

Announced Care Inspection Report 24 March 2017



Mencap

Type of Service: Domiciliary Care Agency
**Address: Omagh Community House, 2 Drumragh Avenue, Omagh
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Tel No: 02882259249
Inspector: Kieran Murray

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of Mencap took place on 24 March 2017 from 09.45 to 16.45.

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

Is care safe?

During the inspection the inspector found evidence to indicate the delivery of safe care. Examination of the staffing arrangements showed that the agency maintains a provision of appropriately trained and supervised staff who understand the needs of the service users. Staff provided feedback that managers are approachable and accessible for consultation at all times.

The arrangements to protect service users include the provision of safeguarding training which reflects the most up to date regional guidance. The arrangements for the provision of care and support include appropriate involvement of service users, the Health and Social Care Trust (HSCT) and relatives. The inspector found evidence of positive outcomes for service users through a process of person centred assessment, and review of needs, preferences, and risks.

Is care effective?

Delivery of effective care was evident on inspection. It was identified that the agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and ongoing review of individualised care plans. The agency has in place systems for reviewing and monitoring of the quality of care in conjunction with service users, and where appropriate their representatives; and for providing ongoing assurance of continuous service improvement. There are systems in place to promote effective communication with service users and relevant stakeholders.

Is care compassionate?

During the inspection the agency was found to be delivering a high standard of person centred compassionate care.

The inspector observed interactions between staff and service users and received feedback from service users which indicated that the human rights, choice and respect of service users are upheld through service delivery. There was evidence which indicated that the views and wishes of service users are consistently sought by staff on a day to day basis, in addition to formal processes such as monthly quality monitoring. The agency maintains systems to seek the views of service users' representatives and there was evidence of regular involvement of representatives as appropriate.

The inspector noted that the provision of a high standard of compassionate care has enabled service users to enhance the quality of their lives.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place management and governance systems to meet the

needs of service users. Agency staff have a clear understanding of their roles and responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers operate the agency in accordance with the Minimum Standards and fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with HSCT professionals and other external stakeholders was identified.

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	0	0

This inspection resulted in no requirements or recommendations being made. 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.

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 22 September 2015.

2.0 Service details

Registered organisation/registered person: MENCAP/Barry Joseph McMenamin	Registered manager: Sinead Marie Murphy
Person in charge of the service at the time of inspection: Sinead Marie Murphy	Date manager registered: 18 December 2012

3.0 Methods/processes

Prior to inspection we analysed the following records:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector met with the registered manager; service manager; four support workers; four service users; one relative and one HSCT professional.

The following records were examined during the inspection:

- Two service users' care and support plans
- HSCT assessments of need and risk assessments
- Care review records
- Recording/evaluation of care records
- Monthly monitoring reports
- Staff meeting minutes
- Records relating to staff training, including induction training
- Records relating to staff supervision/appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of adults
- Staff rota information
- Staff communication records
- Recruitment Policy, 2016
- A range of policies relating to the management of staff
- Supervision Policy, 2015
- Induction Policy, 2014
- Safeguarding Adults in Need Of Protection Policy, 2016
- Restrictive Practice Policy, 2016
- Use of Restrictive Practice Procedure, 2016
- Risk Management Policy, 2015
- Incident Policy, 2015
- Whistleblowing Policy, 2016
- Statement of Purpose
- Service User Guide

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

Mencap (Omagh) supported living service provides care and support to 21 service users with a learning disability, who live in the Omagh area. 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 32 staff to develop independent living skills and to be involved in the local community.

4.1 Review of requirements and recommendations from the last care inspection dated 22 September 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.3 Stated: First time	Policies and procedures are centrally indexed and compiled into a policy manual. Action taken as confirmed during the inspection: The inspector was provided with the agency's Shape Your Future Framework document and the policy for staff supervision and appraisal. This was also accessible for staff from the 'Managing People' section on the staff intranet.	Met

4.2 Is care safe?

The inspector reviewed staffing arrangements during the inspection. The agency has a recruitment policy and a mechanism in place to ensure that appropriate pre-employment checks are completed and satisfactory.

The agency's induction programme, 'Shape your Future', outlines the induction programme lasting at least three days which is in accordance with the timescales detailed within the regulations; it was noted that staff are required to complete the organisation's induction programme during the initial 12 weeks of employment. Staff stated that they are required to shadow other staff members during their induction and probation period. The agency maintains a record of the induction provided to staff, including details of the information provided during the induction period. Staff are provided with a handbook, and have access to the agency's policies, procedures, and guidance documents. The inspector spoke to four staff whose feedback supported the above information. Staff provided positive feedback to the inspector regarding how the induction prepared them for their roles and responsibilities and how they felt supported by other staff members and the registered manager.

The registered manager advised the inspector that the agency uses a small number of staff from other registered domiciliary care agencies. The service manager provided the inspector with a detailed list of staff, proof of their identity including a recent photograph and evidence of the induction programme provided to them.

Staff rotas and feedback from staff indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

Staff comments:

- 'The rota is quite flexible.'
- 'Staff work with each other.'

The agency's staff supervision and appraisal arrangements were discussed with agency staff who reported they participate in the 'Shape your Future' programme. The staff and registered manager informed the inspector this programme involves quarterly meetings described how a yearly face to face medication and finance observation takes place to assess their competency. On the day of the inspection the inspector viewed a detailed matrix of completed supervision and appraisal in the agency's office.

Records of training and staff feedback indicated that staff attend a range of training necessary to meet the needs of service users. There was evidence that staff have attended training additional to that stated in the Minimum Standards e.g. Makaton communication training; Epilepsy Management and SMART Objectives Training (person centred); and Irish Sign Language (ISL). The inspector reviewed the staff training matrix which indicated compliance with regulations and standards.

The agency has an electronic system for recording training completed and for highlighting when training is required to be updated.

The inspector was informed by the registered manager that a training needs analysis is sent out twice yearly to managers so that the management team can identify training which will help them to develop as managers. A training calendar for managers is produced quarterly. The registered manager informed the inspector that an outside organisation 'BARBICAN' provides training for managers and assistant managers.

Professional comments:

- 'Supported living gives service users a new lease of life.'
- 'Mencap staff are very proactive at providing training in relation to meeting service users' needs.'

Relative comments:

- (Agency staff) 'Very caring.'
- (Agency) 'I couldn't praise staff enough.'

The agency's provision for the welfare, care and protection of service users was examined by the inspector. The inspector viewed a policy maintained by the agency in relation to the safeguarding of adults (2016) in accordance with the regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015. The inspector received feedback from the service manager and staff, and reviewed documentation which indicated that safeguarding training provided by the agency includes the information relating to the regional guidance. On the day of inspection staff were able to name the agency's safeguarding champion and also the name of the HSCT designated adult protection officer.

The inspector noted that staff were confident regarding their roles and responsibilities in relation to safeguarding issues and clear about lines of accountability. The agency has a system in place for staff to access at all times a registered manager or senior manager who has knowledge of the needs of service users. The registered manager provided feedback that staff are able to access advice and guidance from a manager at all times. On the day of the inspection the inspector noted that there had been no safeguarding referrals made to the HSCT since the previous inspection 22 September 2015.

The inspector received feedback from staff which indicated that they were aware of their obligations in relation to raising concerns about poor practice, and they were confident of an appropriate management response.

Agency staff provided feedback which indicated that they had an understanding of the management of risk, and an ability to balance risk with the wishes and human rights of individual service users.

The inspector found that care and support plans are formally reviewed by agency staff with service users annually or as required. The inspector noted that monthly reviews between service users and their keyworker can highlight changes which result in amendments to care plans. Service managers send a monthly report to the registered manager following service users' reviews.

The registered manager informed the inspector that annual reviews involving the care manager take place and objectives from the previous year are reviewed. Following these reviews the agency carries out 'What Matters Most' meetings to discuss if service users' needs and objectives met. Staff interviewed on the day of the inspection advised the inspector that the agency promotes the use of Health Passports for their service users.

On the day of the inspection there were no restrictive practices in place.

On the day of the inspection the inspector reviewed reporting and management of incidents within the agency. It was noted that two incidents had taken place since the last inspection, 22 September 2015. The inspector examined these records and found that the agency had dealt with them in accordance with its procedure and policy.

The inspector noted that the agency had received one complaint since the last inspection. The inspector reviewed records of the complaint received since the last inspection 22 September 2015 and found that it had been recorded and managed in accordance with agency's policy and procedure. The registered manager informed the inspector that the agency had received two views/opinions from family members; these were recorded and managed in accordance with the agency's policy and procedures.

Of five questionnaires returned to RQIA by staff, five indicated they were 'very satisfied' that care was safe. Of four questionnaires returned to RQIA by service users, three indicated they were 'very satisfied' that care was safe and one indicated they were 'satisfied' care was safe.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency's arrangements for appropriately assessing and meeting the needs of service users were examined during the inspection. The full nature and range of service provision is outlined in the Statement of Purpose (2014) and Service User Guide (2015).

The inspector reviewed two service users' care and support plans. The inspector was informed by the registered manager and staff that person centred care plans are developed with service users and/or their representatives in conjunction with relevant assessments provided by the HSCT multi-disciplinary team. Examination of a range of care and support plans indicated that information from HSCT assessments is incorporated accurately.

Feedback received by the inspector from staff and service users indicated that service users have a genuine influence on the content of their care plans. The inspector had an opportunity to speak to one family member who also confirmed their involvement in care and support plans along with attending reviews.

The registered manager informed the inspector that care and support plans are reviewed on a yearly basis or sooner if required. A relative who provided feedback to the inspector advised that they had attended a review meeting and was very positive about being able to input into the review process.

The inspector was informed by a relative that they work closely with staff to ensure they understand **** ** non-verbal gestures in order that *** receives appropriate care and support from agency staff.

The registered manager advised the inspector that monthly reviews were carried out by each keyworker in conjunction with individual service users. The inspector viewed two monthly review records.

Service users' comments:

- 'I am happy here.'
- 'Really love living with Mencap.'
- 'My keyworker and I do my support plan together.'

Relative's comments:

- 'My *** has yearly reviews which I have attended.'
- 'Partnership approach.'

Staff comments:

- 'Definitive care and support plans are in place to ensure the best outcomes are achieved.'

The agency has developed and maintained a robust quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. Monthly quality monitoring is undertaken by managers who have good knowledge of the service.

Quality monitoring reports viewed included evidence of consultation with a range of service users; staff; relatives as appropriate and HSCT professionals; and progress on improvement matters. The inspector noted that HSCT professionals provided comments regarding how well the agency team communicate regarding service users' needs.

The inspector noted feedback from a HSCT Professional on the monthly monitoring form:

- ‘Happy with the quality of service provided to the people Mencap supports within *****. **** reports that the Mencap staff provide great support and are alert to any issues that arise. Mencap keep **** well updated on anything that *** may need to know.’

The agency maintains communication systems to ensure that staff receive information relevant to the care and support of service users. The registered manager described effective verbal and written communication systems within the staff team, including the use of a diary, communications book and daily written and verbal handovers.

Review of team meeting records indicated that team meetings took place on a regular basis; the staff who spoke to the inspector verified that they could contribute items to the agenda for these meetings. The staff who spoke with the inspector indicated the staff team is supportive to each other and that communication is good.

The agency facilitates tenants’ meeting; records viewed and discussions with service users indicate that they are supported to attend and encouraged to express their views. The inspector noted in the tenant meeting minutes a service user had expressed a desire to sit on interview panels. There was also evidence in the minutes that HSCT professionals had sessional input into healthy eating habits for service users.

The registered manager informed the inspector that the agency sends Connect magazines which specifically relate to Mencap news to all staff. The inspector was advised by the registered manager that staff get emails on specific achievements that particular week.

Examination of documentation and discussion with staff indicated that the agency promotes good working relationships with the HSCT and refers to or consults with a range of appropriate professionals when relevant.

It was evident that the agency maintains a range of methods to communicate with and record the comments of service users, including speaking with service users on a daily basis and being available for discussion. In the course of the inspection it was noted that service users freely approached staff as they wished and appeared to enjoy good relationships with staff.

The inspector observed that VOCAL advocacy service details available in the service user’s home.

The registered manager informed the inspector that a desktop computer is available in the agency office for staff to use to access policies and on-line training.

Of five questionnaires returned by staff, five indicated they were ‘very satisfied’ that care was effective. Of four questionnaires returned by service users, three indicated they were ‘very satisfied’ that care was effective and one indicated they were ‘satisfied’ care was effective.

Areas for improvement

No areas for improvement were identified during the inspection.

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

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/their representatives in decisions affecting their care, support and life choices.

The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of service. Discussion with staff and observation of their interactions with service users during the inspection showed that staff understand and respect the needs and wishes of service users. The inspector observed staff promoting the independence and choice of service users throughout their interactions and provision of service delivery.

On the day of the inspection a service user showed the inspector a summer house in the garden of their home; they informed the inspector that they had chosen the house and described how they were going to furnish it to meet their personal and recreational needs.

The inspector was invited to visit service users in the communal areas of their own homes. During the inspection, service users showed the inspector photographs on an iPad where they were enjoying recent holidays and social activities. Service users informed the inspector that their bedroom furniture and fittings were chosen by themselves.

The inspector was informed that service users are given a holiday preparation form to support them making a holiday choice that meets their specific needs. The form is in the format of a pictorial guide. Service users informed the inspector that they have to date travelled to New York, Spain and various cruises.

A service user described to the inspector how they were supported to organise a social event to celebrate their mother's birthday in a local venue.

The inspector was informed that a service user was invited to Queen's garden party in recognition to their contribution to the Red Cross.

The registered manager informed the inspector that a service user's design was chosen by Belfast City Marathon officials in 2016 to design their socks for the May Day marathon. All runners were given a pair in their marathon packs.

The inspector noted that special events and appointments for service users were recorded on the rota to advise staff.

The registered manager informed the inspector that the agency had organised a Service Reflection Event for service users, agency staff, representatives and HSCT professionals at one of the service users' homes to highlight the previous year's achievements and outcomes. The inspector observed pictures of service users enjoying a Fun Farm which was facilitated in the back garden of an agency.

Feedback/observation from service users indicated that staff have developed knowledge of individual service users through careful observation and interaction over time. The inspector noted that the agency had made particular efforts to facilitate service users to achieve goals and participate in activities of their choice.

It was evident that agency staff and HSCT professionals promote independence, equality and diversity of service users. Service users are encouraged and facilitated to participate in activities in the local and wider community, with appropriate staff support.

The inspector noted that service users' care plans were very person centred specific to the individual, with the inclusion of pictorial guides which reflected service users' wishes or needs.

The inspector noted that service users are encouraged to develop their independence inside and outside their own homes. A service user informed the inspector that they travel to Belfast and attend various social venues.

Discussions with service users and observations during the day of inspection indicated that service users are fully involved in day to day decisions and routines. The inspector observed staff using language and behaving in a manner which encouraged service users to make their own choices, whilst balancing their health and wellbeing needs. It was evident to the inspector that service users had individual plans and goals, which the agency staff were enabling them to progress. The inspector found that the agency has participated in liaison with a range of professionals and agencies to enable service users to make decisions, whilst providing appropriate safeguards.

During the inspection the inspector noted examples of how service user choice was being upheld by agency staff. Service users who wished to speak to the inspector were provided with privacy as appropriate.

The acting service manager and staff spoken to on the day of inspection informed the inspector that the views of service users are recorded at the monthly review meetings with their key worker. The inspector viewed saw examples of monthly review meetings in the care records of two service users.

The agency maintains a range of quality monitoring systems to evaluate the quality of services provided, including monthly monitoring reports which specifically ascertain and include the views of service users' and their representatives.

The inspector was provided with examples of information given to service users, such as how to make a complaint and human rights information.

Service users' comments:

- 'Staff are very good'.
- 'I do my own shopping.'

Relative comments:

- (Agency staff) 'I talk to them on a regular basis.'
- 'I would ring Mencap and speak to ****, ***** and *****.'

Staff comments:

- 'Helps inclusion into the community'.
- 'All information regarding rights, choices and decisions are available and recorded in tenants' files regarding the service they receive.'

HSC Trust Professional comments:

- (Agency staff) 'Staff are very forthcoming'.
- 'Working towards maintaining service users in the community'.

Of five questionnaires returned by staff, five indicated they were 'very satisfied' that care was compassionate. Of four questionnaires returned by service users, three indicated they were 'very satisfied' that care was compassionate and one indicated they were 'satisfied' care was compassionate.

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 inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by Mencap have been implemented at the agency. The day to day operation of the agency is overseen by an acting service manager who is supported by a registered/regional manager. The management structure of the agency is clearly defined and was well understood by staff.

Staff provided positive feedback to the inspector regarding effective working relationships within the staff team and with managers.

The inspector viewed evidence of a systematic approach to reviewing information with the aim of improving safety and quality of life for service users. This includes the agency's governance of risk, which comprises of appropriate policies and procedures; regular audit of adverse incidents, including safeguarding incidents and incidents notifiable to RQIA; and service improvement strategies implemented by the senior management team. On the day of the inspection it was noted that two incidents had taken place since the last inspection, 22 September 2015. The records were examined by the inspector and noted that the agency had dealt with them in accordance with its procedure and policy.

The agency operates a robust training system and has an appointed safeguarding champion who is available for consultation with staff on training and safeguarding issues.

It was noted that senior managers available for consultation out of hours have knowledge of the service and are respected by staff. The agency has an on call system for staff. Feedback from staff indicated that they are confident that managers would listen and respond to their concerns.

The agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and paper copies are retained in the agency's office.

The agency maintains and implements a policy relating to complaints and compliments; these are recorded and managed in accordance with the agency's policy and procedure.

There are effective systems of formal and informal supervision and consultation, both inside and outside of normal working hours. Staff that provided feedback to the inspector were aware of their responsibilities and understood their roles. Written and verbal guidance for staff of their daily roles and responsibilities were available. It was noted that staff had been provided with specific information regarding the role of RQIA, inspection guidance issued by RQIA to providers, and their role in the event of an RQIA inspection.

Staff could describe how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

The registered person has worked effectively with RQIA and maintained their roles and responsibilities in accordance with legislation.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided.

Feedback provided to the inspector indicated that there are effective collaborative working relationships with key stakeholders, including the HSCT and families, which are valued by staff. The inspector noted that the agency had received positive feedback through the quality monitoring report from HSCT professionals regarding the ability of the agency staff to work in partnership to meet the needs of service users. It was evident to the inspector that effective partnership working with HSCT professionals has resulted in positive outcomes for service users’.

Service users’ comments:

- ‘I can ring and speak to managers when I need to.’

Staff comments:

- ‘The service is well managed for both tenants and staff.’

Relative comments:

- ‘Couldn’t praise enough’.

Of five questionnaires returned by staff, five indicated they were ‘very satisfied’ that care was well led. Of four questionnaires returned by service users, three indicated they were ‘very satisfied’ that the service was well led and one indicated they were ‘satisfied’ the service was well led.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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.



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