The Regulation and Quality Improvement Authority

Inspection Report

14 May 2024

The Mews Supported Living Service

Type of Service: Domiciliary Care Agency
Address: 143a Glen Road, Belfast, BT11 8FU
Tel No: 028 9061 1014

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: The Cedar Foundation **Responsible Individual:** Mrs Mary Elaine Armstrong	**Registered Manager:** Miss Chelsea Lewis **Date registered:** 16/08/2022
Person in charge at the time of inspection: Miss Chelsea Lewis	
Brief description of the accommodation/how the service operates: The Mews Supported Living Service is a domiciliary care agency, supported living type situated in Belfast. The agency provides personal care and housing support for up to 12 service users who are living in individual apartments. The service user group includes individuals who have a learning disability, autism or brain injuries and a range of complex needs, who require support to increase independence and enhance their quality of life. The services are commissioned by the Belfast Health and Social Care (HSC) Trust and Supporting People.	

2.0 Inspection summary

An unannounced inspection took place on 14 May 2024 between 9.50 a.m. and 5.05 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, Deprivation of Liberty Safeguards (DoLS), service user involvement, Restrictive practices and Dysphagia management was also reviewed.

Good practice was identified in relation to service user involvement, the management and oversight of incidents and staff training and recruitment. There was evidence of good governance and management arrangements in place.

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.

In preparation for this inspection, a range of information about the service was reviewed. This included registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Information was provided to service users, relatives, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey.

4.0 What did people tell us about the service?

During the inspection we spoke with a number of service users, relatives and staff members.

The information provided indicated that they had no concerns in relation to the care and support provided by the agency.

Comments received included:

Service users' comments:

- "Love it here, I do what I want to do. I have no concerns or problems. I cannot go out alone, I need staff to support me."
- "The best thing about here is my independence and freedom. I have my own money and enjoy going to the snooker hall. I clean my apartment and staff help with cooking."
- "I get on great with other service users. The staff are brilliant."
- "I am just up from the snooker hall with (service user)."
- "Happy with current arrangement, think staff could listen more. My keyworker helps to support me in my home."

Service user's relative's comments:

- "With reference the care in The Mews, the staff are good and the care is good. Staff support (service user) well and look after her well. We speak to the manager if not happy."

Comments made by the relatives of one service user in regard to their engagement with HSC Trust representatives were discussed and information provided as to the process for raising the matter or making a complaint.

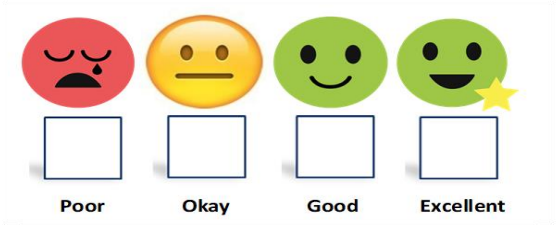
Staff comments:

- "My induction was good and we get update training. I can talk to the manager or the team leader. No concerns about practice and can report any issues."
- "I love working here, I feel well supported."
- "I feel the service users are safe and well cared for and listened to."
- "We get breaks and they rotate staff during the shift to give service users and staff a change."
- "I am well supported by the manager. We work well as team."
- "Love it here, I feel service users are safe and that their needs are met."
- "We try to get out with service users as much as possible."
- "I feel we deal with situations well."
- "We have support meetings for staff and coaching and development."

HSC Trust representatives' comments:

- "Great staff team, the care is excellent. The service users' needs come first."
- "I have no concerns; staff work really well with the service users."
- "Staff take on board any suggestions we make."

Following the inspection we provided a number of easy read questionnaires for those supported to obtain their comments on the quality of the service:



- **Do you feel your care is safe?**
- **Is the care and support you get effective?**
- **Do you feel staff treat you with compassion?**
- **How do you feel your care is managed?**

No questionnaires were returned. There were no responses to the staff survey.

5.0 The inspection

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

The last inspection of the agency was undertaken on 9 February 2023 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager and staff established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every two years thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding; they were noted to be comprehensive and well organised. A review of records confirmed that referrals had been managed appropriately.

Service users who spoke with us said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any adult safeguarding incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. A record of all incidents is retained electronically; they contain details the nature of the incident, any actions taken and the outcome. A sample of those viewed indicated that incidents had been managed appropriately. There was a system for completing a monthly analysis of incidents to support the agency in identifying risks and trends. All incidents are reported to the Belfast HSC Trust multi-disciplinary team. The aligned HSC Trust Behavioural Support Practitioner reviews all incidents also.

Staff were provided with Moving and Handling training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning Trust's requirements. In addition, the agency had met on a fortnightly basis with the Belfast HSC Trust's multi-disciplinary team to review the care and support of the service users.

Staff had been provided with training in relation to medicines management. The manager advised that no service users required liquid medicine to be administered orally with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative. DoLS was reviewed monthly as part of the quality monitoring process.

The agency retained a register of any practices deemed to be restrictive and this information was also included in the individual service users care plans. There was evidence that any restrictive practices were reviewed regularly in conjunction with service users and their representatives.

The manager advised that that a range of staff from the Belfast HSC Trust multidisciplinary team engaged regularly with staff in regard to the needs of the service users. The manager stated that the HSC Trust staff provided good support to the agency.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records and through discussions with service users, it was good to note that service users had an input into devising their own plan of care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and service users and /or their relatives participate, where appropriate, in the review of the care provided.

It was also good to note that the agency had facilitated service users' meetings on a regular basis which provided the service users the opportunity to discuss the provisions of their care. The manager advised that a small number of service users choose to attend. Minutes of meetings were produced in an easy read format. The manager advised that keyworkers met individually with those service users who declined to attend the service users' meetings.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

A small number of service users were assessed by SALT with recommendations provided and some required their food and fluids to be of a specific consistency.

A review of training records confirmed that staff had completed training in Dysphagia and in relation to how to respond to choking incidents.

Discussions with staff and review of service users' care records (iPlanit) reflected the multi-disciplinary input and the collaborative working undertaken to ensure service users' health and social care needs were met within the agency. There was evidence that staff made referrals to the multi-disciplinary team and these interventions were proactive, timely and appropriate. Staff also implemented the specific recommendations of the SALT to ensure the care received in the setting was safe and effective.

Staff demonstrated a good knowledge of service users' wishes, preferences and assessed needs. These were recorded within care plans along with associated SALT dietary requirements. Staff were familiar with how food and fluids should be modified.

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users; this included administrative staff.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) or any other relevant regulatory body; there was a system in place for professional registrations to be monitored on a weekly basis by one of the managers. A spot check completed during the inspection indicated that staff were registered appropriately. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The manager advised that there were no volunteers supporting in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured induction programme lasting at least three days which also included shadowing of a more experienced staff member. Written records were retained by the agency of the person's capability and competency in relation to their job role. Staff complete a training on a range of mandatory areas and in addition training specific the needs of individual service users.

A review of the records relating to staff that were provided from recruitment agencies also identified that they had been recruited, inducted and trained in line with the regulations.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken; this included staff that were supplied by recruitment agencies. Training is monitored at least monthly by the manager.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

There were monitoring arrangements in place in compliance with Regulations and Standards. A review of the reports of the agency's quality monitoring established that there was engagement with service users, service users' relatives, staff and HSC Trust representatives. Some comments included:

- "Very thankful for the work that is being put in, she is in the best place."
- "Happy with care and support. My son is here two years and he is a changed boy."
- "The Mews is the best team I have worked with; the staff are lovely and very compassionate about the service users and know their jobs."
- "I feel safe living at The Mews."
- "I get regular feedback from the team; there is positive relationships and good partnership working."

The reports included details of a review of service user care records; accident/incidents; DoLS; complaints; safeguarding matters; and staffing arrangements including recruitment and training and included a detailed action plan.

The Annual Quality Report was reviewed and was satisfactory; views and comments received from service users and other key stakeholders were recorded. It was good to note that there were a range of positive comments made in regards to the care and support provided by the agency's staff. One relative commented, "(Service user's) presentation is like day and night compared to where he was a year ago, he is emotionally sound, loves living at The Mews and loves the interaction from staff."

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAI) procedure.

The agency's registration certificate was up to date and displayed appropriately along with current certificates of public and employers' liability insurance.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure; records of complaints received were retained electronically. Where complaints were received since the last inspection, there was evidence that they were appropriately managed and were reviewed as part of the agency's quality monitoring process.

6.0 Quality Improvement Plan (QIP)/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Chelsea Lewis, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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