

# Unannounced Care Inspection Report 9 May 2019



## 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 28 people with learning disability needs from the South Eastern Health and Social Care Trust (SEHSCT), Belfast Health and Social Care Trust (BHSCT) and the Western Health and Social Care Trust (WHSCT) living within the SEHSCT area. Service users are supported by 60 staff which includes the registered manager and domestic service staff.

### 3.0 Service details

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

### 4.0 Inspection summary

An unannounced inspection took place on 9 May 2019 from 09.30 to 16.00.

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

As a public-sector body, has 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.

The inspection sought 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:

- staff induction
- care records
- care reviews
- staff training and development
- service user training
- tenant meetings
- service user involvement
- collaborative working
- registrations with Northern Ireland Social Care Council (NISCC)

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 restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

No areas requiring improvement were identified during this inspection.

Service users said "The staff treat me with respect and give us choices."

Staff interactions observed by the inspector were noted to be very warm, caring and in a timely manner. Service users consulted with also spoke positively in relation to the care and support they received.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mr Gareth Anthony Baker, Registered 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 20 June 2018

No further actions were required to be taken following the most recent inspection on 20 June 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 RQIA inspection report
- all correspondence received by RQIA since the previous inspection

During the inspection the inspector met with seven service users, three staff and the registered manager.

A range of documents, policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the person in charge was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. Eighteen responses were received and analysis of feedback is included within the report.

There was one questionnaire rated as 'undecided' by a service user in relation to care being compassionate. There were also a number of responses rated as 'undecided', 'unsatisfied' and 'very unsatisfied' by staff in relation to the care being safe, effective and the service being well led. As there was no contact details recorded for the service user or staff, the inspector spoke to the deputy manager on the 28 May 2019 and discussed the feedback received. The inspector has been assured by the deputy manager that responses made would be discussed with service users and staff in the forum of tenant and staff meetings and a record retained for review at the next inspection.

The inspector requested that the person in charge place a "Have we missed" you card in a prominent position in the agency to allow service users and family members who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision. No feedback was received.

Ten questionnaires were also provided for distribution to the service users/relatives. Eight responses were received and analysis of feedback is included within the report.

RQIA information leaflets 'How can I raise a concern about an independent health and social care service' were also provided to be displayed appropriately in the setting.

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 20 June 2018**

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

## **6.2 Inspection findings**

### **6.3 Is care safe?**

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

The agency's arrangements for ensuring the service users were safe and protected from harm were examined during the inspection.

The agency's staff recruitment processes were noted to be managed in conjunction with the organisation's human resources department, located at the organisation's head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices. Staffing levels were consistently maintained and there were no concerns raised with the inspector in relation to the service users' needs not being met.

The agency's induction programme outlines the induction programme which included the NISCC Induction Standards, 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. The inspector spoke to three staff member who provided positive feedback regarding how their induction prepared them for their roles and responsibilities. They indicated that they felt supported by the other staff and the registered manager.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed in accordance with policy has been maintained. Staff who spoke to the inspector provided feedback that they had supervision in line with policy and procedure; records provided to the inspector confirmed this.

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 agency's training plans which indicated compliance with the Regulations and Minimum Standards. There was evidence that staff have attended training additional to that outlines within the Minimum Standards such as Human Rights, General Data Protection Regulation (GDPR), Person Centred Planning, Diabetes and Epilepsy Awareness training. All staff consulted with spoke positively in relation to the training and the support they received.

It was positive to note that a number of service users had attended training in other Mainstay services. Service user training included; Human Rights, Basic Food Hygiene and Infection Control. Service users had also attended workshops on Mindfulness, Good Touch/Bad Touch and 'Meet the Police' Neighbourhood Policing Team.

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 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 completed by staff were up to date.

The staff who spoke to the inspector were aware that the agency had an Adult Safeguarding Champion (ASC) and their role.

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 made a number of safeguarding referrals to the SEHSCT since the last inspection 20 June 2018 and that the referral had been managed appropriately. The inspector noted that an Annual Position Report was not completed on the day of the inspection. This can be reviewed at the next inspection.

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.

**Service user comments:**

- “All the staff are kind.”
- “I have no complaints at all.”

**Staff comments:**

- “I got an induction for my promotion.”
- “We go to various training.”

The inspector noted that staff had received training in restrictive practices. On the day of the inspection it was noted that there were a number of restrictive practices in place; those implemented were of the least restrictive nature considered necessary in conjunction with the service user, representatives and the HSCT and were noted to have been reviewed every year. It was positive to note that each restrictive practice was aligned to the specific area of the Human Rights Act.

A review of the accidents and incidents which occurred within the agency identified that they had been managed appropriately.

Care records and information related to service users were stored securely and accessible by staff when needed. Staff spoken with described the importance of storing confidential information in accordance with data protection guidelines. It was noted that General Data Protection Regulations (GDPR) had been discussed during Data Protection Training.

Of eight questionnaires returned by service users/relatives seven indicated that they were ‘very satisfied’ care was safe and one indicated that they were ‘satisfied’ care was safe. Of 18 responses returned by staff, nine indicated they were ‘very satisfied’ care was safe and three indicated that they were ‘satisfied’ care was safe, one indicated they were ‘undecided’ care was safe, one indicated that they were ‘unsatisfied’ care was safe and two indicated that they were ‘very unsatisfied’ care was safe.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisals, adult safeguarding and risk management.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 detailed in the Statement of Purpose (2019) and Service User Guide (2019).

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments, care plans, six monthly and annual care reviews with the service user, representatives and relevant Trust representative. The inspector noted that key workers carried out monthly summary reports with each service user. It was positive to note that Data Consent Forms were available in care records. The Data Consent Form was signed by service users or their representatives.

Care review records were reviewed and it was noted that follow up action had been taken in response to identified actions.

The agency maintains daily contact records for each service user. On examination of records the inspector noted a small number of corrections not in keeping with the agency's policy and procedures in relation to record keeping. The manager has given the inspector assurance that record keeping will be discussed at the next team meeting and kept under review going forward.

No concerns were raised during the inspection with regards to communication between service users, staff and other key stakeholders. Review of service user care records evidenced that collaborative working arrangements were in place with service users' next of kin and other key stakeholders.

### **Service user comments:**

- "We get to make decisions."
- "The staff respect me and my human rights."

### **Staff comments:**

- "Care and support plans reflect service user's human rights."
- "Definitely service users are treated with dignity and respect."

Service user and staff meetings were held on a regular basis and minutes were available for review by the inspector.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the service users. Quality monitoring reports indicated consultation with a range of service users, relatives, staff and where provided, HSCT representatives.

The inspector noted the following comments made by service users, relatives and HSCT representatives:



**Relative:**

‘I am happy with my XXXX move to Carmel Hill.’

**HSCT Representative:**

‘Carmel Hill staff very attentive and work on guidance that we provide.’

Of eight questionnaires returned by service users/relatives five indicated that they were ‘very satisfied’ care was effective and three indicated that they were ‘satisfied’ care was effective. Of 18 responses returned by staff, 11 indicated they were ‘very satisfied’ care was effective, two indicated that they were ‘satisfied’ care was effective, one indicated that they were ‘undecided’ care was effective and two indicated that they were ‘very unsatisfied’ care was effective.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency’s engagement with the service users.

**Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

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

The inspector discussed arrangements in place relating to the equality of opportunity for service users and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of service users in a safe and effective manner. It was identified that staff had completed training on human rights.

Discussions with the service users, registered manager and staff provided evidence that the agency supports service users’ equal opportunities, regardless of their abilities, their background, choices or their lifestyle. Plans were also in place to support the service users in arranging trips in the coming months. Other service users discussed recent holiday experiences with the inspector.

It was evident that the agency staff, SEHSCT, BHSCT and SHSCT 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.

The inspector observed staff using appropriate language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

Records of service user meetings and reports of quality monitoring visits indicated the agency's systems for regularly engaging with service users and where appropriate relevant stakeholders.

#### **Service users comments:**

- "The staff listen to my choice."
- "The staff communicate at my level."

#### **Staff comments:**

- "Family input to tenants care is vital."

Of eight questionnaires returned by service users/relatives five indicated that they were 'very satisfied' care was compassionate, two indicated that they were 'satisfied' care was compassionate and one indicated that they were 'undecided' care was compassionate. Of 18 responses returned by staff, 12 indicated they were 'very satisfied' that care was compassionate, two indicated that they were 'satisfied' care was compassionate and two indicated that they were 'very unsatisfied' care was compassionate.

#### **Areas of good practice**

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised, compassionate care and engagement with service users and other relevant stakeholders with the aim of promoting the safety of service users and improving the quality of the service provided.

#### **Areas for improvement**

No areas for improvement were identified in this domain during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 reviewed the management and governance systems in place within the agency to meet the needs of the service users; the agency is managed on a day to day basis by the manager, who also manages the service with the support of team leaders and a team of support assistants. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

All staff providing care and support to service users are required to be registered with the Northern Ireland Social Care Council (NISCC). The registered manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The registered manager described the system in place for monitoring renewal of NISCC registrations and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

There had been a number of complaints received from the date of the last inspection. The complaints had been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures. The inspector noted the complainants were fully satisfied with the outcomes of their complaints. All those consulted with were confident that management would manage any concern raised.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

### **Service user comment:**

- “The manager is good and nice.”

### **Staff comments:**

- “I get support from managers.”
- “There is equality and diversity within the staff team.”

The inspector was advised that systems were in place to monitor and report on the quality of care and support provided. For example, the following audits were completed in accordance with the agency's policies and procedures:

- care and support records

- service user' finances
- accidents and incidents
- complaints
- NISCC registrations
- restrictive practices
- training and supervision

Processes for engaging with and responding to the comments of service users and their representatives were also evident within the agency's annual service quality evaluation 2018. The inspector reviewed the service quality evaluation and found it to be positive.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held electronically and in hard copies which were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the SEHSCT, BHSCT, SHSCT, relatives of the service users and staff.

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

Of eight questionnaires returned by service users/relatives five 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 18 responses returned by staff, eight indicated they were 'very satisfied' that the service was well led, four indicated that they were 'satisfied' that the service was well led, two indicated that they were 'undecided' that the service was well led and two indicated that they were 'very unsatisfied' that the service was well led.

### Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

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 restrictive practices, consent, autonomy, equality, decision making, privacy, dignity, confidentiality and service user involvement.

### Areas for improvement

No areas for improvement were identified in this domain 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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