

# Unannounced Care Inspection Report 8 July 2019



## MENCAP Riversley

**Type of Service: Domiciliary Care Agency**  
**Address: 4 Church Street, Banbridge, BT32 4AA**  
**Tel No: 02840628075**  
**Inspector: Jim McBride**

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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**

Mencap Riversley is a supported living type domiciliary care agency, located close to the town centre of Banbridge. The agency provides domiciliary care and housing support to adults with a learning disability. Attached to the rear of the house is a three storey building which has 21 apartments that accommodate service users. The remaining apartments provide accommodation for frail elderly tenants. In conjunction with Fold Housing the agency’s aim is to provide care and support to service users with a learning disability, to enable them to live in their own home within the local community. The agency is staffed by a service manager and a number of support staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mencap  <b>Responsible Individual:</b> Barry Mc Menamin	<b>Registered Manager:</b> Sinead Murphy
<b>Person in charge at the time of inspection:</b> Service Manager	<b>Date manager registered:</b> Sinead Murphy - 06/06/2012

### 4.0 Inspection summary

An unannounced inspection took place on 8 July 2019 from 09.00 to 13.30.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003. The Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

There were examples of good practice identified throughout the inspection in relation to the agency's processes for staff induction, performance review, training, adult safeguarding and risk management. There were effective governance and management systems in place. Care records were comprehensive, person centred and well maintained. There was evidence of effective communication with service users and relevant stakeholders. The culture and ethos of the organisation promoted treating service users with dignity and respect with an emphasis on their safety and maximising their independence. There was evidence that care and support was provided in an individualised manner.

It was evident in all four domains that the agency promoted the service users' human rights; this was evident particularly in relation to the areas of autonomy, equality, choice, care planning, decision making, privacy, dignity, confidentiality and effective service user engagement.

No areas for improvement were identified during this inspection.

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.

The inspector would like to thank the manager, service users and staff for their support and co-operation throughout the inspection process.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified.

#### 5.0 How we inspect

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence/information received by RQIA since the previous inspection

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

- discussion with the person in charge
- examination of records
- consultation with staff
- consultation with service users
- evaluation and feedback

A range of documents, policies and procedures relating to the agency were reviewed during the inspection and are referenced within the report.

At the request of the inspector, the person in charge was asked to display a poster within the agency's office. The poster invited staff to provide feedback to RQIA via an electronic means regarding the quality of service provision; six responses were received prior to the issuing of this report and all respondents were satisfied with the current service.

Ten questionnaires were provided for distribution to the service users and their representatives; nine responses were received prior to the issuing of this report.

#### Staff comments:

- "It's good to see service users make independent decisions."
- "Good outcomes are in place with staff support."
- "A good communitive staff team."
- "Both induction and supervision are comprehensive."
- "I feel that the staff and the managers were very supportive during my induction."

**Service user comments:**

- “I enjoy going out with my keyworker.”
- “The staff are all approachable and good.”
- “The staff treat me well and support me on holiday.”
- “The staff help me with shopping and cooking.”
- “I love living here and can get help if I need it.”
- “I can talk to staff at any time; they always listen to me and help.”
- “I have no complaints but do know who to speak with if I have concerns.”

During the inspection the inspector spoke with the service manager and one staff member. The inspector had the opportunity to meet with three service users. Feedback received by the inspector during the course of the inspection is reflected in this report.

**6.0 The inspection****6.1 Inspection findings****6.2 Is care safe?**

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The inspector reviewed the agency’s systems in place to avoid and prevent harm to service users were reviewed; this included a review of staffing arrangements within the agency.

The agency has a recruitment policy that outlines the process for ensuring that required staff pre-employment checks are completed. It was identified that staff recruitment is managed and co-ordinated by the organisation’s Human Resources (HR) department. Details of all information relating to individual staff recruitment are retained by the HR department.

Discussions with the person in charge indicated that they had an understanding of the recruitment process and the need for robust systems to be in place. They stated that staff are not provided to service users until all required pre-employment checks have been satisfactorily completed.

It was identified from discussions with the person in charge, staff and personnel records viewed that the agency’s induction programme is in excess of the three day timescale as required within the domiciliary care agencies regulations. It was identified that staff are provided with an initial induction and in addition shadow other staff employed by the agency. It was identified that staff are required to complete an induction workbook during their probationary period; it is linked to the Northern Ireland Social Care Council’s (NISCC) Standards. Staff talked positively about their induction and indicated that it had provided them with the knowledge and skills to meet the needs of service users.

The reports of quality monitoring audits viewed indicated that an audit of staffing arrangements is completed monthly.

Staff complete a six month probationary period. Staff who spoke to the inspector stated that shadowing other staff provided them with the opportunity to become familiar with the needs of individual service users and ensured that service users were introduced to new staff prior to them providing care on a one to one basis. It was felt that this was beneficial for both service users and staff.

The agency provides quarterly supervision/ appraisal to staff in the form of a performance review; a record is maintained. The process includes a medication competency assessment. The records of six staff reviewed indicated that they had received supervision and appraisal in accordance with the agency's policies. Staff indicated that they are supported in developing individual development plans as part of the performance review process. It was positive to note that record relating to supervision, competency and review completed were retained in an organised manner.

The agency has a system in place to ensure that staff are registered appropriately with the relevant regulatory body. The agency has a record of the registration status and expiry dates of staff required to be registered with the Northern Ireland Social Care Council (NISCC). The person in charge provided assurances that staff are not supplied for work if they are not appropriately registered and stated that the registration status of staff is monitored monthly by the organisations HR department. Records viewed indicated that all staff were registered or in the process of registration appropriately and in line with current (NISCC) guidelines.

Discussions with the person in charge and staff indicated that the agency endeavours to ensure that there is at all times the required number of experienced persons available to meet the assessed needs of individual service users. Discussion with staff during of inspection highlighted no concerns in regards to them having appropriate time to undertake their duties in accordance with individual service users' care plans. The rota information evidenced that service users had a core staff team to help provide them with continuity of care and develop positive relationships. This can have a positive impact on the service users' experience of a dignified service.

Staff confirmed that care is provided to service users by a core staff team to help provide continuity of care and develop positive relationships. It is felt that this can have a positive impact on the service users' experience in accordance with their human rights such as privacy, dignity and respect. There were no concerns raised with the inspector in relation to the service users' needs being met.

Staff could describe the procedure for identifying individual training needs and their responsibility for ensuring that training updates are completed. It was noted that staff are required to complete mandatory training in a range of areas and in addition training specific to the individual needs of service users. Staff stated that their training had equipped them with the required knowledge and skills for their role. They described the value of the additional training received in improving the quality of care they provided and demonstrated a clear understanding of service users' human rights in all aspects of their lives.

The development of a learning culture in the agency which promotes good practice will contribute to better quality of care and improved outcomes for service users.

The agency has a system for recording staff training; it was reviewed by the inspector. Training records viewed indicated that staff had completed relevant training. Records viewed and feedback received evidenced that staff complete training in a range of areas such as moving and handling, medication and safeguarding. In addition it was positive to note that a range of key areas are discussed during the initial induction training provided to staff such as equality, diversity, privacy, confidentiality, safeguarding, human rights, professional boundaries and whistleblowing. The inspector noted other training completed by staff including: positive behaviours, SMART objectives, autism awareness and GDPR.

The agency's provision for the welfare, care and protection of service users was reviewed by the inspector. 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 outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC); staff were aware of the process for liaising with the ASC.

Discussions with the person in charge 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 appropriately and in a timely manner and out of hours arrangements.

Staff are required to complete adult safeguarding training during their induction programme and annual updates. From training records viewed it was noted that staff had received training in relation to adult safeguarding and child protection.

The Adult Safeguarding Position report for the agency will be formulated and available in 2020.

Discussions with the person in charge and records viewed relating to adult safeguarding evidenced that the agency has a process for maintaining a record of referrals made to the HSCT safeguarding team and other relevant stakeholders with regard to alleged or actual incidences of abuse.

Staff described how they are introduced to service users prior to providing care and stated that this was necessary to ensure that all staff provided had the required knowledge of the care and support they required and that service users felt valued this in terms of their dignity and involvement.

A review of incidents which occurred within the agency identified that they had been managed appropriately. It was noted that clear details of the incident were recorded and included the actions taken.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating risk to service users health, welfare and safety. The person in charge and staff could clearly describe the process for assessing and reviewing risk. Records confirmed that comprehensive risk assessments and care plans had been completed in conjunction with service users and their representatives. It was noted that risk assessments included: finances, medication and community involvement.

Staff who spoke to the inspector were knowledgeable regarding the individual needs of service users'. Staff comprehensively described the value they place on ensuring that service users are supported in a person centred manner, where their preferences, choices and views are respected. Staff could describe the importance of ensuring service users were encouraged to discuss any concerns they had and the need to balance risk with the choices and human rights of individual service users.

Observations of service users and staff interactions indicated that they had choice and that staff listened to them. Staff who spoke to the inspector stated that they felt care was being provided in a safe manner. Staff could describe how they are familiar with the needs of the service users and observe them closely, identifying any change in dependency, ability or behaviour and take appropriate measures to promote/ensure the safety and wellbeing of the service user. It was good to note that any actions taken were underpinned by principles of confidentiality, privacy, respect and choice.

The agency office is suitable for the operation of the agency as described in the Statement of Purpose (2019); it was noted that during the inspection records were stored securely and in a well organised manner and that computers were password protected. Staff could describe the importance of storing confidential information in accordance with data protection guidelines.

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.3 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, assessing and meeting the needs of service users were reviewed during the inspection. The agency’s Statement of Purpose (2019) and Service User Guide (2019) contained details of the nature and range of services provided and makes reference to the equality of care provided to service users.

Records viewed during the inspection were noted to be retained in an organised and secure manner. Staff stated that they had received information relating to record keeping and confidentiality during their induction programme. The person in charge stated that staff had been provided with information relating to GDPR and confidentiality of records. This was confirmed by staff during discussions.

Service user care records viewed during the inspection were noted to include referral information received from the relevant HSCT representatives; they included risk assessments and care plans. The review of the individual service user care records identified that they were person centred and contained a range of assessments and comprehensive care and support plans.

Care plans viewed were noted to be comprehensive, providing a detailed account of care and support required. In addition, they contained details of specific choices made by service users. It was noted that the information had been presented in the "About Me" format. The 'About Me' format aims to provide succinct 'need to know' information about the service user. This information enables staff to adopt a consistent, user led approach, to support the service users effectively.

It was good to note that care and support plans are outcome based that show outcomes are the impact, or end-results, of services on a person's life; therefore, outcomes-focused services are those that aim to achieve the priorities that service users themselves identify as important.

Both staff and the person in charge could describe the methods used for supporting service users and where appropriate their relatives to be engaged in the care planning and review processes. The inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided.

The agency contributes to reviews involving the service users' HSCT keyworkers normally on an annual basis; staff described examples of when more frequent review meetings are completed to meet the needs of the service users. Staff felt that this was beneficial to ensure the needs of service users were being appropriately met. It was positive to note that the human rights of service users were clearly recorded in their individual care and support plans.

The agency's processes to promote effective communication between service users, staff and relevant stakeholders were assessed during the inspection. Discussions with staff and observations made evidenced that staff communicate appropriately with service users. The person in charge stated that the communication need of each individual service user is considered as part of the referral and assessment process.

The person in charge and staff could describe the processes used to develop and maintain effective working relationships with relatives, HSCT representatives and other relevant stakeholders. Staff could describe the ongoing engagement and support received from the HSCT community team in relation to a number of service users.

Staff spoken with on the day of inspection confirmed that they were provided with details of the care required to be provided to all service users'. Staff discussed the methods used to ensure information is communicated and shared in a timely manner. Staff who spoke to the inspector indicated that they were very knowledgeable regarding the care and support required by each service user.

The agency facilitates quarterly staff meetings; staff stated that they are encouraged to attend and provided with the opportunity to express their views and opinions. From the minutes of meetings viewed it was noted that a range of matters are discussed such as:

- Safeguarding
- Quality monitoring reports

- Tenants goals
- Daily living tasks
- Individual service users support
- Medication
- Training.

Service user meetings are also facilitated and a record of matters discussed is retained; records viewed included details of comments and choices made by service users. The inspector noted some of the areas for discussion:

- Health and safety
- Policies and procedures
- Day opportunities
- Tenant behaviours
- GDPR.

The agency has arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. These include processes to obtain feedback from service users and their relatives.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the quality of the care records and the agency’s communication and engagement with service users, and where appropriate their relatives and other key stakeholders.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.4 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector sought to assess the agency’s ability to treat service users with dignity, respect, equality and compassion and to effectively engage service users in decisions relating to their care and support.

Staff indicated that they had received information in relation to equality, human rights and confidentiality during their induction programme. Discussions with staff observations and records viewed during the inspection indicated that the promotion of values such as dignity, respect, equality and choice were embedded in the ethos of the organisation and in the way care and support is provided. The agency has provided information to service users relating to human rights and advocacy. The inspector observed service users making choices in relation to their daily routine during the inspection.

Staff who spoke to the inspector described how service users can make choices about the care and support they receive and provided assurances that service users can refuse any aspect of their care. Staff discussed the risks that may arise due to choices made by service users and could describe the process for raising concerns with the manager in relation to any identified risks.

Staff described the methods used to ensure that care and support is provided in an individualised manner; and the processes used for effectively supporting service users in making informed choices.

Staff could describe the value of developing a good rapport with service users, and the need to be mindful of their individual wishes and preferences.

The inspector discussed arrangements in place relating to the equity of opportunity for service users and the importance of the staff being aware of equality legislation whilst recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had been provided with equality awareness information during their induction programme.

The agency's Statement of Purpose and Service User Guide contains information relating to equality and diversity. The person in charge and staff could describe how the training provided by the organisation equips them to engage with a diverse range of service users. Staff described the methods used to ensure that care is provided in an individualised way.

Discussions with staff and the person in charge and observation of staff interactions with service users provided evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection include:

- Effective methods of communication
- Promotion of effective service user involvement
- Stakeholder involvement
- Equity of care and support
- Provision of care in an individualised manner
- Risk assessment and care planning.

It was very good to note that the agency had developed a wide range of key information in an "About Me" format that supports service users in having a clearer understanding of the information being provided.

It was identified that the agency has a range of methods for recording comments made by service users and/or their representatives. Records of care review meetings, daily recording, service user meetings, one to one keyworker engagement and reports of quality monitoring visits indicated regular engagement with service users and where appropriate other relevant stakeholders. It was noted that the agency has processes for obtaining the views of service users as to how the service could be improved.

Processes for engaging with and responding to the comments of service users and their representatives are maintained through the agency's complaints/compliments process, quality monitoring visits, and care review meetings. The inspector noted that the agency's quality monitoring process has assisted in the evaluation of the quality of the service provided and in

identifying areas for improvement. The inspector noted some of the comments made by service users, staff, relatives and HSCT staff during monthly quality monitoring:

**Service users:**

- “I like going out with my keyworker.”
- “I like living here and I’m close to friends.”
- “I have a great keyworker.”

**Staff:**

- “I felt well supported and equipped for the role.”
- “I really enjoy my role and have no concerns.”
- “Anything I need I can speak with the manager.”

**Relatives:**

- “\*\*\*\*\* has an excellent lifestyle and all staff are approachable.”
- “Nothing seems to be a bother to staff.”
- “I’m really happy with the support and all is going well.”

**HSCT Staff:**

- “I have a good working relationship with all the staff.”
- “I feel that \*\*\*\*\* has a great deal of support.”
- “Any time I need to speak with staff I get a good response.”

Discussions with staff and observation of staff and service user interactions during the inspection indicated that care provided was compassionate; staff were observed to treat service users with dignity and respect.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care. In addition the ongoing engagement with service users, and where appropriate their relatives and other relevant stakeholders with the aim of improving the quality of the service provided. There was evidence that the agency had arrangements in place for consistently promoting human rights; this has led to good effective outcomes for service users.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.5 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 assessed needs of service users. The agency is currently managed on a day to day basis by a registered manager supported by a number of service managers and support staff.

Staff could describe the procedure for obtaining support at any time including out of hour arrangements. Staff who spoke to the inspector indicated that they felt supported in their role and stated that they could approach the manager at any time.

The agency maintains a variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, service user meetings and care review meetings

The agency's policies and procedures are retained both electronically and hard copy. Staff could describe how they can access them during their shift. The policies viewed during the inspection were noted to have been reviewed and updated in accordance with timescales detailed within the minimum standards.

The agency's complaints policy outlines the process for managing complaints; discussions with the person in charge and staff indicated that they had a good understanding of the actions to be taken in the event of a complaint being received. It was noted that staff receive complaints awareness information during their induction programme. Service users have been provided with information in relating to making a complaint. Staff stated that they listen to the service users and will support them if they need to make a complaint or raise a concern; this indicated that they have access to clear and fair processes for getting their views heard in line with their human rights and to raise and resolve concerns or complaints.

The agency has a proforma for maintaining a record of complaints received. It was noted from records viewed and discussions with the person in charge that the agency had received no complaints since the previous inspection. The agency audits complaints on a monthly basis as part of the quality monitoring process.

The agency has developed methods for auditing and reviewing information with the aim of improving safety and enhancing the quality of life for service users. Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk. Systems include the provision of the required policies and procedures, supervision of staff, monthly monitoring of staffing arrangements, complaints, safeguarding incidents and incidents notifiable to RQIA.

The inspector viewed evidence which indicated appropriate staff induction, training and performance review. The person in charge and staff could clearly describe the benefits of regularly reviewing the quality of the services provided with the aim of improving the service provided.

The organisational and management structure of the agency is clearly outlined in the Statement of Purpose; it clearly details lines of accountability. Staff who spoke to the inspector had a good understanding of the responsibilities of their job roles; it was noted that staff are provided with a job description at the commencement of employment. The person in charge stated that staff behaviour and conduct is discussed with staff during their probation period and performance review meetings. Staff stated that the manager is approachable and supportive.

Since the last inspection the registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards. No concerns regarding the management of the agency were raised with the inspector.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

The agency collects equality data of service users such as; age, gender, disability, marital status via their referral and care planning processes.

The agency has developed a process for completing monthly quality monitoring audits. The inspector viewed the agency's quality monitoring reports of the visits completed by the agency's other service managers. Records viewed indicated that the process is effective and that an action plan is developed.

The reports included details of the review of the previous action plan, review of care records, staffing arrangements, accidents/incidents, safeguarding referrals, and complaints; it details actions taken following the identification of any issues.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements including the quality monitoring process.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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.



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