

# Inspection Report

20 May 2024



## Mainstay Short Breaks

Type of service: Residential Care Home  
Address: 29 St Patrick's Drive, Downpatrick, BT30 6NE  
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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Mainstay DRP	<b>Registered Manager:</b> Miss Danielle Lunn
<b>Responsible Individual:</b> Dr Patrick Moore - acting	<b>Date registered:</b> 21 November 2023
<b>Person in charge at the time of inspection:</b> Miss Danielle Lunn	<b>Number of registered places:</b> 9
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 6
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered residential care home which provides a short break social care service. Residents' bedrooms are located over two floors and residents have access to a communal lounge, dining room, garden and patio area.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 May 2024 from 9.00am to 3.00pm by a care inspector.

The inspection assessed progress with the areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were well presented in their appearance and spoke positively when describing their experiences of staying in the home.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager/management team.

Three areas requiring improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the registered manager at the conclusion of the inspection.

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

During the inspection we consulted with residents and staff. Residents told us that they enjoyed staying in the home for their break. Staff told us that they worked well together and enjoyed engaging with the residents. Staff also confirmed that there were good working relationships between staff and the home's management team.

There were two questionnaire responses received from relatives which were both positive. They shared comments, such as, "First class and much appreciated", and, "The care has been very satisfactory to a high standard". We received no feedback from the online staff survey.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 26/06/2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19  <b>Stated:</b> Second time	The registered person shall ensure that records regarding recruitment of staff are at all times available for inspection in the home by any person authorised by the RQIA. This relates specifically to the recording of reasons for leaving past employment.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that the resident's medicine allergy status is always recorded on their personal medication record.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 31  <b>Stated:</b> First time	The registered person shall ensure that a robust system is in place for confirming the resident's medicine regimen at or prior to their initial admission to the home and for any subsequent changes to that regimen.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 22.6  <b>Stated:</b> First time	The registered person shall ensure that any record retained in the home which details resident information is stored safely and in accordance with DHSSP policy, procedures and guidance and best practice standards.	<b>Met</b>

	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	The registered person shall ensure that a robust hand washing audit tool is developed to comply with infection prevention and control policies, procedures and best practice guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

A comprehensive pre-determined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All staff, including new agency staff, completed an induction to become more familiar with the homes' policies and procedures. A booklet was completed to record the topics of induction completed. A list of training was identified for completion as part of the induction process for the home's staff.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training was completed face to face and electronically. Training topics included adult safeguarding, deprivation of liberty, infection control, food hygiene and fire safety. Staff also confirmed that they had the opportunity to complete National Vocational Qualifications in Health and Social Care. A system was in place to ensure staff completed their training.

Staff confirmed that they received an annual appraisal to review their performance and, where appropriate, identify any training needs. Staff also confirmed that they received recorded supervisions on a range of topics.

Checks were made to ensure that care staff applied for and maintained their registrations with the Northern Ireland Social Care Council (NISCC).

Staff were content that the staffing levels in the home met the needs of the residents accommodated in the home at any given time. Residents raised no concerns in regards to the staffing arrangements. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. An allocation of duties for staff to complete during their shift was also included in the rota.

Staff were complimentary of the teamwork in the home. One told us, "The teamwork is brilliant". Another commented, "The communication in the home is very good". Staff were observed to work well and communicate well with one another during the inspection.

The provider company held a monthly staff forum for all staff they employed where representatives from each home had an opportunity to express their opinions on the running of the homes, the systems in use and any other concerns that they may have. The forum provided an opportunity for information sharing from all parties and was seen as a good practice.

### **5.2.2 Care Delivery and Record Keeping**

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals. However, when residents returned to the home for another short break, there was no evidence that the care plans had been reviewed to ensure that they remained relevant and current. This was discussed with the manager and identified as an area for improvement. Care plans were personalised for each resident.

Some residents required one to one care delivery. A care plan was in place to identify the need for one to one care, although, these care plans were not suitably detailed enough to include the specifics of the one to one care required. For example, the hours during the day/night agreed for one to one care and/or what level of supervision was required. This was discussed with the manager and identified as an area for improvement.

The care records had an emphasis on the social aspects of the residents' lives. They identified the people important to them; what the residents' abilities were and how best to support them as well as things not to do.

Daily logs were completed of each resident's activity during the day. The logs included details of what they had to eat and drink, medication administered, any physical checks, assistance with personal care, family contacts and any social activities that they engaged in. When residents finished their short break, a discharge letter was given to the next of kin with pertinent information about the residents' stay.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Records were online and included the detail of the incident, who was informed and any actions taken to prevent a recurrence.

Meal timings were well spaced out. Residents had access to food and fluids throughout the day and night. Food was prepared freshly on site in the kitchen. There was no set menu as different residents were accommodated each week. Residents likes and dislikes were taken into consideration when planning meals. Alternatives were always available. Residents could also enjoy food from one of the local takeaway services in the town.

It was observed that staff provided care in a caring and compassionate manner. It was clear through resident and staff interactions that they knew one another well and were comfortable in each other's company.

### 5.2.3 Management of the Environment and Infection Prevention and Control

During the inspection we reviewed the home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms. Residents' bedrooms were personalised with items important to them. Bedrooms were suitably furnished and decorated. There were no lockable spaces for residents in their bedrooms. This was discussed with the manager who confirmed that they will have locks fitted to bedside cabinets. This will be reviewed at a subsequent care inspection. Appropriate doors leading to rooms which contained hazards to residents had been locked. The home was warm, clean and comfortable. There were no malodours detected in the home.

It was evident that fire safety was important in the home. Staff had received training in fire safety and fire safety checks, including fire door checks and fire alarm checks, were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should residents have to be evacuated. Fire extinguishers were easily accessible. Fire drills were conducted monthly and included reports of the drill. Ways of enhancing this recording was discussed with the manager.

There was evidence of daily checks on the physical environment to ensure cleanliness and infection prevention and control. A new hand hygiene audit tool had been developed and individual audits were conducted with staff. Good compliance on infection control practices were observed during the inspection.

### 5.2.4 Quality of Life for Residents

Staff knew their residents well and were aware of their individual likes, dislikes, hobbies and interests. It was clear through the daily logs that activities were conducted with residents in accordance with their interests and likes. On admission to the home, residents were given an activity preference list to complete and identified specific activities which may be of interest to them. Residents, with the assistance of staff where required, would mark on the list the activities that they would be interested in getting involved in.

Residents could avail of the privacy of their own bedroom or join other residents and staff in one of the communal areas. Activities were conducted on a group or on a one to one basis where this was preferred. Staff had access to a nine seater bus and there were regular outings to local places of interest or for shopping, cinema or walks. Residents had attended a disco in a local bar and attended a fortnightly community hub.

There were multiple resources in the home for activities, such as, arts and crafts, watching television or listening to music. The home had its own activity room. Residents had access to a garden and there was a greenhouse for gardening for those interested. There was also an outside seating area for residents and a barbeque available for use.

Visiting had returned to pre-covid arrangements in line with Department of Health guidelines. Residents were free to leave the home with family members if they wished. The manager confirmed that there were not many visitors to the home as residents only stayed for short periods of time. Records of family contacts were maintained.



### 5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the management arrangements. Danielle Lunn has been the Registered Manager of the home since 21 November 2023. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff told us that they found the manager and management team to be 'approachable'.

The person in charge of the home in the absence of the manager was identified on the duty rota. However, the persons, who take charge, had not completed a competency and capability assessment on taking charge prior to doing so. This was discussed with the manager and identified as an area for improvement.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff had a good understanding of the home's organisational structure should they need to escalate their concern and were aware of the departmental authorities that they could contact should they need to escalate further.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to residents. A list of daily, weekly and monthly audits were completed to monitor the quality of care. Audits were conducted on, for example, residents' care records, medicines management, staff registrations, staff training and the environment.

A Deprivation of Liberty register was maintained to ensure that those residents not authorised for, or under emergency provision for, were not being deprived of their liberty.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and completed reports were available for review by residents, their representatives, the Trust and RQIA. Where improvement actions were required, an action plan was included within the report. The action plan would be reviewed at the subsequent monthly monitoring visit to ensure completion.

Records of complaints were maintained online and any learning from complaints shared with staff. The number of complaints made to the home was low. A compliment's log was also completed online and compliments received were shared with the staff. Compliments included verbal compliments, emails and Facebook posts.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Danielle Lunn, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (20 May 2024)	The registered person shall ensure that there is evidence of a care plans review when residents are readmitted to the home for a short break.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Reviews at time of inspection took place yearly and as and when a change of need occurs. Short Break service users use the service from a range of every week to every month and new referrals follow the referral process before they can be admitted to the Short Break Service. A short review document is now put in place for our service users to evidence and capture any changes since their last visit.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection (20 May 2024)	The registered person shall ensure that residents requiring one to one care have a detailed care plan in place to identify the specifics of the arrangements required.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Currently working with the associated trusts to ensure accurate recording of one to one care is established on all documentation, including Deprivation of liberty, care plans and risk assessments..
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 June 2024	The registered person shall ensure that any staff member given the responsibility of being in charge of the home, in the absence of the manager, first completes a competency and capability assessment on taking charge.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> Staff in charge in absence of registered care competency has been introduced and complete for all staff that are expected to shift lead, in line with their job descriptions and expectation of duties and responsibilities.

*\*Please ensure this document is completed in full and returned via Web Portal\**



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