved in the development of his individual care plans and that his choices are listened to. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

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

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding referrals and in addition details of the review of staffing

arrangements and documentation. The inspector noted some of the comments received from tenants, staff, relatives and HSC Trust professionals:

Tenants:

- “Things here are great.”

Relatives:

- “I’m happy ***** activities have picked up.”
- “The team are great no issues or concerns.”
- “***** is well supported.”
- “The staff are great and look after **** very well.”
- “***** is really happy and doing very well.”

Staff:

- “I’m getting to know the tenants very well.”
- “I get on well with staff and tenants.”
- “Things are going well in Keady.”
- “Things here are great.”

HSC Trust:

- “No issues or concerns.”
- “Things are going brilliant.”

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 observations of staff interaction during the inspection indicated that staff communicate appropriately with service users. One service user spoken to had an understanding of the procedure for reporting concerns and all service users are provided with information of advocacy services and how to access them.

The agency facilitates monthly service user meetings; one service user indicated that they are provided with the opportunity to express their views and choices. The inspector noted some of the topics discussed during meetings:

- Health and safety
- Safeguarding
- Complaints
- Medication
- Finance
- Communal areas
- Activities.

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

The inspector noted some of the topics discussed during meetings:

- Incidents
- New staff
- Finance
- Key working
- Values
- Communication
- Tenants files
- Safeguarding
- Training.

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

Four returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Questionnaire comments:

- “I have been on the panel to interview new staff.”

Two returned questionnaires from staff indicated:

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

Service users' comments

- “Staff help me with all my activities.”
- “I have a good time here.”

Staff comments

- “The training we get helps with our development and helps us to effectively work with the tenants.”
- “Tenants and staff have good relationships.”

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

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

Observations made during the inspection and discussions with staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe ways in which they support the service users to take positive risks. It was noted that staff have been provided with training in relation to human rights, equality and diversity.

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

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

- Getting my support right
- Helping me to achieve
- Helping me to make choices
- Feeling safe
- Taking responsibility
- Keeping healthy
- Feeling good
- My paperwork
- People who work with me
- Managing my support
- Doing the best for me.

Four returned questionnaires from service users indicated that:

- Staff are trained to meet our needs
- The care they receive helps them feel safe and protected from harm.

Questionnaire Comments:

- “I’m treated well.”

Two returned questionnaires from staff indicated:

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

Service users’ comments

- “The staff are all very kind and help us all.”
- “I have no problems here we have good staff.”

Staff comments

“The tenants care and support is our aim and we provide care to meet all needs.”

“It’s important to listen to tenants and what they think about.”

“Communication is good between staff and tenants.”

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented effective systems of management and governance.

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

The inspector noted that the agency has a systematic approach in auditing and reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the person in charge that the agency’s governance

arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

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

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

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

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

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe their job roles; service users had an understanding of staff roles and knew who to talk to if they had a concern. Staff had knowledge of the agency's whistleblowing policy and could describe the process for obtaining guidance and support including arrangements for out of hours.

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

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

Four returned questionnaires from service users indicated that:

- The care they receive meets their needs and expectations
- The service is managed well.

Two returned questionnaires from staff indicated that:

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

Service users' comments

- "I'm always asked what I think."
- "I have no complaints."

Staff comments

- “My induction and training was excellent. The other staff supported me well.”
- “The staff have a good relationship with managers.”

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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



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