

Announced Care Inspection Report 26 October 2020



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

www.rqia.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 provider 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 in Banbridge and Keady.

3.0 Service details

| | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Organisation/Registered Provider: Southern Health and Social Care Trust MENCAP Responsible Individual: Barry Mc Menamin | Registered Manager: Victoria McQuoid |
| Person in charge at the time of inspection: Services manager | Date manager registered: 29 October 2019 |

4.0 Inspection summary

An announced inspection took place on 26 October 2020 from 09.00 to 11.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency since the previous inspection on the 8 July 2019. Correspondence has included Incident notifications and other calls with RQIA.

Following review of this information, we identified that the information received may show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time.

In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an On-site inspection approach.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

Evidence of good practice was found in relation to Access NI and staff registrations with the Northern Ireland Social Care Council (NISCC). Good practice was also found in relation to all current Covid-19 guidance and the use of PPE guidelines. Covid-19 education and management including: infection prevention and control were found to be in line with latest guidelines measures.

The findings of this report will provide the manager 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 services 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 8 July 2020

No further actions were required to be taken following the most recent inspection on the 8 July 2019.

5.0 How we inspect

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

During our inspection we focused on contacting the service users and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 12 May 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA. The information received shows that people were satisfied with the current care and support.

During the inspection we communicated with the services manager, two staff and we had the opportunity to meet three service users.

Service user comments during inspection:

- "Staff are very good."
- "I miss all the things I used to do."
- "The staff are great."
- "I feel safe here."
- "I love living here and get on well with everyone."
- "We get on well with each other."
- "I just wish it was all over."
- "I still enjoy my walks and shopping with staff."

Staff comments during inspection:

- “We feel safe and secure with all Covid-19 guidance.”
- “Staff support each other well.”
- “We have tried to keep activities going.”
- “Service users have adapted well to the changes.”
- “Good training and support.”
- “The manager is supportive and has an open door policy at all times.”

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

The findings of the inspection were provided to the manager at the conclusion of the inspection.

6.0 The inspection

There were no areas for improvement made as a result of the previous care inspection.

6.1 Inspection findings

Recruitment:

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

A review of six records confirmed that all staff are currently registered with The Northern Ireland Social care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

Service quality:

We noted comments from service users, relatives, staff and HSC trust professionals during regular monthly quality monitoring:

Service Users:

- “I can always talk openly to staff.”
- “Staff have been good at keeping activities going.”
- “My keyworker is very helpful to me.”

Staff:

- “I get in well with the team they are very helpful.”
- “Good PPE to keep people as safe as possible.”
- “Clients are always offered choice and variety.”

Relatives:

- “The keyworker always keeps in contact with me.”
- “My ***** receives excellent care and support.”
- “As long as *** is happy, I’m happy.”

HSC Trust professionals:

- “Communication is always on a timely basis.”
- “We have a good relationship with the manager and staff.”
- “I have no issues with the level of care and support.”

The agency’s provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015.

On the day of the inspection it was noted that a number of incidents had taken place since the previous inspection on the 8 July 2019: We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedure.

The agency maintains and implements a policy relating to complaints. On the day of the inspection it was noted that the agency had not received any complaints since the previous inspection on the 8 July 2019.

Care planning and review:

We reviewed six care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

We noted some of the positive comments made by service users and relatives during their 2019 annual reviews:

- “I’m happy with the support I receive from my support workers.”
- “***** has become a lot more settled now.”
- “I’m happy with the access to the community.”
- “I’m happy with my support plan.”
- “I’m happy with the care and support provided.”

Areas of good practice

Areas of good practice were identified in relation to the completion of checks with Access NI in conjunction with HR Department and staff registrations with NISCC.

Areas for improvement

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|----------------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0 | 0 |

Covid-19:

We spoke with the manager and three staff members, who were knowledgeable in relation to their responsibility to covid-19 guidance. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Mencap infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily In line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE equipment.

We reviewed records relating to Infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance. Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for service users, staff and visitors to use to ensure good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and senior staff spot check the use of PPE by staff during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a caring manner, whilst being caring and compassionate to both service users and their relatives.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life, as highlighted by relatives in their comments. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

Areas of good practice

Compliance with the Covid-19 guidance relating to IPC and PPE

Areas for improvement

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.



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