

# Announced Care Inspection Report 1 March 2021



## Mencap

**Type of Service: Domiciliary Care Agency**  
**Address: Omagh Community House, 2 Drumragh Avenue,  
Omagh, BT78 1DP**  
**Tel No: 028 8225 9249**  
**Inspector: Jim McBride**

[www.rqia.org.uk](http://www.rqia.org.uk)

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

MENCAP (Omagh) is a domiciliary care supported living type service that provides care and support to 33 service users with a learning disability. The service is provided in Omagh; Londonderry and Limavady. Service users are supported by 80 staff.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> MENCAP  <b>Responsible Individual:</b> Barry Joseph Mc Menamin	<b>Registered Manager:</b> Ms Sinead Marie Murphy
<b>Person in charge at the time of inspection:</b> Ms Sinead Marie Murphy	<b>Date manager registered:</b> 18 December 2012

### 4.0 Inspection summary

An announced inspection took place on 1 March 2021 from 09-45 to 12-00.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

RQIA have reviewed correspondence and other contacts related to the agency since the previous inspection on the 25 October 2019. Correspondence included a number of incident notifications and another correspondence reported to RQIA.

Following review of this information, we identified that the information received may show challenges within the service. The correspondence shared with RQIA indicated there may have been an impact within the service at this time. In response to this information RQIA decided to undertake an inspection of the service. To reduce any risk this inspection was carried out using an on-site inspection approach adhering to all Covid-19 socially distanced guidance.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and The Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017 and the Domiciliary Care Agencies Minimum Standards, 2011.

The findings of this report will provide the manager 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 Sinead Murphy 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.

## 5.0 How we inspect

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

During our inspection we focused on contacting the service users, relatives and staff to find out their views on the service.

We ensured that the appropriate staff checks were in place before staff visited service users and reviewed the following:

- Recruitment records specifically relating to Access NI and NISCC registration.
- Covid-19: guidance for domiciliary care providers in Northern Ireland Updated 16 June 2020

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included 'Tell us' cards, Service user's questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

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

During the inspection we communicated with the manager, staff and relatives but had no opportunity to meet service users as they were in their own homes in the community. However we provided questionnaires for them to comment on the quality of service provision. Questionnaire replies show that service users were either satisfied or fully satisfied with the quality of the service. Comments received are included below:

### Questionnaire comments:

- "I like my house and my \*\*\*\*\*."
- "Very good and very kind people."
- "I Love all my staff and I'm very happy."
- "I'm happy with my house."
- "I'm really happy and good."
- "I like my care and my house. The staff are kind and help me."
- "In general I feel grand."
- "I am very happy in my new house and the staff are very good to me."
- "I am quite happy the way things are going, the staff are al a great bunch."

Following the inspection we spoke with a representative number of staff and relatives. Comments are recorded below:

### Staff comments during inspection:

- "Good quick actioned responses to staff."
- "No PPE issues."
- "Both induction and training is excellent."
- "Good manager communication."
- "Induction included shadowing with and experienced member of staff for two weeks."

- “Training is timely and up to date.”
- “It’s a lovely place to work.”
- “My manager is brilliant.”
- “I am aware of the complaints and whistleblowing policies.”
- “It’s a good service.”
- “We have good relationships with relatives.”
- “I came back to the service to work as I enjoyed it so much.”
- “My manager is supportive and has an open door policy.”

A few members of staff raised some issues particular to their service. We spoke with the registered manager who has agreed to address these with services. The manager has agreed to keep RQIA updated with outcomes.

#### **Relative’s comments:**

- “A wonderful service.”
- “Good communication with staff.”
- “Great staff.”
- “I have seen great progress with my relative, this is down to staff.”
- “Staff support is timely and with good attitude.”
- “I have no issues and can contact them with any concerns.”
- “Staff have excellent skills and have went over and above with service.”
- “I have no problems they always keep us updated.”

We would like to thank the manager, staff and relatives for their support and co-operation throughout the inspection process.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

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

## **6.1 Inspection findings**

The agency’s staff recruitment processes were noted to be managed in conjunction with the organisation’s Human Resources (HR) Department, located at the organisation’s head office. Discussion with the manager identified that they were knowledgeable in relation to safe recruitment practices in accordance with Regulation 13, Schedule 3 and Standard 11 relating to Access NI. We reviewed documentation in staff files in relation to pre-employment checks which provided assurances that Access NI checks were completed before commencement of employment.

Staff spoken with said that training was valuable and gave them the skills to undertake their role. New staff received a comprehensive induction which included regular meetings and the opportunity to shadow experienced staff. This was confirmed by the staff spoken with.

Staff are supported by supervisions and appraisals. It was noted that these had been consistent with the agency's policy and procedure and helped to enable them to review their practice. From review of records, we could see the formats gave staff the opportunity to raise any concerns and discuss their own personal development.

The agency's provision for the welfare, care and protection of service users was reviewed. We viewed the procedures maintained by the agency in relation to the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015.

On the day of the inspection it was noted that a number of incidents had occurred since the previous inspection 28 October 2019. We examined the records and found that the agency had dealt with the incidents in accordance with the required regulations and their own policy and procedures.

A complaints and compliments record was maintained in the agency. There were three complaints received since the last inspection and upon reviewing these, they were managed appropriately with a satisfactory outcome for the complainant. Samples of compliments were available for review and evidenced a high level of satisfaction with the service provided.

#### **Some compliments included:**

- "I'm thankful for everything Mencap have done for \*\*\*\*\*."
- "Thank you for your understanding of \*\*\*\*\*."
- "Good staff engagement and attention."
- "\*\*\*\*\* is coping great and staff in the houses work well."

A review of records confirmed that all staff are currently registered with The Northern Ireland Social Care Council (NISCC). We noted that the manager had a system in place each month for monitoring registration status of all staff with NISCC and confirmed that all staff are aware that they are not permitted to work if their NISCC registration had lapsed.

#### **Service quality:**

We reviewed a number of monthly quality monitoring reports that show good satisfaction levels in place for service users, staff and other stakeholders. We noted some of the comments received from service users, staff, relatives and HSC staff:

#### **Service users:**

- "I like my house and the staff."
- "Staff really help me."
- "Staff are all really good."
- "My keyworker helps me with everything."

#### **Staff:**

- "I just love my job"
- "We all have PPE and people are strict wearing it."
- "Staff get additional one tone training which is great."
- "Training is client focussed."

**Relatives:**

- “The level of support is very good.”
- “Care is brilliant two carers are with \*\*\*\*\*at all times.”
- “Staff are very good and communication is good.”
- “As far as I’m concerned, everyone is excellent.”

**HSC Staff:**

- “The standard of care is very high.”
- “Good communication.”
- “Care reviews are completed in a timely manner.”
- “Everyone works together to meet the client’s needs.”

**Care planning and review:**

We reviewed care plans in place for individual service users. These fully described the care and support required for individuals and included:

- Referral information
- Care plan
- Individual action plans
- Risk assessments
- Reviews

The agency should be commended for their work on the annual reviews of service users.

Staff we spoke with demonstrated good caring values and a desire to provide service users with high quality personalised care. They knew service users well including their choices and preferences.

**Covid-19:**

We spoke with the manager and a number of staff members, who were knowledgeable in relation to their responsibility in relation to covid-19. Staff stated they were aware of the guidance on the use of PPE for activities that brought them within two metres of service users. Staff were also aware of the need to replace PPE between service users and how to appropriately dispose of used PPE. Staff also discussed the acceptance of service users to the PPE use.

We reviewed the current practices relating to the following areas of guidance and good practice relating to Covid-19.

- Dissemination of information to staff
- Monitor staff practice
- IPC policies and procedures
- Infection prevention and control policies and procedures have been updated to address all current guidance in relation to Covid-19.
- Temperature monitored twice daily in line with guidance
- Used PPE storage and disposal
- Staff training and guidance on: a. infection prevention and control and b. the use of PPE, in line with the current guidance.

We reviewed records relating to infection prevention and control policies which were in-line with the current guidance. The policies and procedures had been updated to include Covid-19 guidance. Policies and guidance were available to all staff in hard copy within the agency office.

We reviewed records indicating that service users, staff and visitors had their temperatures monitored twice daily in accordance with the guidance.

Monitoring records also involved asking about and looking out for the following symptoms, fever of 37.8C or above, cough, loss of or change in sense of smell or taste.

Hand sanitisers were placed in different areas throughout the agency for staff and visitors to use to ensure and promote good hand hygiene.

There was evidence that clear guidance with regards to IPC, donning (putting on) and doffing (taking off) of PPE. There was evidence that staff had completed training with regards to IPC.

The staff on duty demonstrated that they had a good understanding of the donning and doffing procedures and were observed to be using PPE appropriately. The manager discussed the procedures that both she and staff spot check the use of PPE during shifts. Spot checks on staff practice are undertaken to ensure they are fully compliant with the guidance.

The procedure and guidance in place show that:

- Robust systems are in place to ensure that current infection prevention and control guidance is available and accessible to staff.
- There are effective systems in place to monitor staff compliance with good infection prevention and control practices.
- All staff working in the service are able to demonstrate their knowledge of infection prevention and control practice commensurate to their role and function in the service.

It was good to note that staff were working well together to support the best outcomes for service users, in a sensitive manner, whilst being caring and compassionate.

It was noted that staff were committed to working in line with Covid-19 guidance to ensure that the impact of current measures, strikes the correct balance between keeping people safe and promoting a good quality of life. Staff are being vigilant in terms of monitoring tenants for symptoms and are adhering to the public health guidance in order to minimise the risk of introducing or spreading Covid-19 within the agency.

### **Areas of good practice**

Compliance with the Covid-19 guidance relating to IPC and PPE  
Quality monitoring  
Care reviews

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<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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