

Unannounced Care Inspection Report 15 August 2017



Mencap

Type of Service: Domiciliary Care Agency

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Inspector: Jim McBride

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Assurance, Challenge and Improvement in Health and Social Care

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 21 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 31 staff to develop independent living skills and to be involved in the local community.

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

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

3.0 Service details

Registered organization: MENCAP Responsible individual: Barry Joseph McMenamin	Registered manager: Sinead Marie Murphy
Person in charge of the service at the time of inspection: Assistant service managers	Date manager registered: 18 December 2012

4.0 Inspection summary

An unannounced inspection took place on 15 August 2017 from 10.30 to 13.30.

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 recruitment
- Care reviews
- Staff induction
- Training and development.

No areas requiring improvement were identified.

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
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with two assistant service managers and the responsible individual Mr Barry McMenamin, 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 24 March 2017

No further actions were required to be taken following the most recent inspection on 24 March 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 inspection report
- Record of notifiable events for 2016/2017
- Communications with the agency.

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

- Discussion with two assistant service managers and two care staff
- Meeting with one service user
- Examination of records
- Record of complaints
- File audits
- Evaluation and feedback
- Staff member's records
- Staff member's induction and training records
- 2016 Annual quality report
- Staff training records including:
 - Safeguarding
 - Human rights
 - Finance training
 - Challenging behaviour
 - Learning disability awareness
 - Person centred planning
 - Medication
 - Professional boundaries
 - Risk assessment.
- The agency's statement of purpose (December 2016)
- Monthly quality monitoring reports completed on behalf of the registered provider.

During the inspection the inspector spoke with the responsible individual two assistant service managers, two staff and one service user. Their feedback has been included throughout this report.

At the request of the inspector the staff were asked to distribute ten questionnaires to staff for return to RQIA. Ten questionnaires were returned. The inspector also asked the staff to

distribute ten questionnaires to tenant's and/or their relatives. Nine questionnaires were returned.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 24 March 2017.

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

6.2 Review of areas for improvement from the last care inspection dated 24 March 2017

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.

During the inspection the inspector reviewed that agency's processes in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

The agency's recruitment policy (2017) details the processes used for staff recruitment and included a list of pre-employment checks completed. Records viewed indicated that the agency has in place effective recruitment systems to ensure that staff are not provided for work until all required checks have been satisfactorily completed. It was identified that staff recruitment is processed by the organisations Human Resources (HR) department; records in place detailed the process for receiving confirmation that staff are available to commence employment.

The agency's induction policy outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted from records viewed and discussions with the person in charge that during induction staff complete mandatory training and shadow other staff employed by the agency. A record of the induction programme provided to staff is retained by the agency.

One member of staff interviewed stated:

- "My induction was helpful and has helped prepare me for the role. The staff have been helpful and very supportive to me during my induction."

The managers discussed methods used to ensure that there is at all times an appropriate number of skilled and experienced persons available to meet the assessed needs of the service users; this included measures taken to ensure continuity of staff provided. The inspector viewed the agency's comprehensive staff rota information and noted it reflected staffing levels highlighting roles and responsibilities, meticulously described by the persons in charge. Staff who spoke to the inspector felt that had the knowledge and skills to fulfil their job role.

One staff member stated:

- "My training was excellent and the agency encourage all training for staff."

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervision and appraisal; records view indicated that staff are provided with supervision and appraisal in accordance with the agency's policies and procedures. Staff who spoke to the inspector confirmed that they had received supervision and appraisal and could describe the benefits.

Staff interviewed stated:

- "Supervision is one to one and is helpful and supportive for us"
- "My manager is excellent and very supportive"
- "I am preparing for my safeguarding training next week."

It was identified that the supervision process involves an observation of staff's practice and competency assessments. The inspector noted a number of work based competency assessments of staff relating to:

- Medication
- Service user finances.

The agency has a system in place for recording staff training; the managers could describe the process for identifying gaps in training in conjunction with the organisations training co-ordinator and for ensuring that required training updates are completed. It was noted that staff are required to complete a range of mandatory training and in addition training specific to the needs of individual service users.

One staff member stated:

- "Training is important to the agency and helps all staff care well for the tenants, as well as learning new skills"
- "Ongoing training is essential to ensure quality care and support."

The inspector viewed agency's staff training information and noted that the records indicated that staff had completed relevant training. Staff who spoke to the inspector could describe the process for requesting additional training if required; they indicated that training completed had equipped them with the knowledge and skills for their role.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The managers could describe the agency's response to the DHSSPS regional policy

'Adult Safeguarding Prevention and Protection in Partnership' July 2015. It was noted that the organisation has recently updated their policy and procedures to reflect information contained within the policy and it was also noted that the agency provided training information sessions for staff in relation to the updated procedures.

The agency has identified an Adult Safeguarding Champion (ASC) (2017); the policy outlines the role of the ASC and their key areas of responsibility which includes the completion of an annual report relating to adult safeguarding.

The inspector viewed the agency's records maintained in relation to safeguarding vulnerable adults. From discussions with the person in charge and records viewed it was identified that the agency has a process for maintaining a record of referrals made to the HSC Trust safeguarding team relating to alleged or actual incidences of abuse.

Discussions with the agency's staff indicated that they had a clear understanding of safeguarding issues and the process for reporting concerns; they also had knowledge of the agency's whistleblowing policy. It was identified from training records viewed that staff are required to complete safeguarding vulnerable adults training during their induction programme and additional update training, this was verified by staff interviewed 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. It was noted that the agency's risk assessments, support planning, review, and risk management policies outline the processes for assessing and reviewing risk. It was noted that service users are supported to participate in an annual review involving their HSC Trust keyworker and that care and support plans are reviewed in conjunction with service users.

The inspector viewed a range of risk assessments and care and support plans in place relating to individual service users. It was identified that the monthly governance arrangements include an audit of risk assessments and care practices.

The agency's registered premises are suitable for the operation of the agency as described in the Statement of Purpose (2016).

Nine returned questionnaires from service users indicated that:

- Feel safe and protected from harm
- They can talk to staff if they are unhappy or have any concerns
- The care received helps you feel safe
- Staff are trained to meet their needs.

Questionnaire Comments:

- "I feel very safe."
- "***** feels safe as staff are here twenty four hours a day."

Ten returned questionnaires from staff indicated:

- They feel that service users are safe and protected from harm
- There are risk assessments and Care Plans in place for the people who use the service
- Feel they receive appropriate training for their role

- They receive supervision and appraisal.

Questionnaire Comments:

- “The care provided is safe and all service users are protected from harm”
- “Supervision is a great tool to ensure any concerns or issues that need to be raised can enable service users to remain safe.”

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 responding to and meeting the assessed needs of service users were reviewed during the inspection. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s data protection and record keeping policies outline 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. The agency’s staff personnel records viewed by the inspector were retained securely and in an organised manner. The inspector noted that staff had received training relating to data protection.

Staff could describe the methods used to ensure that service users are supported to be involved in the development of their care and support plans. During the inspection the inspector viewed a number of service user care records; it was noted that staff record daily the care and support provided. The inspector also noted the agency’s “Monthly Update” document that is completed together by staff and service users. The inspector noted a number of completed updates that show clear individual outcomes for service users. This document updates the following areas of the care and support plan:

- Achievements this month
- Relationships
- Health and safety
- Finances
- Things I’m doing that I enjoy and make me happy
- How things are going with achieving my outcomes.

Discussions with staff and records viewed 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 one of the agency's senior management team.

Records of quality monitoring visits viewed were noted to include comments made by service users, and where appropriate their representatives. The records include details of the review of accidents, incidents or safeguarding referrals and in addition details of the review of staffing arrangements and documentation. The inspector noted some of the comments received from tenants, staff, relatives and HSC Trust professionals:

Tenants:

- "I feel at home in Dublin road"
- "I have no concerns about the support"
- "My keyworker is good."

Relatives:

- "I'm very happy with the level of service and support for *****"
- "***** is well cared for and looked after by MENCAP"
- "I'm very happy that *** is well cared for and is supported to get out and about"
- "***** is very happy"
- "I'm happy with the care that **** receives."

Staff:

- "I really enjoy the work"
- "The residents are comfortable and empowered"
- "The staff team gets on well together"
- "I'm well supported by the manager and assistant managers."

HSC Trust:

- "All is going well and I have no concerns to report"
- "Staff are helpful during my visits"
- "I have always been satisfied with the care of clients I have witnessed."

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. The agency facilitates monthly service user meetings; service users are provided with the opportunity to express their views and choices during the meetings. The inspector noted some of the topics discussed during meetings:

- New staff
- Complaints
- Day opportunities
- Transport
- Communal living
- Quality monitoring
- Support with finances.

Staff meetings are facilitated and a record of issues discussed maintained. The inspector noted some of the topics discussed during meetings:

- NISCC
- RQIA
- Medication
- Safeguarding
- Training
- Quality monitoring.

The agency records evidenced a range of ways in which the agency seeks to maintain effective working relationships with the HSCT representatives and other stakeholders.

Nine returned questionnaires from service users/relatives indicated that:

- Were aware of systems in place to monitor the quality/safety of the service they receive
- They were involved in a review of their care needs.

Questionnaire Comments:

- “If I wish to do things I speak with staff”
- “My ***** attends my review with me.”

Ten returned questionnaires from staff indicated that:

- Service users get the right care, at the right time and with the best outcome for them
- Service users involved in the development of their plan of care.

Areas of good practice

There were examples of good practice identified throughout the inspection in relation to effective record keeping, audits and reviews, quality monitoring and communication between service users, relatives and agency staff and other key stakeholders.

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

During the inspection the inspector sought to assess the agency’s ability to treat service users with dignity, respect and equality and to fully involve service users in decisions affecting their care and support.

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 ways in which they support the service users to take positive risks. It was noted that staff have been provided with training in relation to human rights, equality and diversity.

One staff member stated:

- “Communication and giving choice to tenants is an important part of my work.”

The inspector noted that staff provide care in an individualised manner and ensure that service users are encouraged and supported to make informed choices. It was identified that the agency has provided a range of information in alternative formats to support service users to meaningfully engage in decisions about their individual care and support.

The inspector noted that comments made by service users and/or their representatives were recorded throughout a range of the agency’s documentation. Processes to effectively engage and respond to the comments and views of service users and were appropriate representatives are maintained through the agency’s compliments and complaints process; monthly quality monitoring visits; care review meetings; service user satisfaction surveys and tenants meetings. It was identified from records viewed that the agency’s quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement. The inspector noted the annual stakeholder survey completed by the agency and the areas that service users and/or relatives can comment on:

- Getting my support right
- Helping me to achieve
- Helping me to make choices
- Feeling safe
- Taking responsibility
- Keeping healthy
- Feeling good
- My paperwork
- People who work with me
- Managing my support
- Doing the best for me.

The inspector noted some of the comments made by service users’ during the survey:

- “The Lifestyle support manager helps me to find out about different things that are going on in my community i.e. sewing”
- “The staff look after us. I feel safe here”
- “Staff help me to stay in touch with my *****”
- “I am happy, I have all I wanted”
- “I make my own plans and staff help me”
- “I have attended tenants meetings.” ***** helps me learn to try new things. Staff remind me to cross at the lights and keep my home is safe”
- “Staff encourage me to make choices and try new things.” Staff inform me what goes on in the community”
- “I enjoy meeting new people”
- “I think everything is ok. If I choose to do something new, staff help”

- “Staff read and explain my rights to me on a regular basis, if I don’t understand staff explain it to me”
- “I feel safe because I know that there are staff to help me and if anything annoys me, they are always there to talk to and help me”
- “It makes me feel good to live with people I like.”

Nine returned questionnaires from service users/relatives indicated that:

- They were treated with dignity and respect and involved in decisions affecting their care
- Their views and opinions were sought about the quality of the service
- The care you receive meets needs and expectations.

Questionnaire Comments:

- “I meet with my keyworker each month to look at my activities. Staff listen to me when I’m upset.”

Ten returned questionnaires from staff indicated that:

- Service users are treated with dignity and respect and involved in decisions affecting their care
- They were satisfied that the people who use the service have their views listened to
- They were satisfied that improvements are made in line with the views of the people who use the service
- They were satisfied that the agency provides the people who use the service with information on their rights, including the choices and decisions they can make about the service they receive.

Questionnaire Comments:

- “All service users are treated with dignity and respect in all aspects of their care.”

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 management and governance systems in place within the agency to meet the needs of service users. It was noted that the agency has implemented effective systems of management and governance.

The agency has in place a range of policies and procedures in accordance with those outlined within the minimum standards; they are retained both in a paper format stored within the agency's office and online for staff. The arrangements for policies and procedures to be reviewed, every three years, were found to have been implemented consistently.

The inspector noted that the agency has a systematic approach in auditing and reviewing information with the aim of improving safety and quality of life for service users. It was identified from records viewed and discussions with the managers 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 complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the procedure for managing complaints; discussions with agency 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 two complaints since the previous inspection. Documentation in place shows these complaints were dealt with effectively by the agency and to the satisfaction of the complainant.

The inspector viewed information that evidenced that the agency has in place management and governance systems to drive quality improvement; these include arrangements for monitoring incidents, accidents and complaints on a monthly basis. The inspector viewed evidence of appropriate staff induction, training, supervision and appraisal.

Staff interviewed stated:

- "We are well supported by the manager and other staff"
- "MENCAP firmly believe in training and development for all staff."

There was evidence of effective collaborative working relationships with stakeholders, including the HSC Trust representatives and relatives. The inspector noted positive feedback from the HSC Trust representatives regarding the ability of the agency to work in partnership to achieve the better outcomes for individual service users.

Staff interviewed stated:

- "We have a good staff team who communicate well with each other."

The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability. Staff could describe their job roles. Staff had knowledge of the agency's whistleblowing policy and could describe the process for obtaining guidance and support including arrangements for out of hours.

The managers stated that all staff are required to be registered with the Northern Ireland Social Care Council (NISCC). It was noted that a record is maintained by the agency and the HR department detailing registration details and expiry dates, a copy of the staff member's registration certificate is retained by the agency.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and 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.

Nine returned questionnaires from service users indicated that:

- They feel the service is managed well
- They were satisfied that any concerns or complaints would be listened to and responded to.

Questionnaire Comments:

- "***** feels he can talk to the manager when required by calling into the community house, or by staff assisting by phone"
- "I'm happy with the support I get from staff"
- "Staff are always there to help."

Ten returned questionnaires from staff indicated that:

- The service is managed well
- They were satisfied that quality monitoring is undertaken regularly for both staff and people who use the service
- Were satisfied that complaints from the people who use the service are listened to
- Were satisfied that the current staffing arrangement meets the service user's needs.

Questionnaire Comments:

- "The service is very well led"
- "The service is extremely well led the manager sets impeccable standards which the team adheres to."

Areas of good practice

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.



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