

Unannounced Care Inspection Report 30 March 2017



Mainstay DRP, Ardcora Supported Housing Service

Type of Service: Domiciliary Care Agency
**Address: Mainstay DRP, Ardcora Supported Housing Service, 5
Killough Road, Downpatrick BT30 6PX**
Tel No: 02844218382
Inspector: Lorraine O'Donnell

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mainstay DRP, Ardcora Supported Housing Service took place on 30 March 2017 from 09:45 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary supported living service was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector identified areas of concern relating to the delivery of safe care provided by the agency. Charging arrangements that were in place were not consistently outlined within the service users' agreements and there was a lack of evidence of consultation with the service users and or their representatives in relation to charges or any changes made. The inspector highlighted concerns about the lack of safeguards in place and the potential for service users' finances to be inappropriately managed.

The agency ensures there are appropriately trained staff who understand the needs of service users. Examination of staff supervision records indicated staff had not received supervision in accordance with the agency's policy.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. However, not all staff had completed up to date vulnerable adults training. The inspector found significant evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

During the inspection the agency was found to be competently delivering effective care. The agency has systems in place to ensure an effective response to the assessed needs of service users. Service users' representatives are closely involved in the development of care and support plans which are reviewed regularly with HSC Trust professionals. The agency maintains effective communication with service users, relatives and key stakeholders, particularly the HSC Trust. The quality monitoring arrangements include consultations with service users' representatives, and provide a thorough system of audit and service improvement. However, an annual report for 2015/16 was not available during the inspection and staff were not aware of the results of annual questionnaires completed by service users.

Is care compassionate?

During the inspection the agency was found to be competently delivering compassionate care.

The inspector observed interactions between staff and service users and received feedback from relatives and a community professional which indicated that the human rights, choice and respect of service users are upheld through service delivery.

The agency maintains systems to ascertain the wishes and feelings of service users/their representatives, and to involve them in decision making.

Is the service well led?

Management and governance systems have been implemented at the agency to ensure that the needs of service users are met and quality improvement is driven. Agency staff are aware of their roles, responsibilities and accountability systems within the organisational structure.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Gareth Baker, the registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection; however in light of the concerns identified during the inspection a further finance inspection was scheduled.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 August 2015.

2.0 Service details

Registered organisation/registered person: Mainstay DRP/Helen Owens	Registered manager: Gareth Anthony Baker
Person in charge of the service at the time of inspection: Gareth Anthony Baker	Date manager registered: 29 November 2011

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Previous returned quality improvement plan
- Record of notifiable events for 2015/2016.

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

- Discussion with the registered manager
- Consultation with four members of staff
- Discussion with three service users
- Examination of records
- File audits
- Evaluation and feedback.

The service users' views are contained within the body of this report.

On the day of inspection the inspector met with four members of staff to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Staff feedback is contained within the body of this report.

The registered manager was provided with questionnaires to distribute to randomly selected staff members for their completion. One completed staff questionnaire was returned to RQIA. The content of the questionnaire is discussed in the main body of the report. The registered manager was also provided with questionnaires to distribute to service users for their completion. No service users returned completed questionnaires.

The following records were examined during the inspection:

- Three service user records in respect of referral, assessment, care plan and review
- Schedule of staff supervision and appraisal dates
- Two induction records
- Complaint log
- Staff training schedule
- Staff duty rotas
- Monthly monitoring reports for December 2016 to February 2017
- Minutes of staff meetings
- Minutes of tenant meetings
- Policies and procedures relating to: risk management, staff recruitment, supervision, induction, safeguarding, whistleblowing, recording, confidentiality, incident notification and complaints
- Records of incidents reportable to RQIA in 2015/2016
- The agency's Statement of Purpose.

4.0 The inspection

Mainstay DRP, Ardcora Supported Living Service is a supported living type domiciliary care agency, located close to the centre of Downpatrick. The agency provides care and support to enable service users with a learning disability to live in their own home within the local community.

The agency provides care and support to 25 service users: the overall aim is to promote independence of the service users and enhance their quality of life.

4.1 Review of requirements and recommendations from the last care inspection dated 24 August 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 17 (2) (c) (d) Stated: First time	The handbook prepared in accordance with paragraph (1) shall include a statement as to – (c) record keeping requirements (d) recruitment procedures	Met
	This requirement relates to the agency's staff handbook. Action taken as confirmed during the inspection: The inspector viewed the staff handbook and confirmed it contained information relating to record keeping and recruitment procedures.	
Requirement 2 Ref: Regulation 21 (1) (a) Schedule 4 Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner; This requirement relates to the registered person ensuring that the agency's staff rota information details the full name of staff supplied and a list of abbreviations used.	Met
	Action taken as confirmed during the inspection: The inspector viewed the staff rota and confirmed it contained the full name of staff supplied and a definition of the abbreviations used.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.1 Stated: First time	It is recommended that the agency's Whistleblowing policy is reviewed and update to reflect that all information received will be investigated.	Met
	Action taken as confirmed during the inspection: The inspector viewed the agency's Whistleblowing policy and confirmed it contained information stating any information received will be investigated.	

4.2 Is care safe?

The agency's registered premises are suitable for the purposes of the agency as set out in the Statement of Purpose.

During the inspection staffing arrangements were reviewed by the inspector. The organisation has a dedicated human resources department which oversees the recruitment process, including the completion of appropriate pre-employment checks. The inspector viewed three staff files and confirmed these files contained the information in line with related regulations. A range of policies and procedures were reviewed relating to staff recruitment and induction training. The inspector found these policies to be in compliance with related regulations and standards.

The agency has a structured comprehensive staff induction programme. The inspector viewed induction records for two staff which confirmed that a competency assessment is carried out for each new care worker and subsequent supervision records maintained. The agency has an appropriate induction and support mechanisms in place for staff working on a temporary basis.

The inspector examined the agency's provision for the welfare, care and protection of service users. The Adult Safeguarding Policy available at inspection was dated November 2016. The policy was updated to ensure it was in line with regional guidance "Adult Safeguarding Prevention and Protection in Partnership July 2015". Records reviewed by the inspector indicated that the agency responds promptly and fully to all suspected, alleged or actual incidents of abuse. The registered manager and the four staff members who met with the inspector discussed the agency's response to safeguarding concerns and their role in working with the HSC Trust during the completion of an investigation.

During the inspection the inspector viewed two service users' agreements and invoices relating to financial transactions between the service users and the agency. These records indicated charges had been made to services users which were not clearly outlined within the service users' agreements and it was concerning to note that it was unclear if service users, their representatives and the HSC Trust were made aware of these charges as they occurred. The inspector noted additional charges were made for bulk orders made on behalf of service users for the supply of items such as cleaning equipment and products. The purpose of these orders and the charges were discussed with the registered manager, who stated the agency no longer placed bulk orders for such items and service users now purchased items as required during their normal shopping.

The inspector also noted that service users were charged for pest control services and it was unclear from agency records how service users had been involved in any agreement for the payments they were making for pest control services. During discussions with the registered manager the inspector was advised that the appropriateness of charging service users for pest control services had been raised with the organisation's management.

The registered manager advised the inspector that maintenance and cleaning charges made to the service users were not based on individual usage or need and the overall costs of these services had been divided equally between service users. The manager informed the inspector the introduction of these arrangements had been discussed with service users and the HSC Trust however there were no records of these discussions available during the inspection. The inspector viewed a letter dated 03 February 2016 outlining the charges which were being introduced and the manager stated that this letter had been sent to family members of service

users. The inspector was unable to confirm if the service users received any notification of the introduction of charges or at least four weeks written notice of increases to previous charges. In light of these concerns, and following this inspection, a further inspection was planned.

The agency's whistleblowing policy and procedure was found to be satisfactory. The care workers interviewed had a clear understanding of their role and responsibility to identify and report actual or suspected abuse. They described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

Records of training and staff feedback indicated that staff attended a range of training necessary to meet the needs of service users. The records indicated the registered manager had not completed up to date Vulnerable Adult training.

Examination of records indicated that a system to ensure that staff supervision and appraisals are planned and completed, however, the records indicated these were not in accordance with the agency's policy.

Service user referral information received from the HSC Trust staff contained information regarding the service user and/or their representatives. The inspector examined three support plans in place during the inspection. The referrals detailed the services being commissioned and relevant risk assessments. The agency care plans and risk assessments completed contained evidence that service users' and/or representatives' views had been obtained and incorporated. Records of risk assessments are completed with each service user.

There was a record of monthly monitoring available on the day of inspection which evidenced working practices being systematically reviewed.

The service users interviewed by the inspector stated that they felt safe and secure in their home. Response to the questionnaires received from the member of staff would indicate a high level of satisfaction. During discussions the inspector had with service users, one service user questioned the reason they paid for cleaning and indicated they were willing to clean their home themselves. This information was discussed with the staff and manager who advised they would discuss further with the service user. The staff and service users who participated in the inspection confirmed that they were aware service users were able to opt out of this arrangement.

Areas for improvement

Four areas for improvement were identified during the inspection these related to:

- the need for staff to receive formal supervision in accordance with the agency's policy and procedures
- the need to ensure that service users' finances are appropriately safeguarded
- the need to ensure that each service user has a written individual service agreement.
- The registered manager is required to have up to date vulnerable adult training.

Number of requirements	1	Number of recommendations	3
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. It was noted that the Statement of Purpose and Service User Guide provide a comprehensive overview of the full nature and range of current service provision and are provided to service users and/or their representatives. The agency offered the service user the option to opt in or out of arrangements to purchase food and/or use of the transport scheme.

The inspector reviewed a range of care plans which are provided to service users. Staff provided feedback about how care plans are developed alongside service users and/or their representatives, to fully incorporate the views and wishes of service users. Service user records evidenced that the agency had carried out care reviews of care and support plans with service users.

The registered manager confirmed annual questionnaires were issued to staff and service users to obtain feedback on services provided. The annual report for 2015/16 was not available to view; the registered manager stated they were working on this report which would contain the results of questionnaires. The manager stated they regularly share information relating to the service via the agency's website, on face book and the agency's newsletter.

It was evident that staff have developed a good understanding of service users, which was reflected in the care plans and in the discussions the staff and service users had with the inspector.

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, evidence of the weekly audits was viewed by the inspector. Monthly quality monitoring is undertaken by managers who have a good working knowledge of the service. The quality monitoring system provides monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, relatives, staff and as appropriate HSC Trust professionals; and progress on improvement matters. The inspector noted that quality monitoring reports documented positive feedback regarding the quality of service provision.

Minutes of tenant meetings clearly documented communication processes between agency staff and tenants, including tenant views and how the agency has responded to them. Discussions with the service users indicated that they have open lines with communication with staff. The service users provided feedback and stated they are aware how to raise concerns or complaints.

Areas for improvement

One area for improvement was identified during the inspection in relation to providing a report that identifies the methods used to obtain the views and opinions of service users and their carers/representatives and a summary of the key findings. A copy of the full report should be available on request.

Number of requirements	0	Number of recommendations	1
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4.4 Is care compassionate?

The staff spoken to on the day of inspection described to the inspector that values including privacy, dignity, independence and choice, form an important part of care provision.

The service users interviewed by the inspector raised no concerns regarding their care or the quality of care being provided by staff. The inspector noted that service users were able to exercise choice regarding a range of daily decisions. One service informed the inspector they believed they could clean their own home and did not require a cleaner. The manager was advised of this service user's wishes and they will discuss further with the service user and staff. The service users who spoke with the inspector valued their independence and the ability to take part in activities of their choosing in their home and the local community. The tenant meeting minutes viewed by the inspector reflected opinions being sought in respect of choices regarding outings and issues related to sharing their accommodation.

The service users informed the inspector that they felt that the staff were appropriately trained and knowledgeable regarding their care and support needs.

The inspector noted that service users' care plans were person centred and appeared specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs. The likes and dislikes of each service user were noted in detail in their file.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. The agency maintains and implements a policy relating to complaints and compliments. The service users interviewed confirmed that they are aware of whom they should contact if they had any concerns regarding the service. No concerns regarding the management of the agency were raised during the interview.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guides to daily roles and responsibilities were available to staff on a daily basis. It was noted that staff available for consultation out of hours have a working knowledge of the service and are respected by staff. Staff indicated they knew how to raise concerns.

The inspector viewed the agency's records of notifiable events and these records indicated that incidents had been reported to RQIA within the specified time frame. The inspector viewed records held of investigations by the HSC Trust relating to incidents which had been closed.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gareth Baker, the registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 the domiciliary care agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and Domiciliary Care Agencies Minimum Standards, 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to agencies.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from date of inspection</p>	<p>Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency, are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect.</p> <p>Response by registered provider detailing the actions taken: All organisations policies, procedures and financial arrangements are being reviewed</p>
Recommendations	
<p>Recommendation 1</p> <p>Ref: Standard 12.3</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2017</p>	<p>Mandatory training requirements are met.</p> <p>Response by registered provider detailing the actions taken: Mandatory training up to date</p>
<p>Recommendation 2</p> <p>Ref: Standard 13.3</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p> <p>Response by registered provider detailing the actions taken: Action plan in place to ensure supervisions take place in line with organisations standards</p>
<p>Recommendation 3</p> <p>Ref: Standard 1.9</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>A report is prepared that identifies the methods used to obtain the views and opinions of service users and their carers/representatives, and incorporates the comments made and issues raised and any actions to be taken for improvement. A summary of the key findings is provided to service users and their carers/representatives, and a copy of the full report is available on request.</p> <p>The report should be submitted to RQIA on completion.</p> <p>Response by registered provider detailing the actions taken: Please see attached</p>

<p>Recommendation 4</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of inspection.</p>	<p>Each service user has a written individual service agreement.</p> <hr/> <p>Response by registered provider detailing the actions taken: Currently being renegotiated with tenants,families and Trust</p>
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