

Inspection Report

27 June 2023



Mainstay Short Breaks

Type of service: Residential Care Home
Address: 29 St Patrick's Drive, Downpatrick, BT30 6NE
Telephone number: 028 4461 2128

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Mainstay DRP Responsible Individual: Dr Patrick Moore - acting	Registered Manager: Miss Danielle Lunn – not registered
Person in charge at the time of inspection: Miss Alexandra Mooney, Team Lead 09:50 am to 10:40 am Miss Danielle Lunn, Manager 10:40 am to 4:20 pm	Number of registered places: 9
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years	Number of residents accommodated in the residential care home on the day of this inspection: 4
Brief description of the accommodation/how the service operates: This home is a registered Residential Home which provides a short break social care service, which is currently operational for up to 7 persons out of 9 registered places. Resident bedrooms are located over two floors. Residents have access to the communal lounges, the dining room, the garden and the patio area.	

2.0 Inspection summary

An unannounced inspection took place on 27 June 2023 at 09:50 am to 4:20 pm by the care inspector.

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

Evidence of good practice was found in relation to care delivery, staff training and maintaining good working relationships.

Two areas for improvement were identified in regarding the safe storage of resident records and the implementation of a robust hand hygiene audit. One area for improvement in relation to staff recruitment is stated for a second time and two areas for improvement regarding medicines management are carried forward for review at the next inspection.

The home was found to be clean, tidy, comfortably warm and free from malodour.

The manager advised that staffing levels were reviewed regularly in order to meet the assessed needs of the residents. Staff were observed to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Residents were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. Residents spoken with said that living in the home was a good experience.

Comments received from residents and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience to enhance the quality of care and service in the home.

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 Miss Danielle Lunn, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with three residents individually and two members of staff. Visitors were unavailable to consult with.

Residents told us that they were happy staying in the home, felt well cared for, enjoyed attending day care and that staff were nice. Staff said that the manager was approachable and that they felt supported in their role.

Following the inspection no resident, resident representative or staff questionnaires were received within the timescale specified.

A staff member spoken with commented:

“I’ve been with the company a long time and I love my job and the residents. I know all their ways and they are well cared for.”

Cards and letters of compliment and thanks were received by the home. The following comment was recorded:

“Happy with the quality of care. Enjoys her stays. Very pleased with care provided to daughter. Staff very caring.”

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 28 February 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the premises are well maintained and remain suitable for their stated purpose and that the external laundry facility is suitably refurbished to meet current infection control best practice.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 19 Stated: First 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.	Partially met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This area for improvement will be stated for a second time. Refer to section 5.2.1 for details.	
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that a robust system is developed and implemented which ensures effective managerial oversight of staff competency and capability assessments.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 24 Stated: First time	The registered person shall ensure that staff are supervised and their performance appraised to promote the delivery of quality care and services and a record is kept.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 4 Ref: Standard 31 Stated: First time	The registered person shall ensure that the resident's medicine allergy status is always recorded on their personal medication record.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Standard 31 Stated: 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.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager provided a staff recruitment file on request and confirmed that systems were currently under review so that staff recruitment records can be accessed electronically. Review of records for a staff member evidenced that enhanced AccessNI checks were sought, received and reviewed prior to the staff member commencing work and that a structured orientation and induction programme was undertaken at the commencement of their employment. However, evidence was unavailable to view to show that reasons for leaving previous employment, had been explored and recorded during the recruitment process for the member of staff. This was discussed with the manager as this area for improvement was partially met and will be stated for a second time.

Discussion with the manager and review of records regarding the induction of agency staff evidenced that a staff profile is obtained and that a structured orientation and induction is completed prior to the commencement of shifts.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including adult safeguarding, the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS), safety intervention, first aid, moving and handling, food hygiene, nutrition for residents requiring modified diets, control of substances hazardous to health (COSHH), infection prevention and control (IPC) and fire safety.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

Review of records evidenced that staff supervision and appraisal had commenced for 2023. The manager advised supervision is ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

A system had been implemented which ensures effective managerial oversight of staff competency and capability assessments. Competency and capability assessments were completed for the administration of medicines and training was provided for staff left in charge of the home when the manager was not on duty.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said they were happy in the home and felt well looked after. Interaction between staff and residents was respectful and friendly.

5.2.2 Care Delivery and Record Keeping

Review of a selection of records showed that 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.

Review of care records regarding nutrition and residents' preferred time of rising and retiring evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the resident. Appropriate risk assessments and evaluations had been completed.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Daily records were kept of how each resident spent their day and the care and support provided by staff.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the residents. They were knowledgeable about individual residents' needs including, for example, their daily routine preferences. It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly.

Staff told us on the morning of inspection, that all residents were attending adult day care which offers residents a variety of services and activities with lunch provided, and that they were due to return back to Mainstay Short Breaks in the afternoon.

When the residents returned they were offered a choice of drinks and a variety snacks in the dining room. Staff demonstrated their knowledge of residents' likes and dislikes regarding food and drinks. It was noted that this mid-afternoon break provided residents with an opportunity to socialise together and for staff to enquire about their morning out. Interaction between residents and staff was seen to be friendly and relaxed. Residents told us they enjoyed going to day care.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal and external environment of the home and noted that the home was comfortably warm, clean and tidy throughout.

Residents' bedrooms were personalised with items important to them. As part of the planned refurbishment of the home, bedrooms and communal areas had been newly decorated and suitably furnished. The manager confirmed that new furniture had been purchased for residents' bedrooms. A variety of methods was used to promote orientation. There were clocks and notices throughout the home to remind residents of the date, time and place.

Equipment used by residents such as walking aids and wheelchairs were seen to be clean and well maintained.

The external laundry facility was noted to be suitably refurbished to meet current infection control best practice.

However, it was observed that residents' confidential records and information was stored in the laundry and could be easily accessed as the door was unlocked. This was discussed with the manager who ensured the door was locked immediately. An area for improvement under standards was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements regarding infection prevention and control (IPC) measures and the use of Personal Protective Equipment (PPE) were in place.

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Residents

Staff said residents could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; staff were observed supporting residents to make these choices.

Discussion with staff evidenced that arrangements were in place to meet residents' social, religious and spiritual needs within the home. The manager advised that the activity programme is currently under review and that a new weekly activity planner has been purchased that will be displayed to advise residents of forthcoming events. Staff told us that residents had enjoyed a range of activities such as trips to the cinema, trips to the seaside for ice-cream, walks with staff, playing board games, art and music.

Care records showed that staff discuss and observe residents' preferences for involvement in activity. Residents were given the opportunity to contribute their individual choices of preferred activities. Review of the activity book evidenced that a record is kept of the activities residents attended. Residents spoken with said they enjoyed the activities provided.

Staff recognised the importance of maintaining good communication between residents and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there has been a change in management arrangements. Miss Danielle Lunn has been the manager of this home since 24 January 2023. Discussion with the manager and observations confirmed that the home was operating within the categories of care registered. Staff were able to identify the person in charge of the home in the absence of the manager.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Mr Gareth Baker, a service manager within the company, was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Staff told us they were confident that they could report concerns about residents' safety and poor practice. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin and their care manager and to RQIA.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding complaints, accidents/incidents, nutrition, care plans and IPC practices. However, a hand hygiene audit was unavailable to view. It was noted in order to comply with infection prevention and control policies, procedures and best practice guidance, that a robust hand washing audit is required to be developed. This was discussed with the manager. An area for improvement was identified.

The manager advised that resident, resident representative and staff meetings were held on a regular basis. Minutes of meetings were available.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed appropriately.

Staff spoken with commented positively about the manager and described her as supportive and approachable.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	0	5*

* the total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Danielle Lunn, 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 Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 19 Stated: Second time To be completed by: Immediate action required	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. Ref: 5.2.1
	Response by registered person detailing the actions taken: Application form has been adapt and includes 'reasons for leaving perious employment'. This has also been added to the interview stage, where interviewer will ask and record this before interview commences. Audit check has successfully been complete to ensure complicate to standard 19 has been met.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: Immediate action required (28 February 2023)	The registered person shall ensure that the resident's medicine allergy status is always recorded on their personal medication record. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 31 Stated: First time To be completed by: Immediate action required (28 February 2023)	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. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 4</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>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.</p> <p>Ref: 5.2.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed: Immediate action required</p>	<p>Response by registered person detailing the actions taken: Documents past retention has been sent to shred in line with DHSSP policy. Documents within retention period is currently kept in a locked room with limited access and staff have been reminded to ensure this is kept locked. Plans are in place to be sent to archiving storage.</p> <p>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.</p> <p>Ref: Section 5.2.5</p> <p>Response by registered person detailing the actions taken: Hand washing tool has been adequately adapted to meet standard 35 and has been implemented into the service with immediate effect.</p>

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