



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
Mainstay DRP**

**9 February 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 9 February 2016 from 11.15 to 15.15. Overall on the day of the inspection the day care setting 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 HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Day Care Settings Regulations (Northern Ireland) 2007 and The Day Care Settings Minimum Standards 2012.

### 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 take place from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	3

The details of the QIP within this report were discussed with Denise O'Shea, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Mainstay DRP/Helen Taylor	<b>Registered Manager:</b> Denise O'Shea
<b>Person in Charge of the Day Care Setting at the Time of Inspection:</b> Denise O'Shea	<b>Date Manager Registered:</b> 22 September 2015
<b>Number of Service Users Accommodated on Day of Inspection:</b> 59	<b>Number of Registered Places:</b> 80

## 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:

**Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support.**

**Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting.**

**4. Methods/Process**

Prior to inspection the following records were analysed:

- The previous care inspection report and returned Quality Improvement Plan (QIP)
- A review of notifiable events submitted since the previous care inspection

During the inspection the following records were examined:

- The Statement of Purpose
- The Service User Guide
- Records of complaints
- Selected policies and procedures relevant to standards 5 and 8
- Minutes of meetings of the service user group
- Care records for three service users
- Monthly visit reports made on behalf of the registered provider
- RQIA registration certificate

Care delivery and care practices were observed during periods throughout the inspection and a review of the general environment of was undertaken.

**5. The Inspection**

**5.1 Review of Requirements and Recommendations from Previous Inspection**

The previous inspection of the service was an unannounced care inspection dated 11 November 2015. The completed QIP was returned to RQIA and approved by the care inspector.

**5.2 Review of Requirements and Recommendations from the Last Care Inspection Dated 11 November 2015**

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)	The responsible person must undertake a review of the support staff to:  (a) Ensure there is sufficient staff to prepare lunches for service users.  (b) Confirm that at all times there are sufficient staff to undertake cleaning duties.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Observation on the day of inspection and discussion with staff and service users provided evidence that sufficient staff was on duty at lunch meal times. The manager and staff confirmed that staff workload at lunch times was reduced as they are not involved in the heating of meals. The manager is in discussion with senior management in regard to employment of a catering assistant.</p> <p>A domestic assistant has commenced employment working 7.00am to 10.00am each weekday. Care staff do not undertake domestic duties.</p>	
<p><b>Requirement 2</b>  Ref: Regulation 13 (1) (b)</p>	<p>The registered manager must review the closure of activity room doors during staff lunch time and ensure service users' movements are not restricted during this period.</p> <p><b>Action taken as confirmed during the inspection:</b> This requirement was discussed with the manager and staff who confirmed that arrangements now permit service users freedom of movement throughout the centre. Service users were observed to move freely around the centre throughout the inspection.</p>	<b>Met</b>
<p><b>Requirement 3</b>  Ref: Regulation 24 (3)</p>	<p>The registered person/manager must review the identified complaints and ensure these complaints are fully investigated and the outcome of the investigation recorded.</p> <p><b>Action taken as confirmed during the inspection:</b> Examination of complaints records retained in the centre showed these were investigated and satisfactorily resolved.</p>	<b>Met</b>
<p><b>Requirement 4</b>  Ref: Regulation 20 (1) (c)</p>	<p>The registered manager should confirm the following:</p> <p>(a) Training for the staff team to clarify roles and responsibilities and learn from and appreciate each other's contribution.</p> <p>(b) Awareness training regarding sight loss/visual impairment.</p>	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that staff roles and responsibilities were now very clear and had been discussed and clarified at staff supervision. Records were retained.</p> <p>The manager is awaiting the training date for staff training in sensory impairment.</p>	
<p><b>Requirement 5</b> <b>Ref:</b> Regulation 14 (1) (a)</p>	<p>The registered manager should in the interest of safety ensure large notice boards and pictures are fixed to walls.</p> <p><b>Action taken as confirmed during the inspection:</b> Notice boards and picture frames were mounted on walls as required.</p>	<b>Met</b>
<p><b>Requirement 6</b> <b>Ref:</b> Regulation 13 (1) (a)</p>	<p>The registered manager must contact the sight support team with immediate effect to obtain advice and guidance.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager explained that assessment by a member of the sight support team took place in the centre. Advice and guidance was given in regard to sight impairment, with recommendation made regarding the painting of pillars in the corridor which is planned to take place within the near future. This recommendation is also referred to under additional matters and within the QIP.</p>	<b>Met</b>
<p><b>Requirement 7</b> <b>Ref:</b> Regulation 26 (2) (a)</p>	<p>The registered person should ensure the swing of the first cubicle door is reversed in the female toilets (to assist access).</p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that the RQIA estates inspector has approved the current position of the doors and that no further work was necessary.</p>	<b>Met</b>

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref:</b> Standard 9.5	The registered manager must review the practices of open door policy during group activities to ensure that service users are enabled to participate in activities of their choice uninterrupted with support from staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed that this recommendation had been addressed. The doors are now closed during activities to enable service users to concentrate on their chosen activity. Acoustic ceiling panels have been installed in the main areas of the centre. This has reduced noise levels.	

### 5.3 Standard 5: Care Plan - Where appropriate service users receive individual continence promotion and support

#### Is Care Safe?

A continence promotion policy (dated 17 September 2015) was in place. The policy defined personal and intimate care and gave guidance to staff on meeting the assessed needs of service users with continence needs. The manager confirmed that she was awaiting dates for staff to attend training in continence management. One recommendation was made in regard to ensuring the provision of staff training.

Staff consulted confirmed that they were satisfied with arrangements for access to personal protective equipment and that they possessed sufficient knowledge, skills and experience on how to assist service users with their personal care which was based on their care plan.

Staffing levels were discussed with the registered manager, staff and service users. Positive feedback and observation confirmed that sufficient numbers of staff were employed to meet the identified needs of service users who attend.

On the day of inspection staff was observed to be confident in carrying out their duties which were undertaken in an organised unhurried manner. Discussions with staff confirmed they had a good understanding of assessed needs and planned care of service users in attendance.

Service users consulted reported that they felt the care was very good and indicated that staff had the skills and experience to assist them as required. Referral to the district nursing service regarding promotion of continence would be sought if required.

Four service users' satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents indicated that they felt safe and secure in the centre and that staffing levels were appropriate at all times.

## Is Care Effective?

Discussion with the registered manager and care staff confirmed that service users who require support and assistance with their continence care needs would be provided in accordance with the care plan. Service users who require assistance with mobility are provided with additional assistance with their continence needs.

The registered manager confirmed that if a service user had an identified continence need this would be reflected within care plans.

The inspector sought verbal permission to inspect three care records during this inspection. The care records inspected confirmed that continence care needs are discussed as part of the needs assessment and care plan which is completed on admission and reviewed as required. Where there is an assessed need for continence care, the resources would be provided. Hand washing dispensers were available throughout the centre.

One visitor to the centre explained how the centre has made a great difference to his relative in regard to health and wellbeing. This visitor highly commended the staff and manager. Comments included:

- “Great day care centre, where staff listen to us.”
- “(Service user) looks forward to attending, meeting up with his friends and doing things.”
- “(Service user) is are very well cared for.”
- “Manager very approachable, would not hesitate to raise any concerns or issues.”

## Is Care Compassionate?

Staff interaction with service users was observed to be respectful, friendly, and supportive.

Staff discussed the importance of meeting service users' care in a respectful, dignified and private manner.

The manager and staff confirmed that Individualised care/support plan for each service user was in place. Three care records examined contained recorded evidence of each service user's likes/dislikes and preferences. Risks were highlighted and the management of these risks recorded.

Inspection of the environment confirmed that toilets had a range of equipment/aids to meet the assessed needs of the service users with mobility and continence needs.

On this occasion there was evidence to confirm that continence care and promotion provided in the centre was compassionate.

## Areas for Improvement

One area identified for improvement related to ensuring staff training in continence management is provided.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.4 Standard 8: Service Users' Involvement - Service users' views and comments shape the quality of services and facilities provided by the day care setting**

### **Is Care Safe?**

A range of policies were available to promote service users involvement in the day centre. Each policy sets out the principles for involving service users to ensure they are fully involved and consulted in the care provided.

Methods identified by the registered manager to seek service users views included, for example:

- Assessment, care planning and evaluation of care
- Review meetings
- Service users' meetings
- Daily discussions
- Monthly quality monitoring visits made on behalf of the registered provider

Inspection of the aforementioned documents reflected service user views and comments in regard to their choice, preference and provision of planned activities/social outings and care support.

Inspection of the complaints records found evidence to confirm that expressions of dissatisfaction are taken seriously and managed appropriately. Discussions with the registered manager in relation to one complaint found that the registered manager's resolution to this was positive and constructive. The day centre's complaints policy (dated May2015) reflected guidance to staff on how to report, record and manage complaints. Guidance for service users on how to complain is contained within the Service User Guide.

Service users who were able to articulate their views confirmed that they felt comfortable to raise any issues of concern with the registered manager or staff. They also confirmed they felt that any issue raised would be addressed.

Care plans inspected provided evidence that service users are encouraged to be involved in the planning of their care and actively participate in their annual care reviews.

### **Is Care Effective**

Service user meetings are held every three months. Minutes of the last meeting, dated 1 February 2016, reflected consultation with service users about things they would like to do including new activities, meal times and social events. Minutes of the meetings are retained, and information agreed regarding the activity programme is displayed.

Discussions with service users confirmed that they were consulted on a daily basis regarding their preferred activities and routines.

Inspection of three service users' care records provided evidence that service users, and where appropriate their representatives, are encouraged to participate in decisions about the care and support they receive.



The records inspected and discussions with service users demonstrated that they are encouraged to maintain their independence and exercise control and choice when in the day centre.

It was evident from discussion with staff that they had knowledge and understanding of service users' preferences and needs.

Inspection of the last three monthly monitoring reports, which were undertaken on behalf of the registered provider, showed the views and opinions of service users were incorporated. However, as these reports were not initially available for inspection and had to be retrieved by the manager from another site one requirement was made. The manager must ensure these reports are retained within the centre and made available on request to: RQIA, registered manager, service user/representative, and officer from HSS trust in the area in which the day centre setting is situated.

### **Is Care Compassionate?**

Discussion with staff demonstrated that they were knowledgeable about service users' needs, a person centred approach was adopted, and service users were listened to and responded to by staff.

Observations of care practices confirmed that service users were treated with dignity and respect. Care and support was conducted at an unhurried pace with time afforded to interactions with service users in a polite, friendly and supportive manner.

Care plans were written in a person centred manner which places the service user at the centre of the process and responds flexibly and sensitively to his/her needs.

### **Areas for Improvement**

One requirement made related to ensuring monthly visits made on behalf of the registered provider is retained in the day care centre.

<b>Number of Requirements:</b>	<b>1</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

We met with several service users, either in a small group setting or individually. In accordance with their capabilities, service users expressed and indicated that they were happy and content with the provision of care and support provided by staff.

Some of the comments made included:

- "I would be very lonely if I could not attend."
- "There are a lot of things to do and we can choose if we want to participate."
- "I love the company and the staff. Everyone is so very kind."
- "Everyone is so kind. It is great coming here and having a sense of purpose."

Three service users' questionnaires were completed and returned following the inspection. Responses from service users were positive showing that care was safe, effective and compassionate.

### 5.5.1 Staff Views

We spoke with three care staff members, in addition to the registered manager. Staff confirmed that they felt supported in their respective roles and responsibilities. Staff related that they had been provided with adequate resources to undertake their duties.

Three staff satisfaction questionnaires were completed and returned to RQIA following the inspection. Respondents confirmed that staff was satisfied that the care provided was safe, effective and compassionate.

### 5.5.2 General Environment

The centre presented as clean, tidy and adequately heated. Décor and furnishings were found to be of a good standard. One matter discussed and agreed with staff and the registered manager was the lack of comfortable easy chairs/settees where service users can relax and rest for periods, especially following lunch. The pillars in the hallway are to be painted as recommended by the sight impairment professional. Recommendations were made in this regard.

### 5.5.3 Care Practices

The atmosphere in the centre was friendly and welcoming. Staff were observed interacting with service users in a respectful, polite, friendly and supportive manner.

Care duties and tasks were organised and service users were observed to be comfortable, content and at ease in their environment and interactions with staff. Planned programmes of activities were in place. Service users moved freely around the centre as desired.

Planned therapeutic activities were being provided in various rooms, where they were observed to be free from disturbances to concentrate on the art/craft work undertaken.

Staff supervision, assistance and support to service users were provided throughout the day, including lunch time.

### 5.5.4 Accident/Incident Reports

An inspection of the accident/incident reports from the previous inspection until the date of this inspection was undertaken. These were found to be appropriately managed and reported.

#### Areas for Improvement

Two recommendations for improvement related to the painting of pillars in the hallway and provision of easy comfortable chairs/sofas.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>2</b>
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## 6. Quality Improvement Plan

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

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 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 Day Care Settings Regulations (Northern Ireland) 2007.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Day Care Settings Minimum Standards 2012. 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 [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) and assessed by the inspector.

## Quality Improvement Plan

### Statutory Requirements

<p><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 28 (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 10 March 2016</p>	<p>Ensure the monthly visit report made on behalf of the registered provider is retained within the centre and made available on request to: RQIA, registered manager service user/representative and officer from HSS trust in the area in which the day centre setting is situated.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A new system has been developed, provider visit reports remain on site and will be available on request.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.4</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>It is recommended that training in continence management is provided with a record retained of all staff in attendance.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> We are awaiting dates from the continence nurse</p>
<p><b>Recommendation 2</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 31 May 2016</p>	<p>Ensure the pillars within the hallway of the centre are painted as recommended by the sensory support staff.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Painting has been completed completed</p>
<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 25.3</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 30 June 2016.</p>	<p>It is recommended that comfortable easy chairs/settees are available to service users where they can relax and rest for short periods, especially following lunch and at snack times.</p>
	<p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> we are awaiting on quotes coming back from suppliers.</p>

<b>Registered Manager Completing QIP</b>	Denise O Shea	<b>Date Completed</b>	7/4/16
<b>Registered Person Approving QIP</b>	Helen Taylor	<b>Date Approved</b>	7/4/16
<b>RQIA Inspector Assessing Response</b>	Priscilla Clayton	<b>Date Approved</b>	7/04/16

*\*Please ensure this document is completed in full and returned to [day.care@rqia.org.uk](mailto:day.care@rqia.org.uk) from the authorised email address\**

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 service. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.