The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Mainstay Short Breaks

Provider: Mainstay DRP

Date of Inspection: 28 April 2026

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:	Mrs Sarah-Jane Mowbry
Registered Manager:	Mrs Alexandra Carson - not registered
Service Profile: Mainstay Short Breaks 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, dining and garden areas.	

2.0 Inspection summary

An unannounced inspection took place on 28 April 2026 from 9.15am to 1.30pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards 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.

Residents appeared happy, content and settled in their environment. Engagements between residents and staff were caring and compassionate. The inspection resulted in no areas for improvement being identified. Inspection findings can be found in the main body of the report.

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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Two residents were using the service on the day of inspection. They were observed to be relaxed and comfortable in their surroundings. Interactions between residents and staff were noted to be caring and compassionate and they appeared comfortable in each other's' company.

A relative told us, "We are very happy with the care given here. They (the staff) treat (name) like they were one of their own. We have access to (name) daily logs and staff keep us up to date well". We received no questionnaire responses from residents or their visitors.

Staff spoken with 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 three responses from the staff online survey. While all three were satisfied that the care delivered was compassionate and effective, one respondent raised concerns in relation to the staffing arrangements. This was shared with the manager for their review and action as appropriate.

3.3 Inspection findings

3.3.1 Staffing Arrangements

All appropriate recruitment safety checks had been verified prior to staff commencing in post. Newly employed staff completed a structured induction at the commencement of their employment which included mandatory training. A robust system was in place to ensure that all staff were compliant with pre-determined mandatory training requirements.

One staff member raised a concern regarding the staffing levels. As discussed, the staff member's concern was shared with the manager. The manager confirmed that staffing levels fluctuated each week in accordance with the needs of the identified residents who were for planned admission each week. Staff consulted during the inspection were satisfied that the staffing levels and skill mix met the needs of the residents.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Minutes of recent staff meetings were available to all staff to aid in the communication within the home.

Checks were made to ensure care staff were registered with the Northern Ireland Social Care Council.

3.3.2 Quality of Life and Care Delivery

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. It was clear through listening to and observing resident/staff interactions that the staff knew their residents well.

Some residents may require enhanced one to one care. Where this was applicable, care plans were in place to describe the reasons why and the actions to take during the shift, such as, monitoring or interventions. The duty rota clearly identified the staff responsible for providing one to one care.

Residents had good access to food and fluids throughout the day and night. Food was prepared freshly onsite. Residents were offered a choice of meals and alternatives provided where the resident did not like either choice.

Activities were dependent on the residents' preferences. Each resident had a personalised activity care plan developed identifying their hobbies and interests. Residents were regularly taken out of the home for trips to, for example, the cinema, shopping or to the local takeaway. Staff also assist residents in attending day-care placements from the service. Daily records were maintained of activity engagements and photographs, which had been consented too, were taken of the residents during activities.

Any monies or medications brought into the home were returned to relatives on discharge from the short break.

3.3.3 Management of Care Records

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 the residents' needs. Two days pre-admission, residents' families would be sent a link where they could access the residents' care plans to review and ensure that they remained relevant. Staff would review the responses from families to identify any changes and would update the care plans with these changes or evidence that they had been reviewed.

Daily logs were recorded to monitor and evaluate the care delivered to the residents. This included personal care delivery, medicines management, food and fluid intake, continence care, sleep checks and residents' demeanour. Residents' next of kin had online access to the daily

logs and any photographs taken of their loved one. A relative told us that they were very happy with this arrangement

3.3.4 Quality and Management of Residents' Environment

The home was clean, tidy and warm providing the residents with a comfortable environment to live in. Residents had dining spaces and lounge areas to relax in. Residents could choose where to sit or where to go during the day. Staff were observed assisting residents with their choices.

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. Staff confirmed that they had taken part in fire drills. A current fire risk assessment was in place.

Weekly and monthly infection control audits were completed to monitor the environment and staffs' practices. All staff were observed to be bare below the elbow and washed their hands at the appropriate intervals. Personal protective equipment was readily available throughout the home.

Radiators in the home were all maintained at a low level to minimise burns risks. There were call bells present in all rooms where care was provided. Areas for improvements in these regards have now been met.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Alexandra Carson has been managing the home since 2 August 2024 and is in the process of registering with RQIA as manager. The manager was supported by a deputy manager. Staff commented positively about the management team and described them as supportive and approachable.

The manager confirmed that they had attended the 'My Home Life' programme which is training for managers and senior staff providing them with alternative ways of thinking / working. The manager provided examples of how she implemented the training into the running of the home through actions from staff meetings and quality improvements.

In the absence of the manager there was a nominated shift lead person to provide guidance and leadership. The shift lead was clearly identified on the duty rota.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager and deputy manager had a suite of audits to complete. Audit records included actions taken in response to findings and dates the actions were completed. There was a low number of accidents or incidents attributed to the home.

The number of complaints to the home was low. There was a system in place to manage any complaints received. Any compliments received were recorded online. These included verbal compliments and emails. All compliments received were shared with staff.

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Alexandra Carson, Manager and Georgena McDonnell, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

The Regulation and Quality Improvement Authority

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