The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Mainstay DRP, Ardcora Supported Housing Service**

Provider: **Mainstay DRP**

Date of Inspection: **26 November 2024**

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/Responsible Person:	Dr. Patrick Moore (acting)
Registered Manager:	Mr. Adrian Ghosh
Service Profile – This is a domiciliary care agency, supported living type, that provides personal care and housing support to 21 people with learning disability. Some service users have challenging care needs. The service users live in a range of accommodations throughout Downpatrick town.	

2.0 Inspection summary

An unannounced inspection took place on 26 November 2024, between 10.15 a.m. and 3.30 p.m. with a care inspector.

The inspection was undertaken to evidence how Mainstay Ardcora is performing in relation to the regulations and standards. The inspection also determined if the agency is delivering safe, effective and compassionate care and if the agency is well led.

The inspection established that care delivery was safe and compassionate care was delivered to service users. Service users received the right care at the right time and the agency was deemed to be well led.

Service users were observed to be relaxed and comfortable in their interactions with staff and spoke positively about the care and support they receive.

One area for improvement was identified in relation to staff recruitment.

The inspector would like to thank the manager, service users and staff for their help and support in the completion of the inspection.

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 agency 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 agency. This included registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning trust.

Throughout the inspection process, inspectors will seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how Mainstay Ardcora is performing in relation to the regulations and standards.

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

3.2 What people told us about the service and their quality of life

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.

Service users spoke positively about the experience of living in Mainstay Ardcora.

Staff said they were happy working in the agency and commented that they felt very much part of a team.

We spoke with one Health and Social Care Trust staff member. They commended the agency on their excellent communication with Trust staff and on raising issues appropriately. They stated that the care provided was very person centred.

Returned questionnaires showed that those supported thought care and support was either excellent or good. We have noted some of the comments received:

- "I feel good living here".
- "Very happy".

Several of the questionnaires highlighted an issue that was discussed with the manager for taking forward within the agency.

A number of staff responded to the electronic survey. The respondents indicated that they were 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. Written comments received included:

- "A great organisation to work for. I believe the service users are very well looked after and are provided with a safe and harmonious living environment to enjoy their lives independently".
- "I feel the staff show care and compassion in their job role every day".
- "Ardcora is a very welcoming and well led service. Management and seniors lead and pave the way for new and existing staff members, to ensure quality of care is maintained. A beautiful, well-structured service, that all service users thrive in. Well done Ardcora!".
- "I really enjoy working here; the community within Mainstay is very supportive and I genuinely love going to work".

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

The last care inspection of the agency was undertaken on 7 December 2023 by a care inspector. No areas for improvement were identified.

3.4 Inspection findings

3.4.1 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 service users.

A review of the agency's staff recruitment records confirmed that criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. However, a range of further pre-employment checks had not been completed prior to staff commencing work within the agency. References had not always been obtained from a present or most recent employer, gaps in employment had not been clarified and there was no health declaration in place in the recruitment records reviewed. This was identified as an area for improvement.

Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC); there was a system in place for professional registrations to be monitored by the manager.

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, three-day induction programme which also included shadowing of a more experienced staff member.

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.

Staff were provided with training appropriate to the requirements of their role.

All staff had been provided with training in relation to medicines management. It was positive to note there had been recent improvements in how medication training was delivered to staff.

Staff commented how well supported they felt working in the agency and how they felt at ease to raise any queries.

3.4.2 Care Delivery

Staff interactions with service users were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual service users' needs, their daily routine, wishes and preferences.

Service users 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.

It was also good to note that the agency had house meetings on a regular basis which enabled the service users there to discuss the provisions of their care. Some matters discussed included activities and meal plans.

Discussion with the manager confirmed that a vehicle, owned by the provider, was available for service users to undertake journeys. This supported service users to access community activities of their choice.

3.4.3 Management of Care Records

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 services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

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.

The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory. The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. A review of records confirmed that these had been managed appropriately.

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.

Where a service user had dysphagia needs and had been assessed by a Speech and Language Therapist, any recommendations for food and fluids to be modified were recorded the care plan.

3.4.4 Quality of Management Systems

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.

The reports included details of a review of service user care records; safeguarding matters; staff recruitment and training, and staffing arrangements. The inspector noted that the review of accidents and incidents within the reports was not sufficiently detailed. The manager was requested to liaise with the monitoring officer to ensure this is expanded going forward.

The Annual Quality Report was reviewed and was satisfactory.

The manager reported that been no disclosures under the agency's Whistleblowing Procedures.

RQIA had been notified appropriately of any incidents in keeping with the Regulations. 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.

The training and competencies of staff required to be in charge of the agency in the absence of the manager was discussed. The manager informed us this is being reviewed within all the provider's registered services. This will be examined in detail at the next inspection.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

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	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr. Adrian Ghosh, 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 Domiciliary Care Agencies Regulations (Northern Ireland) 2007

Area for improvement 1 **Ref:** Regulation 13(d) and Schedule 3 **Stated:** First time **To be completed by:** Immediate and ongoing from date of inspection	The Registered Person shall ensure two references are obtained that include one from the person's present or most recent employer, any gaps in employment are explained and there is a health declaration in place prior to staff having contact with service users. Ref: 3.4.1
	Response by registered person detailing the actions taken: Please see below actions taken following your recent RQIA inspection: • Additional check added at application stage for HR to review application and address any gaps in career history. • All new starter paperwork is to be on the new employee's personnel record within one week of commencement of post. • Mainstay's DRP application form was amended – with an additional section added asking for any employment gaps to be explained. The form also now states 1 reference should be that of the candidates most recent or current employer. • Mainstay's DRP interview questions template was amended – with an additional section included to prompt interviewers to discuss employment gaps during the interview process. • Pre employment questionnaire template was amended to include 2 declarations for that of the candidate and manager to confirm they are medically fit based on the information provided.

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

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