



The Regulation and
Quality Improvement
Authority

Inspector: Maire Marley
Inspection ID: IN023913

Mainstay DRP
RQIA ID: 10998
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**Unannounced Care Inspection
of
Mainstay DRP**

11 November 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

Mainstay DRP is a registered charity which provides care and support for people who have a Learning Disability. The organisation has a voluntary management committee consisting of eight directors, four parents and a senior representative from the Local Health and Social Care Trust. The organisation has been providing a day care service since 1999.

In August 2015 RQIA approved an application for the registration of 1 Cumulus Heights Mainstay as a day centre providing day care services to adults with a learning disability and autism. Service users and staff transferred from the existing day Mainstay centre that incorporated both a day centre and a workshop. Mrs Denise O'Shea was approved by RQIA as the registered manager for the centre in September 2015. Helen Taylor remains the responsible person.

An unannounced care inspection took place on 11 November 2015 from 10.00 to 5.00pm.

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	7	1

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

2. Service Details

Registered Organisation/Registered Person: Mainstay DRP/Helen Taylor	Registered Manager: Denise O'Shea
Person in Charge of the Day Care Setting at the Time of Inspection: Denise O'Shea	Date Manager Registered: 22 September 2015
Number of Service Users Accommodated on Day of Inspection: 54	Number of Registered Places: 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 theme has been met:

Theme: The transition from two day care services to one amalgamated service is appropriately managed for service users, their representatives and staff.

4. Methods/Process

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

Prior to inspection the following records were analysed:

- the previous care inspection report and returned Quality Improvement Plan (QIP)
- notifiable events submitted since the previous care inspection
- written and verbal communication received since the previous care inspection

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

- discussion with the registered manager
- discussion with the registered person
- discussion with 50 service users
- discussion with six staff
- observation of practice
- inspection of the premises
- evaluation and feedback

At the commencement of the inspection a poster was displayed informing service users and representatives that an RQIA inspection was taking place and inviting them to speak with the inspector to provide their views.

The following records were examined during the inspection:

- the statement of purpose
- the service user guide
- staff training records
- staff supervision history
- selected policies and procedures
- accident and incident record
- complaints record

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the service was an announced pre-registration inspection dated 11 August 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 4 (1)	The registered person should submit a revised statement of purpose detailing the number of service users to be accommodated at the centre.	Met
	Action taken as confirmed during the inspection: The registered person submitted the revised statement of purpose that included the number of service users to be accommodated at the centre.	
Requirement 2 Ref: Regulation 26 (2) (b)	The registered person should ensure that the door closer to the store room of the left rear activity room is adjusted to enable the door to be easily opened.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that the door closer to the store room had been adjusted as requested. There were no issues identified with the door during this inspection.	
Requirement 3 Ref: Regulation 26 (2) (j)	The registered person should ensure the grab rails in the male and female toilets are relocated to the correct toilet cubicle.	Met
	Action taken as confirmed during the inspection: Inspector confirmed the grab rails had been relocated as requested.	
Requirement 4 Ref: Regulation 26 (2) (a)	The registered person should ensure the swing of the first cubicle door is reversed in the female toilets (to assist access).	Not Met
	Action taken as confirmed during the inspection: The registered manager reported that they had been unable to reverse the swing of the door due to the hand drier positioned on wall. The registered manager related she was in discussion with RQIA estates inspector regarding requirement and is awaiting his planned inspection.	

<p>Requirement 5</p> <p>Ref: Regulation 13 (7)</p>	<p>The registered person should provide confirmation of satisfactory test results of sampling for legionella bacteria in relation to the plumbing installation/domestic water system. These tests should be undertaken by a UKAS accredited laboratory.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The registered person forwarded confirmation of the requested tests and these were deemed satisfactory by the estates inspector.</p>		

Theme: The transition from two day care services to one service is appropriately managed for service users, their representatives and staff.

Is Care Safe?

The registered manager described the process of transition for service users and provided information on some of the difficulties experienced by individual services users in adapting to their new environment. The methods and support deployed by staff to assist service users settle into the new centre was discussed in detail and it was evident that staff were working hard to support and assist service users to settle into their new environment.

The registered manager and staff spoke of the noise levels in the centre and reported that the organisation were in the process of getting estimates on measures to reduce the noise levels.

During a tour of the building it was observed activity room doors were all open and staff confirmed these remained opened all day. This was contributing to noise levels and was instrumental in encouraging service users to wander in and out of group rooms and was observed to disrupt activities. Service users should be able to participate in the activities of their choice uninterrupted with support from staff. Management must review this process with immediate effect.

It was noted that large notice boards and several pictures were stored against walls and required to be fixed to walls as they presented a safety risk.

A review of the staffing levels found there were adequate care staff on duty to meet the needs of service users. The registered manager reported that a domestic/cleaning post was vacant and domestic staff from the residential home was covering some of the cleaning duties, with the remainder of the cleaning been undertaken by staff. Confirmation that the vacancy for the domestic/cleaning staff has been addressed should be forwarded to the RQIA in the returned QIP.

In addition to the registered manager and the senior day care worker, five staff members were consulted. Staff spoke openly and detailed their difficulties with the new building, the noise levels and the effect the change had on the staff team and individual service users. It was evident that although the move to the new centre had been planned and had gone smoothly it had affected staff in different ways. Most staff viewed the move as positive and recognised it would take time to adapt and change to the different patterns of working. Some staff were working with different groups and within different staff teams. Training should be provided for

the staff team to enable them to clarify roles and responsibilities and learn from and appreciate each other's contribution.

Is Care Effective?

The registered manager reported that the day centre do not provide meals and all service users bring in their own lunch.

A number of service users in the day centre had particular swallow or dietary needs and personalised place mats had been provided by the speech and language therapist for some service users. These were instrumental in providing staff with a visual reminder of the speech and language therapist recommendations and included guidance as to the level of supervision required to ensure the safety of service users during mealtimes.

There are no designated staff to assist with the preparation of lunch and staff were noted to leave their individual groups to commence the lunch preparation. Some service users bring a packed lunch and others bring meals or soup to be heated in a microwave oven. Staff were observed cutting sandwiches into bite sizes for some service users and/ or heating meals or soup for others.

A number of service users were out of the centre taking part in community activities and staff reported that on the days all service users are in the centre the dining area can be extremely busy and generally very noisy. These arrangements are not satisfactory and management are requested to review the lunch time arrangements with immediate effect.

In addition, it was noted that the doors to activity rooms were locked during lunch periods to facilitate staff lunches and maintain service users in areas where they could be supervised. These arrangements need to be reviewed as service users' movements were effectively restricted. The responsible person must ensure there is proper provision for the supervision of service users during staff lunch breaks.

The organisation's policy for training in relation to violence and aggression was updated in September 2015 and included the need for RQIA and the trust to be notified of any occasion in which restraint is used.

A review of the accident and incident notifications noted there had been eight incidents since the centre had opened and the review of these incidents established that they had been reported and managed appropriately. The incidents related mainly to behaviour and staff reported the majority were caused by service users settling in and becoming used to their new environment, new activities and different groups.

The home's complaints policy and procedure was examined and found to be satisfactory. Information regarding complaints was also detailed in the service user guide. Staff consulted were fully familiar with the procedures in place. A review of the complaint record found there were four recorded complaints since the previous inspection. The registered manager was requested to review a recent complaint and ensure it is fully investigated; the outcome of the investigation must be recorded. The registered manager must be informed of all complaints and sign complaint documentation.

Is Care Compassionate?

The registered manager advised that fifty four service users were currently accommodated within the day care centre in Cumulus Heights. On the day of this inspection a number of service users were out of the centre taking part in community activities and having lunch out.

During the course of the inspection the inspector met with service users privately in their group rooms. A number of service users attending the centre are unable to communicate verbally and each person has their own individual method of communication.

Those who were able to provide their views expressed complete satisfaction with their new day centre and all aspects of care provided. Some comments included:

- "I love the new centre as I go swimming now."
- "The new centre is nice and bright."
- "Lots to do and I like that there is more people."
- "I do different things now and it is great."
- "I go swimming and it is brilliant."
- "I love the staff they are great."
- "More rooms it's great."
- "We do loads of things here, it is really good."

One service user who has a visual impairment spoke of the difficulties finding their way around and made particular reference to the pillars in the hallway. In discussion with the registered manager it was identified that the service user was known to the sight support team; however, it was unclear as to the level of involvement with this specialist team regarding the environment. The registered manager was requested to contact the sight support team with immediate effect to obtain advice and guidance. It was also recommended that the staff team are provided with awareness training regarding sight loss/visual impairment.

Care practices were observed throughout the day and included observation of service users arriving and leaving the centre, morning and lunch time routines and activities within individual rooms. The observations provided evidence that service users were treated with dignity and respect. Care duties were conducted at an unhurried pace and staff interactions with service users were noted to be polite, friendly and supportive.

Areas for Improvement

Areas for improvement were identified during this inspection resulting in six requirements and a recommendation and are identified as follows:

- The lunch time arrangements should be reviewed to include the staffing of the lunch preparation and the closure of activity room doors.
- Identified complaints should be fully investigated and the outcome of the investigation recorded.
- Training should be provided for the staff team to enable them to clarify roles and responsibilities and learn from and appreciate each other's contribution. Training should also be provided for the team regarding sight loss/visual impairment.

- The registered manager must review the practice of open door policy during activities to minimise noise and disruption to activities.
- Confirmation that suitable arrangements are in place regarding the cleaning of the centre.
- Confirmation that notice boards, pictures etc. have been fixed to walls.
- The registered manager should contact the sight support team for advice and guidance regarding the environment.

Number of Requirements:	6	Number of Recommendations:	1
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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 the registered manager Denise O'Shea 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 and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the 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 home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be Completed by: DD Month Year</p>	<p>The responsible person must undertake a review of the support staff to:</p> <p>(a) ensure there is sufficient staff to prepare lunches for service users.</p> <p>(b) confirm that at all times there are sufficient staff to undertake cleaning duties.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A review is underway to consider additional support required to prepare service users lunches A domestic has been employed to carry out all the cleaning duties on a daily basis.</p>
<p>Requirement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2015</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>Response by Registered Person(s) Detailing the Actions Taken: All activity room doors to remain open during lunch time, to ensure service users are not restricted.</p>
<p>Requirement 3</p> <p>Ref: Regulation 24 (3)</p> <p>Stated: First time</p> <p>To be Completed by: 30 November 2015</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>Response by Registered Person(s) Detailing the Actions Taken: After investigations the outcome of all complaints will be recorded in the complaints book.</p>
<p>Requirement 4</p> <p>Ref: Regulation 20 (1) (c)</p> <p>Stated: First time</p> <p>To be Completed by: 31 December 2015.</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> <p>Response by Registered Person(s) Detailing the Actions Taken: To clarify staff roles and responsibilities is carried out during supervision which is ongoing at present. Visual assessment training has been arranged for all staff in January 2016.</p>

Requirement 5 Ref: Regulation 14 (1) (a) Stated: First time To be Completed by: 20 November 2015	The registered manager should in the interest of safety ensure large notice boards and pictures are fixed to walls. Response by Registered Person(s) Detailing the Actions Taken: All notice boards and pictures have been fixed securely to the walls.		
Requirement 6 Ref: Regulation 13 (1) (a) Stated: First time To be Completed by: 20 November 2015	The registered manager must contact the sight support team with immediate effect to obtain advice and guidance. Response by Registered Person(s) Detailing the Actions Taken: Sensory support service to visit the building to offer advice and guidance on the 8/1/16.		
Requirement 7 Ref: Regulation 26 (2) (a) Stated: Second time To be Completed by: 30 January 2016	The registered person should ensure the swing of the first cubicle door is reversed in the female toilets (to assist access). Response by Registered Person(s) Detailing the Actions Taken: Advice has been sought rom RQIA estates.		
Recommendations			
Recommendation 1 Ref: Standard 9.5 Stated: First time To be Completed by: Immediate	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. Response by Registered Person(s) Detailing the Actions Taken: The doors to the activity rooms will be closed during activies, this will enable service users to engage in their chosen activity without interruption. It will also reduce the noise levels throughout the building.		
Registered Manager Completing QIP	Denise O Shea	Date Completed	7/1/16
Registered Person Approving QIP	Helen Taylor	Date Approved	8/1/16
RQIA Inspector Assessing Response	M. Hawley	Date Approved	10/1/16

Please ensure this document is completed in full and returned to day.care@rqia.org.uk from the authorised email address