

Unannounced Care Inspection Report 20 June 2018



Mainstay DRP, Ardcora Supported Housing Service

Type of Service: Domiciliary Care Agency
Address: 5 Killough Road, Downpatrick, BT30 6PX
Tel No: 02844617184
Inspector: Kieran Murray

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

1.0 What we look for



2.0 Profile of service

This is a domiciliary care agency supported living type which provides personal care and housing support to 26 people living in their own homes. Service users have a range of needs including learning disability, autism and challenging needs. They are supported by 61 staff which includes the registered manager and domestic assistant.

3.0 Service details

Organisation/Registered Provider: Mainstay DRP Responsible Individual: Mrs Helen Owen	Registered Manager: Mr Gareth Anthony Baker
Person in charge at the time of inspection: Mr Gareth Anthony Baker	Date manager registered: 29 November 2011

4.0 Inspection summary

An unannounced inspection took place on 20 June 2018 from 10.00 to 18.00 hours.

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

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

Evidence of good practice was found in relation to:

- care reviews
- supervision and appraisal
- induction records
- training
- collaborative working
- professional body regulations

No areas requiring improvement were identified during this inspection.

Service users said:

- "I love it here."
- "If I wasn't happy I would go to XXXXX."
- "Being in supported housing you get the support you need."

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Gareth Baker, Registered Manager and the Deputy 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 29 January 2018

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 January 2018.

5.0 How we inspect

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

- previous inspection report and quality improvement plan (QIP)
- record of notifiable incidents
- record of complaints
- correspondence with RQIA

During the inspection the inspector met with six service users, six staff, the registered manager and deputy manager. Following the inspection the inspector made telephone contact with one Trust professional. The inspector was unable to make telephone contact with service users' representatives.

The following records were examined during the inspection:

- a range of service users' care and support plans
- care review records
- Health and Social Care Trust (HSCT) assessments of needs and risk assessments
- recording/evaluation of care records
- monthly quality monitoring reports
- staff meeting minutes
- tenant meeting minutes
- records relating to staff training, including induction training
- records relating to staff supervision
- records relating to appraisals
- complaints records
- incident records
- records relating to safeguarding of adults
- staff rota information
- staff communication records
- recruitment policy
- a range of policies relating to the management of staff
- supervision policy
- induction policy
- safeguarding adults in need of protection policy, 2016

- whistleblowing policy
- data protection policy
- Statement of Purpose
- Service User Guide

At the request of the inspector, the registered manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Eight responses were received prior to the issue of the report. The manager was also asked to distribute 10 questionnaires to service users/family members. Seven questionnaires were received prior to the issue of the report.

The feedback received on the responses and questionnaire will be reflected in the body of the report.

There were a number of areas rated as 'undecided' and 'very unsatisfied' on the responses returned by staff. As there were no contact details recorded for staff, the inspector spoke to the registered manager on the 5 July 2018 and discussed the feedback received. The inspector has been assured by the registered manager that the comments made would be discussed with staff in the forum of a team meeting and a record retained and that the inspection report would be discussed at a team meeting.

The inspector requested that the registered manager place a 'Have we missed you?' card in a prominent position in the agency to allow service users, relatives and families who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No responses were received prior to the issue of the report.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 January 2018

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

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

6.2 Review of areas for improvement from the last care inspection dated 29 January 2018

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		
Area for improvement 1 Ref: Regulation 23(2) Stated: First time	At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency— (a) arranges the provision of good quality services for service users; (b) takes the views of service users and their representatives into account in deciding— (i) what services to offer to them, and (ii) the manner in which such services are to be provided	Met
	Action taken as confirmed during the inspection: The agency has supplied the RQIA with monthly monitoring reports since the last inspection. The inspectors reviewed the reports and were deemed of an acceptable standard.	

6.3 Inspection findings

6.4 Is care safe?

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

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and that these are satisfactory.

The agency's induction programme outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations. Staff stated that they are required to shadow other staff members during their induction and probation period. The inspector evidenced shadowing shifts on the rota for new staff during their induction. The inspector spoke to four staff that provided positive feedback regarding how their induction prepared them for their roles and responsibilities and how they felt supported by

other staff members and the manager. However, the inspector noted that the agency had not signed off staff's completed probationary periods in line with Mainstays policies and procedures. An assurance was obtained from the registered manager that this would happen in the future.

Staff rotas viewed and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times. The support worker advised the inspector that any voids in the rota are covered amongst the agency staff and managers.

Service user comments:

- "We are safe here, the staff look after us."
- "The staff are very kind but they can be over strict. I talk to them and gets things resolved."
- "I love living in Malone Court."

The inspector discussed all feedback received with the registered manager and deputy manager at the end of the inspection. The inspector has requested that the registered manager deal with the feedback locally when discussing the outcome of the report at tenant meetings.

Staff comments:

- "We got a full induction and induction folder."
- "There is always a senior on call."
- "The rota is good."

Community Key Workers comments:

- "It's just not a job for staff, it's a lot more."

The inspector evidenced a planner in the agency for completed and planned supervisions and appraisals, on examination of records the inspector found them to be satisfactory.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. The inspector reviewed the training records which indicated compliance with regulation and standards and the agency's mandatory training requirements. There was evidence that staff have attended training additional to that stated in the Minimum Standards such as Mental Health in the Workplace, Epilepsy Awareness and Chairing a Meeting training.

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed the procedures maintained by the agency in relation to the Safeguarding of Adults (2016) which were noted to be reflective of the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. The inspector noted that records relating to safeguarding training provided to staff were up to date.

The staff who spoke to the inspector were aware that the agency had a number of Adult Safeguarding Champions and were able to name them.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. On the day of the inspection the inspector noted that the agency had completed a number of safeguarding referrals to the relevant HSC Trust since the last inspection.

The inspector received feedback from staff which indicated that they are aware of their obligations in relation to raising concerns about poor practice, and are confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

On the day of the inspection the inspector noted that there were a number of restrictive practices in place. It was noted that they were of the least restrictive nature and considered necessary in conjunction with the HSC Trust; and they were reviewed yearly.

The inspector noted that evidence of review of service users' needs took place annually or as required.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. There had been a number of incidents since the previous inspection; the inspector evidenced that completed incident records were completed appropriately by the agency and in accordance with the agency's procedure and policy.

The inspector noted that the agency had received a number of complaints since the last inspection and had dealt with in line with policy and procedure.

Areas of good practice

There were examples of good practice found throughout the inspection in induction, supervision and appraisals.

Of seven questionnaires responses returned by service users, six indicated that they were 'very satisfied' that care was safe and one indicated that they were 'satisfied' that care was safe. Of eight responses returned by staff, six indicated that they were 'very satisfied' care was safe and one indicated that they were 'very unsatisfied' that care was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose (2017) and Service User Guide (2018).

The inspector reviewed four service users' care and support plans. The inspector was informed that care and support plans are reviewed on a monthly basis or sooner if required with the key worker using a monthly summary report documentation. These records evidenced that the agency carries out reviews with service users if changes to their needs are identified. The inspector examined the annual reviews relating to four service users and the records were satisfactory.

The inspector evidenced six monthly Promoting Quality Care (PQC) reviews in service user's files.

The agency maintains daily contact records for each service user. On examination of records the inspector noted a number of inappropriate correction practices. The inspector requested the registered manager add an agenda item to the forthcoming staff meeting agenda in relation to good recording keeping and appropriate correction methods and forward to RQIA minutes of team meeting giving assurance the issue has been addressed. Following the inspection the registered manager forwarded satisfactory information to RQIA that record keeping was placed on the next staff meeting agendas.

Staff interviewed on the day of the inspection confirmed they were provided with details of care planned for each service user.

Feedback received by the inspector from staff and service users' indicated that service users have a genuine influence on the content of their care plans.

Service user comments:

- "I go to my reviews and get things put in place for my safety."
- "Staff are very kind and help me out to do things."

Staff comments:

- "Knowing that the management started from the bottom up is very reassuring."
- "I have no concerns in this service. I feel the organisation provides everything needed for the service users and that they are happy in their own properties and lifestyles."

The agency has developed and maintained a quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by a consultant who has a good working knowledge of the service.

The quality monitoring system provides a thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users', staff, relatives as appropriate and community keyworkers, and progress on improvement

matters. It was identified that the monthly monitoring report system had not highlighted the precise restrictive practice in place and evidence of review. The inspector discussed this with the registered manager and was assured and evidenced an email sent to the consultant completing the monthly monitoring visits advising them to include these areas in future monthly monitoring reports. The inspector found this to be satisfactory but has asked the agency to continue to submit monthly monitoring reports to RQIA to ensure compliance.

Community professional:

- “The staff know the service users inside out, what works and what doesn’t.”
- “Generally a lot of creativity as to ways of managing my clients e.g., garden room.”

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users’. The staff described effective verbal and written communication systems with the staff team, including the use of a diary and verbal and written handovers.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff and appeared to enjoy good relationships with staff.

Review of team meeting records indicated that team meetings took place on average every three months; the staff who spoke to the inspector verified this and staff also informed the inspector that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated that the staff team is supportive to each other and that communication is good.

Review of tenant meeting minutes by the inspector indicated that the views of service users are taken into account in planning and making decisions. The inspector noted that service users were updated on maintenance issues, bank holiday celebrations, menus and other social events.

The inspector noted and examined the Annual Service Quality Evaluation Report for Ardcora and found it to have positive results. Staff who spoke to the inspector confirmed that they had received a summary of the Annual Service Quality Evaluation Report which related specifically to the agency. The inspector evidenced communication sent to service users, representatives and other stakeholders on the date proposed to set up focus groups to complete the Annual Service Quality Evaluation Report for 2018.

The name and contact details of advocacy services were available in the Service User Guide for service users to contact if needed.

Of seven questionnaires returned by service users, five indicated that they were ‘very satisfied’ that care was effective and two indicated that they were ‘satisfied’ that care was effective. Of eight responses returned by staff, four indicated that they were ‘very satisfied’ care was effective, one indicated that they were ‘satisfied’ that care was effective, one indicated that they were ‘undecided that care was effective and one indicated that they were ‘very unsatisfied’ that care was effective.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between service users and agency staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

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

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users and where appropriate their representatives in decisions affecting their care and support. On the day of inspection the inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Discussion with staff and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress.

The inspector found that the agency has participated in liaison with a range of Trust professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

It was evident that the agency staff and HSCT community keyworkers promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

Service users who wished to meet the inspector were provided with privacy as appropriate. The inspector noted that service users have choice regarding their daily routines and personal belongings.

The inspector observed photographs of service users enjoying social events inside and outside of the agency supported by staff. Service users informed the inspector that they had attended a formal in the Slieve Donard Hotel the previous weekend organised by the local sports club, supported by staff.

A service user advised the inspector how they had recently got a hot tub installed at their home with the support of staff.

The inspector evidenced a compliment sent via an email to the responsible person commending the staff:

‘Once more I wish the Management of Mainstay to be aware of the competence, alertness and compassion of the staff in the Vianstown house. Listening to the staff members this week, I was very aware of their genuine concern for all the clients who are in their charge’.

Service user comments:

- “Staff help us to cook.”
- “I got my football team badge on the wall.”

Of seven questionnaires returned by service users, five indicated that they were ‘very satisfied’ that care was compassionate and two indicated that they were ‘satisfied’ that care was compassionate. Of eight responses returned by staff, five indicated that they were ‘very satisfied’ care was compassionate, one indicated that they were ‘satisfied’ care was compassionate and one indicated that they were ‘very unsatisfied’ that care was compassionate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the provision of compassionate care and the involvement of service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

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

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of established management and governance have been implemented at the agency. The day to day operation of the agency is overseen by the registered manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency’s governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team.

On the day of the inspection it was noted that a number of incidents had taken place since the last inspection 29 January 2018. The inspector examined the records and found that the agency had dealt with the incidents in accordance with its policy and procedure and on the day of the inspection completed another incident.

The agency operates a robust training system available for staff to request training to meet the needs of service users.

Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are maintained in a file for staff to access which are reviewed in line with timescales as outlined in the Minimum Standards.

The inspector discussed arrangements in place that relate to the equality 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. The registered manager was able to discuss the ways in which staff development and training enables staff to engage with a diverse range of service users.

Some of the areas of equality awareness identified during the inspection include:

- Effective communication
- Service user involvement
- Advocacy
- Equal care and support
- Individual person centred care
- Individual risk assessment

The agency collects equality data on service users such as; age, gender, race, disability, marital status via the HSC Trust referral information.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure. On the day of the inspection it was noted that no complaint had been received since the last inspection 29 January 2018.

There are effective systems of formal supervision and appraisal within the agency. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders and families, which are valued by staff.

Service users’ comments:

- “I know my key worker.”
- “My notes are in the file.”

Staff comments:

- “The managers are very approachable.”
- “I would recommend this service to other people.”
- “Well run service, very close friendly staff.”

Community key workers comments:

- “Lots of good work being done.”

Of seven questionnaires returned by service users, four indicated that they were ‘very satisfied’ that the service was well led and three indicated that they were ‘satisfied’ that the service was well led. Of eight responses returned by staff, four indicated that they were ‘very satisfied’ that the service was well led, two indicated that they were ‘satisfied’ that the service was well led and one indicated that they were ‘very unsatisfied’ that the service was well led.

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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