

# Announced Care Inspection Report 14 May 2018



## Mencap

**Type of Service: Domiciliary Care Agency**  
**Address: Omagh Community House, 2 Drumragh Avenue,  
Omagh, BT78 1DP**  
**Tel No: 02882259249**  
**Inspector: Jim McBride**  
**User Consultation officer Clair Mc Connell (UCO)**

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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

MENCAP (Omagh) is a domiciliary care supported living type service that provides care and support to 28 service users with a learning disability. The service is located on two sites consisting of two houses, one bungalow and one flat. The service users are consulted and involved in all decisions associated with their support. They are supported by 62 staff to develop independent living skills and to be involved in the local community.

Discussion with the service managers and staff provided comprehensive evidence of positive outcomes for service users; details of which have been included within this report.

The inspector and user consultation officer would like to thank the service managers, staff and service users for their support and co-operation throughout the inspection process.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mencap  <b>Responsible Individual:</b> Barry Joseph Mc Menamin	<b>Registered Manager:</b> Sinead Marie Murphy
<b>Person in charge at the time of inspection:</b> Sinead Marie Murphy	<b>Date manager registered:</b> 18/12/2012

### 4.0 Inspection summary

An announced inspection took place on 14 May 2018 from 09.30 to 14.00.

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:

- staff training
- staff recruitment
- service user consultation
- the provision of compassionate care and governance arrangements

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 Sinead Murphy, 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 15 August 2017

No further actions were required to be taken following the most recent inspection on 15 August 2017.

## 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
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

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

- discussions with staff
- discussions with service users (UCO)
- examination of records
- evaluation and feedback
- user consultation report

As part of the inspection the User Consultation Officer (UCO) spoke with six service users to obtain their views of the service being provided by MENCAP. The UCO also spoke informally with several staff that were on duty and observed their interactions with a number of service users.

The UCO visited some of the communal areas and bedrooms, with the permission of the service users, across the four sites in the Omagh area.

The following records were viewed during the inspection:

- service users' care records
- staff meeting minutes
- service user meeting minutes
- staff induction records
- staff training records pertaining to:
  - safeguarding
  - medication
  - risk assessments
  - positive behaviour management
  - human rights
  - GDPR
  - professional boundaries
- staff rota information
- safeguarding policy (2018)
- whistleblowing policy (2018)

- GDPR guidance (2018)
- statement of Purpose (2018)
- complaints policy (2016)
- service user guide (2018)

During the inspection the inspector met with the registered manager, four senior staff members and one care staff member. The inspector did not meet with individual service users, during this inspection. However the user consultation officer visited the homes of service users and has provided comprehensive feedback included in this report.

#### **Staff comments received during the inspection:**

- “Supported living has improved the tenant’s independence.”
- “Choice and independence are important to all the tenants.”
- “Staff training is helpful and appropriate to us all.”

At the conclusion of the inspection a poster was left with the manager to encourage staff to contact RQIA via Survey Monkey to provide their views on the quality of this service. At the time of writing this report 13 staff views had been returned to RQIA via Survey Monkey.

Staff survey results show that staff were satisfied or very satisfied when asked the following:

- Do you feel satisfied that service users, are safe and protected from harm?
- Do you feel satisfied that all service users are treated with compassion?
- Do you feel satisfied that care delivered to service users is effective?
- Do you feel the service is managed well?

#### **Survey comments:**

- “I have found MENCAP to be a great place to work.”
- “The service is well run and the service users receive the best care possible.”

The inspector also asked the manager to distribute six questionnaires to tenant’s. Five service user questionnaires were returned.

#### **Comments:**

- “I like my new home my living room is my favourite place.”
- “More activities will take time.”
- “We are delighted with the move to MENCAP we see a big change in \*\*\*\*\*.”

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 15 August 2018**

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

## 6.2 Review of areas for improvement from the last care inspection dated 15/08/17

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

## 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.**

Service users across the four sites have a wide range of care and support needs; it was evident that staff were knowledgeable about the individual service users and the support they require to ensure their safety. For example some of the service users with more complex needs were being supervised whilst moving around the house and receiving support with personal care; whilst other service users were being supported by a member of staff to prepare their evening meal and to wash their clothes safely.

It was evident that the service users and staff members have developed a good relationship with each other. The UCO spoke in-depth with two service users who confirmed that they had no concerns regarding the staff but were aware of the complaints procedure and human rights.

Staff recruitment is co-ordinated and processed by the MENCAPs human resources (HR) department. Documentation viewed indicated that the agency has in place robust recruitment systems to ensure that staff are not provided for work until required pre-employment checks as outlined within the minimum standards have been satisfactorily completed and verified.

The agency's training and development policy outlines the induction programme lasting at least three days, which is in accordance with the regulations. Records viewed and discussions with the staff show that staff are required to attend corporate induction training and are required to complete an induction competency workbook. Staff are required to shadow other experienced staff employed by the agency for approximately two weeks during induction. This was verified by the staff member interviewed. Staff are provided with the agency's staff handbook and have access to the agency's policies and procedures both online and in a policy folder.

The staff member stated:

- "The induction and training is excellent."
- "The managers are very supportive."

The agency retains a record of the induction programme provided to staff; documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff. The manager is required to sign all records to

confirm that the staff member has been deemed competent at the end of the probationary period.

Discussions with staff indicated that the agency endeavours to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the individual service users. The agency's staff rota information viewed by the inspector reflected staffing levels as described by the staff; the rotas denoted the person in charge on each shift pattern. The inspector viewed rota information for weeks ending: 6/5/18, 13/5/18 and 20/5/18, the records in place were satisfactory.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency provides staff with a supervision contract and maintains a record of individual staff supervision and appraisal. Records viewed by the inspector indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures.

It was identified that the agency maintains an individual record for all staff detailing dates of competency assessments, training completed and details of registration status with relevant regulatory bodies such as Northern Ireland Social Care Council (NISCC).

The agency has an electronic system in place for managing staff training; staff could describe the process for identifying gaps in training in conjunction with the organisations training department. Staff are required to complete required mandatory training and in addition a range of training specific to the needs of individual service users. A system is in place to review staff mandatory training and update training as required.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge could describe the agency's response to the DHSSPS regional policy 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The agency has updated their policy and procedures to reflect information contained within the policy. The organisation has identified an Adult Safeguarding Champion (ASC); the staff could describe their key areas of responsibility. The agency's policy and procedures clearly detail the process for staff on reporting concerns.

The staff demonstrated a clear understanding of safeguarding issues; and could clearly describe the procedure to be followed which is in accordance with the agency's policy and procedures.

Training records viewed by the inspector indicated that staff had received training in relation to safeguarding. From training records viewed staff are required to complete safeguarding training during their induction programme with updates two yearly.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety.

Service users are supported to participate in a six monthly review involving their HSC Trust keyworker and that care and support plans are reviewed six monthly or as required. A number of service users have more frequent reviews in conjunction with their identified HSC Trust representative due to the nature of their individual needs.

The inspector noted some of the comments made by service users during their annual review:

- "I work with my keyworker and plan ahead."



- “I have no concerns.”
- “It’s good here.”
- “I have no problems.”
- “The staff are helpful.”

The staff described how the people supported and /or their representatives are supported to be involved in the development and review of their care plans; these are reviewed and updated as required.

The inspector noted that the current care plans are written in an “About Me” format, a comprehensive individual person centred plan for recording all care and support needs, with the overall aim to identify what is most important to each person for individuals, to achieve a good life and ensure that the support they receive is designed and coordinated around their desired outcomes.

**Some of the areas covered include:**

- “What’s important to me?”
- “How best to support me?”

The inspector viewed a range of risk assessments in place relating to individual service users; it was identified that the monthly review arrangements include an audit of risk assessments and any practices deemed to be restrictive.

Five returned questionnaires from service users indicated that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: Recruitment, induction, training, supervision and appraisal; adult safeguarding and management of risks.

No areas for improvement were identified 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 aim of the service is to encourage service users to be as independent as possible and the support is tailored to the needs of each service user. Service users are responsible, as much as possible, in regards to daily activities such as shopping, cooking and cleaning. However staff encourage service users if necessary to make better choices; for example some of the service users were being supported to make healthier food choices to lose weight.



It was evident through discussions and observations that service users and staff have developed a good relationship and staff were familiar with the needs of the service users. The UCO was advised that each service user has a key worker who they meet with regularly to discuss activities that service users would like to do and can discuss any concerns.

Confirmation was also received that tenant meetings take place to discuss any concerns and possible group outings; for example some of the service users went to see the panto at Christmas. The service users interviewed felt that they able to voice their opinions at the meetings.

The agency's data retention policy details the procedures for the creation, storage, retention and disposal of records. The inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was identified that records are retained securely. Staff records indicated that they had received training relating to record keeping, confidentiality and data protection. On the day of inspection the agency's staff personnel and service users' records were retained securely and in an organised manner.

The care plans reviewed evidence of how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care plans. During the inspection the inspector viewed a number of service user care records; staff record daily the care and support provided and that the views and choices of service users are reflected.

MENCAP services values diversity promotes inclusion and practices equal opportunities at all times. They are committed to ensuring that no one is discriminated against in accessing, receiving or leaving the service and staff will endeavour to provide information in a range of formats suitable to meet individual needs.

Discussions with staff indicated that there are arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The inspector identified that monthly quality monitoring visits are completed by a range of service managers and an action plan is developed if required. The monitoring officer has ensured that each quality monthly monitoring report includes an effective level of detail of the findings during the visit.

The inspector viewed records of quality monitoring visits and noted that there is evidence that the system is effective. The records includes details of the review of accidents, incidents or safeguarding concerns and in addition details of the review of staffing arrangements, documentation, finance and training.

The inspector noted some of the comments made by service users, relatives, staff and HSC Trust professionals:

**Service users:**

- "I'm happy in my home."
- "I have good choice here."
- "Staff support me with all I need."
- "Good staff support."
- "I'm happy with all the support."

**Staff:**

- “Good staff communication.”
- “The management team are second to none.”
- “I am well supported by the manager.”
- “Training and support is helpful In my role.”
- “I found my recent training helpful.”

### **Relatives:**

- “As parents we are very happy with the care and support.”
- “\*\*\*\* is very happy and at home.”
- “I have no complaints.”
- “\*\*\*\* has lots of opportunity and choice.”
- “Staff have helped \*\*\*\* to overcome so many barriers.”

### **HSC Trust professionals:**

- “The staff communication is excellent.”
- “I’m very impressed with MENCAP.”
- “The management team are very approachable.”
- “Staff are very supportive to my clients.”
- “The tenants receive the appropriate levels of opportunity and choices.”
- “My clients’ confidence has grown considerably since the move.”

The staff could describe a range of ways in which the agency seeks to maintain effective working relationships with relatives, HSC Trust representatives and other stakeholders.

Discussions with staff during the inspection indicated that the agency has systems to promote effective communication between service users, staff and other key stakeholders.

Both staff and tenants meetings are facilitated within the agency. Staff are required to sign the minutes of meetings to indicate that they have read and understood the matters discussed and the information provided.

The inspector noted some of the areas discussed during meetings:

### **Staff meetings:**

- quality of life
- values
- complaints
- safeguarding
- RQIA
- data protection
- staffing
- quality monitoring

### **Tenants meetings:**

- complaints
- questionnaires
- human rights
- health and safety
- quality monitoring
- communal living
- policies and procedures

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders.

Five returned questionnaires from service users indicated that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations

No areas for improvement were identified 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.**

As part of the inspection, the UCO visited the four sites in Omagh. Staff asked permission from the service users before entering their homes, bedrooms or looking at their personal belongings. Confirmation was received that service users are free to personalise their bedroom if they wish to do so and are included in group decisions regarding communal areas and household purchases.

Service users are given choice regarding activities and meals, and the staff were knowledgeable as to the type of activities they like to do and the support required. On the day of the inspection service users were preparing for their Reflection Day when family and friends are invited to attend and see what the service users have done over the past year. Several of the service users are taking part in an upcoming play and were going to rehearsals.

Below are a number of activities that the service users like to do and have carried out whilst living with MENCAP:

- Work placements
- Day care centres
- Music groups

- Shopping
- Visiting friends and family
- Arts and crafts, puzzles
- Drama club
- Gateway club
- Discos
- Listening to music
- Day trips for example to support the MENCAP team at the Belfast Marathon
- Holidays for example France, Letterkenny, England, Scotland.

Examples of some of the comments made by the service users interviewed are listed below:

- “I’m happy living here.”
- “Staff are really nice to me.”
- “I like XXX (member of staff).”

Discussions with staff indicated that the promotion of values such as choice, dignity and respect were embedded in the culture and ethos of the organisation. Staff could describe examples of how they support service users to take positive risks to enable them to live a more fulfilling life. The agency has provided service users with information relating to human rights, advocacy and adult safeguarding.

Processes to effectively engage and respond to the comments and views of service users and where appropriate their representatives are maintained through the agency’s complaints process, one to one meetings with service users, monthly quality monitoring visits, six monthly care review meetings involving HSC Trust keyworkers, stakeholder and tenants meetings.

The inspector noted that the agency completed a “*Tell us what you think about Mencap*” with service users.

The service users had the opportunity to comment on the following:

- Do we help people to choose how they live their life?
- Do we help people to know their rights and make sure that people respect them?
- Do we help people have opportunities to learn by trying new things?
- Do we help people to feel safe?
- Do we help people to get the services they need to be healthy?
- Do we help people to do the things that they enjoy and make them happy?
- Do we help people to get the money they need so they can make the most of life?
- Do we help you to stay in touch with people who are important to you, and to meet new people too?
- Do we help people to find out what is happening in your town and join in?

Five tenants who responded appeared to be happy with the service and the information was used to help the agency understand the things that they do well and the things that they may need to improve.

Comments:

- “The care he receives from Mencap is great. The staff are always really accommodating.

- “We are very happy with the support Mencap provides for my sister. I myself can see how much happier she is”
- “I am happy with the care and support I get.
- “I like my staff.”
- “I like living with my friend.”
- “I like the area I live its quiet and not as nosy as I was before.”

Service users are encouraged to make choices regarding their individual daily routine and activities. Staff stated that service users could speak to staff at any time.

Five returned questionnaires from service users indicated that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the provision of individualised compassionate care and the effective engagement of service users.

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

**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.**

A range of policies viewed by the inspector were noted to have been reviewed and updated in accordance with timescales outlined within the minimum standards.

The agency’s complaints policy clearly outlines the procedures and timescales for managing complaints. Staff stated that they had received training in relation to complaints management during their induction; discussions with staff indicated that they have a clear understanding of the actions to be taken in the event of a complaint being received. It was identified from records viewed that the agency has received no complaints since the previous inspection.

There are management and governance systems in place within the agency to promote and drive quality improvement. Discussions with the manager indicated that the agency’s governance arrangements promote the identification and management of risk; these include provision of and review of relevant policies and procedures, monthly audit of compliments and complaints, accidents, safeguarding referrals, staffing arrangements and incidents notifiable to RQIA. During the inspection the inspector viewed records that evidenced the staff do receive appropriate staff induction, training, supervision and appraisal.

Staff could describe the benefits of continually reviewing the quality of the services provided in identifying areas for improvement and highlighting good practice. The inspector identified from records viewed and discussions with staff that the agency has processes in place to encourage and achieve effective collaborative working relationships with relevant stakeholders.

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. This was acknowledged both during observations and discussions with service users and staff interactions during the inspection.

The inspector noted that the agency brings together equality information in relation to service users, during the referral process. The data is used effectively with individual service user involvement and when individual person centred care and support plans are being developed. Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff and service users highlighted evidence that supports equal opportunities, regardless of abilities, background or lifestyle. Some of the areas relating to equality and disability awareness identified during the inspection included:

- effective communication
- service user involvement
- safeguarding
- advocacy
- human rights
- equal care and support
- individual person centred care
- about me care planning
- individual risk assessment
- disability awareness

The agency's commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The Statement of Purpose for the service was in place. The document clearly describes the nature and range of the services to be provided and addresses all of the matters required by regulation 5 (1) of the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

All staff are required to be registered with the Northern Ireland social Care Council (NISCC) or other regulatory bodies as appropriate; it was noted that the agency's policy details the procedure for managing this process. The agency retains a list of staff registration details and expiry dates; a record is also maintained by the human resource department.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated as required. The agency's premises are suitable for the operation of the agency as described in the Statement of Purpose.

Five returned questionnaires from service users indicated that a well led service meant:

- You always know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service
- You know how to make a complaint

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's management and governance arrangements and incidents.

No areas for improvement were identified 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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