

Inspection Report

Name of Service: Mainstay Short Breaks

Provider: Mainstay DRP

Date of Inspection: 28 May 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Mainstay DRP
Responsible Individual:	Dr Patrick Moore – Not registered
Registered Manager:	Mrs Alexandra Carson – Not registered
<p>Service Profile – This home is a registered residential care home which provides short term respite health and social care for up to nine residents who have a learning disability. Residents' bedrooms are located over two floors and residents have access to communal living and dining areas.</p>	

2.0 Inspection summary

An unannounced inspection took place on 28 May 2025 from 9.30am to 3.00pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 20 May 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and the service was well led. However, improvements were required in relation to record keeping and the environment.

As a result of this inspection one area for improvement will be stated for the second time. The remaining two areas for improvement from the previous care inspection were assessed as having been addressed by the provider. Full details, including the new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

Residents appeared happy, content and settled in their environment. Engagements between residents and staff were caring and compassionate.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home and told us that they liked staying there. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. We received no questionnaire responses from residents or their visitors.

Staff told us that they were happy; there was enough staff on duty to provide care and they felt that they worked well together and were supported by management to do so. There were no responses from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing. Staff were also supported through staff supervisions and staff appraisals.

Checks were made to ensure the care staff maintained their registrations with the Northern Ireland Social Care Council.

Staff said there was good teamwork and told us that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Pictures of the staff along with their names were displayed to help orientate residents to who was caring for them.

At times agency staff were used to backfill gaps in the duty rota. There was a safe system in place to check the identity of the agency staff member coming on duty. Agency staff received an induction to the home on their first shift.

Staff had allocated daily duties to perform including cooking meals for the residents. Staff had completed additional training on preparing food prior to taking on this role which included modification of food and fluids to suit individual nutritional requirements.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

It was clear that staff and the residents knew one another well and were comfortable in each other's company. Staff interactions with residents were caring and compassionate and staff were respectful and sensitive to their residents' needs and wishes. The short stay admissions were planned in advance.

Staff respected residents' privacy by their actions such as knocking on doors before entering and by discussing residents' care in a confidential manner. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

All care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their residents.

Residents had good access to food and fluids throughout the day and night. Food was prepared freshly onsite. Residents were consulted about meals and offered a choice of meals at mealtimes. Alternatives were provided where the residents did not like either choice. A pictorial menu was on display in the dining room showing choices of meals. Residents enjoyed takeaway food on a Saturday from their preferred restaurants.

Activities were dependent on the residents' preferences. Activities were conducted in groups or on a one to one basis. There were multiple resources in the activity room beside the lounge. Residents had regular outings arranged to places of their choice, such as, the beach, shopping, scenic drives, out for lunch or out for an ice cream. Staff were fully aware of each resident's interests and hobbies and what they enjoyed doing.

There were regular residents' meetings conducted and minutes of the meetings were kept. Discussions were around staffing, food provision, activities, outings, safety and trying new things.

3.3.3 Management of Care Records

Since the last inspection, a new system had been developed to identify any changes to residents' needs since their previous admission. However, there was no evidence that care staff had reviewed or updated the care plans on admission to ensure they remained reflective of the residents' needs. Details were discussed with the manager and an area for improvement in this regard was stated for the second time. Care records were stored securely online.

Care plans focused on the social model of care and those residents in receipt of one to one care had the directions for the one to one care clearly recorded.

Progress records were completed to reflect the residents' life in the home during each day and night shift.

3.3.4 Quality and Management of Residents' Environment

Staff had a list of allocated duties to perform daily including cleaning duties. The home was clean, tidy and warm providing the residents with a comfortable environment to live in. The manager completed spot checks on cleanliness and this was also audited. Residents' bedrooms were located over two floors and residents had a range of communal social rooms to relax in.

Fire safety measures were in place to protect residents, visitors and staff in the home. Corridors and fire exits were clear of clutter and obstruction should the need to evacuate occur and fire extinguishers were easily accessible. Staff had attended fire training and fire safety checks were regularly conducted.

Several uncovered radiators in the home were very hot to the touch giving the potential of a significant burn risk should a resident fall against one. An area for improvement was made to ensure hot radiators were covered or uncovered radiators were maintained at a low temperature.

3.3.5 Quality of Management Systems

There has been a planned temporary change in the management of the home since the last inspection. Mrs Alexandra Carson has been manager in this home in an acting capacity since 2 August 2024. Staff commented positively about the manager and described her as supportive, approachable and always available to provide guidance.

In the absence of the manager there was a nominated person-in-charge (PIC) to provide guidance and leadership. The PIC first completed a competency and capability assessment on taking charge prior to commencing in the role. The PIC was clearly identified on the duty rota.

The manager or PIC completed a management tool audit weekly to examine all aspects of care delivery in the home. Spot checks on care was also completed at random intervals.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	2*	1

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Alexandra Carson, Manager and David McGarry, Person in Charge, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 16 (2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect (28 May 2025)</p>	<p>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.</p> <p>Ref: 2.0 and 3.3.2</p> <p>Response by registered person detailing the actions taken: Since the last inspection, a review letter is sent home after each discharge. This letter is completed by the service user and their Next of Kin and returned at their next stay. A paper copy is retained on file and saved electronically. Following this inspection, our care management platform will be updated to ensure there is digital evidence the care plan has been reviewed.</p>

<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) and (c)</p> <p>Stated: First time</p> <p>To be completed by: (31 July 2025)</p>	<p>The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: The central heating thermostat and individual radiator thermostat's are being reviewed to ensure that appropriate temperatures are maintained. If this is not successful in maintaining the temperatures at a low heat, radiator covers will be installed as an additional measure</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (version 1.2 Dec 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27.3 (E8)</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2025</p>	<p>The registered person shall ensure that call points are situated in every room used by residents.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: Since the last inspection, an individual call button has been installed in the living room. There is now a call point situated in every room used by residents.</p>

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