

# Inspection Report

7 February 2022



## MENCAP

Type of service: DCA/SLS

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> MENCAP	<b>Registered Manager:</b> Ms Sinead Murphy
<b>Responsible Individual:</b> Mr Barry Mc Menamin	<b>Date registered:</b> 18/12/2012
<b>Person in charge at the time of inspection:</b> Ms Sinead Murphy	
<b>Brief description of the accommodation/how the service operates:</b> MENCAP (Omagh) is a domiciliary care supported living type service that provides care and support to 30 service users with a learning disability. The service is provided in Omagh; Londonderry and Limavady. Service users are supported by 90 staff.	

## 2.0 Inspection summary

An announced inspection was undertaken on 7 February 2022 between 09.30 a.m. and 11.30 a.m. by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints and whistleblowing, Deprivation of Liberty safeguarding (DoLS) including money and valuables, restrictive practice, dysphagia, monthly quality monitoring and Covid-19 guidance.

Good practice was identified in relation to recruitment and appropriate checks being undertaken before staff were supplied to service users' homes. There were good governance and management oversight systems in place.

Good practice was also found in relation to system in place of disseminating Covid-19 related information to staff and others.

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.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to the inspection we reviewed the information held by RQIA about this agency. This included the previous inspection report, concerns and any written and verbal communication received since the previous care inspection.

The inspection focused on:

- Communicating with service users and staff to find out their views on the service.
- Reviewing a range of relevant documents, policies and procedures relating to the agency's governance and management arrangements.

#### 4.0 What people told us about the service?

We spoke with two staff and the manager. No service users were available for comment. We also provided an electronic survey for staff to complete. Prior to the inspection we provided a number of easy read questionnaires for those supported to comment.

An electronic survey was provided to enable staff to feedback to the RQIA. Returned questionnaires show good satisfaction levels.

##### Comments received:

- "All service users are treated with dignity, respect and their views valued. I feel they live their lives well with support when needed. I feel that staff allow them to live a life that is pleasing to their individual needs"
- "Proud to work as part of this team".

Two non-related care concerns raised by staff have been discussed with the registered manager On the 21 February 2022, and she has agreed to action further with staff.

**Prior to the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:**



**Do you feel your care is safe?**

- **Is the care and support you get effective?**
- **Do you feel staff treat you with compassion?**
- **How do you feel your care is managed?**

**Returned questionnaires show that those supported thought care and support was either excellent or good. We have noted some of the comments received:**

- "I'm happy here."
- "I'm happy with the care and support."
- "Good here and good times."

- “My keyworker is good.”

### **Comments received during inspection process- Staff:**

- “We have a comprehensive care and support system.”
- “Good staff communication.”
- “My induction was comprehensive and prepared me for the role. I had the opportunity to shadow other experienced staff.”
- “We have one to one supervision that is effective.”
- “I have all my training completed.”
- “We have good management support.”
- “We provide person centred care and support to individuals.”

## **5.0 The inspection**

### **5.1 What has this service done to meet any areas for improvement identified at or since last inspection?**

The last inspection to MENCAP was undertaken on 1 March 2021 by a care inspector; no areas for improvement were identified.

## **5.2 Inspection findings**

### **5.2.1 Are there systems in place for identifying and addressing risks?**

The agency’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC). The Adult Safeguarding Position report for the agency has been formulated this was reviewed and was satisfactory.

Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns.

It was noted that staff are required to complete adult safeguarding training during their induction programme and two yearly updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse. They could describe their role in relation to reporting poor practice and their understanding of the agency’s policy and procedure with regard to whistleblowing.

The agency has a system for retaining a record of referrals made to the HSCT in relation to adult safeguarding. It was noted that these referrals had been managed in accordance with the agency's policy and procedures.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the agency's policy and procedures.

Staff had undertaken DoLS training appropriate to their job roles.

Examination of service users' care records confirmed that DoLS practices were embedded into practice with the appropriate recent documentation available for review for one service user. We established that the processes had been discussed the HSCT representatives.

Staff demonstrated that they had an understanding that service users who lack capacity to make decisions about aspects of their care and treatment had rights as outlined in the Mental Capacity Act.

Where a service user is experiencing a restrictive practice, examination of these care records contained details of assessments completed and agreed outcomes developed in conjunction with the appropriate HSCT representative.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

### **5.2.2 Is there a system in place for identifying service users Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?**

The discussions with the manager, staff and review of service users' care records reflected the Multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the domiciliary care agency. There was evidence that agency staff had made referrals to the multi-disciplinary team for specific SALT recommendations to ensure the care received in the service user's home was safe and effective.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the agency's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, and all pre-employment checks were completed before staff members had any direct engagement service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with NISCC. Information regarding registration details and renewal dates are monitored by the Manager; this system was reviewed and found to be in compliance with Regulations and Standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

### 5.2.4 Are there robust governance processes in place?

There were monitoring arrangements in place in compliance with Regulation 23 of The Domiciliary Care Agencies Regulations, (Northern Ireland) 2007. Reports relating to the agency's monthly monitoring were reviewed. The process included engagement with service users, service users' relatives, staff and HSCT representatives. The reports included details of the review of service user care records, accident/incidents, safeguarding matters, complaints, staff recruitment and training, and staffing arrangements. It was noted that 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.

We noted some of the comments received during monthly quality monitoring:

#### Service users:

- "Staff are good to me so they are."
- "No complaints all ok."
- "When I am down staff lift my spirits."
- "I'm happy with the support of my keyworker."

#### Staff:

- "I'm happy in my job."
- "My induction was fine, it's important to get to know residents."
- "The management team are excellent."
- "I am very supported by the management."

#### Relatives:

- "Staff are supportive and caring."
- "I'm happy with the contact and I'm kept well informed."
- "I have a good relationship with both staff and managers."
- "This service was the right place for \*\*\*\* and is providing a good support."

#### HSC Staff:

- "Very happy with the care provided."
- "I'm happy with the good working relationship."
- "Staff are supportive in difficult times."
- "Staff and management are very helpful."

There is a process for recording complaints in accordance with the agency's policy and procedure. It was noted that a number of complaints were received since the last inspection. These were actioned through the agency's policy and procedures and were concluded to the satisfaction of the complainant.

Staff described their role in relation to reporting poor practice and their understanding of the agency's policy and procedure on whistleblowing.

It was positive to note that a number of care reviews had been completed in line with Covid guidance and the agency must be commended for their actions.

It was established during discussions with the manager that the agency had not been involved in any Serious Adverse Incidents (SAIs) Significant Event Analyses (SEAs) or Early Alerts (EAs).

## **6.0 Conclusion**

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well, led by the manager/management team.

## **6.1 Quality Improvement Plan/Areas for Improvement**

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms S Murphy, manager, as part of the inspection process and can be found in the main body of the report.



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