The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: MENCAP Riversley Project

Provider: MENCAP LIMITED

Date of Inspection: 3 February 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:	MENCAP LIMITED
Responsible Individual/Responsible Person:	Mr. Barry Joseph McMenamin
Registered Manager:	Mrs. Donna Martin
Service Profile – Mencap Riversley Project is a supported living type domiciliary care agency, located close to the town centre of Banbridge. The agency provides domiciliary care and housing support to adults with a learning disability in Banbridge and Keady.	

2.0 Inspection summary

An unannounced inspection took place on 3 February 2026, between/from 9.40 am and 3.10 pm by a care Inspector.

The inspection was undertaken to evidence how the agency is performing in relation to the regulations and standards and to assess progress with the areas for improvement identified at the last care inspection on 19 November 2024. The inspection also sought to determine if the agency is delivering safe, effective and compassionate care and if the agency is well led.

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, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement and restrictive practices were also examined.

Good practice was identified in relation to the variety of activities service users were supported to participate in and person centred care records.

The inspection found that safe, effective and compassionate care was delivered to service users. The areas for improvement previously identified were assessed as having been addressed by the provider and no new areas for improvement were identified. The manager was advised to ensure the service users' tenancy and financial support agreements accurately reflect the charges for utilities; the monthly quality monitoring visits should include a mixture of announced and unannounced visits; and to scope training to meet the specific needs of the service users. Details and examples of the inspection findings can be found in the main body of the report.

Mencap Riversley Project, uses the term 'people who we support' to describe the people to whom they provide care and support. For the purposes of the inspection report, the term 'service user' is used, in keeping with the relevant regulations.

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 review of previous areas of improvement, registration information, and any other written or verbal information received from service users, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those working for or being supported by the agency and review a sample of records to evidence how the agency 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 questionnaires and an electronic staff survey.

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

Service users and their relatives indicated they were very satisfied with the care and support provided. Some comments indicated that staff treat service users with dignity and respect. They support service users on outings and with daily household activities. They indicated that staff were well trained and responded positively to address concerns raised.

We spoke to staff to seek their views of the agency.

Staff told us that they were satisfied that the care and support was safe, effective, compassionate and well led. Staff spoke positively about the care delivery, training and support from the service manager in the agency.

3.3 Inspection findings

3.3.1 Governance and Managerial Oversight

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

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 viewed indicated that the visits were all announced, the manager was advised to ensure that these visits should be a mixture of announced and unannounced. The manager provided assurances this would be actioned. The reports included details of a review of a sample of service user' care records; accident/incidents; safeguarding matters; staff recruitment and training, and staffing arrangements.

There were processes in place to review the quality of the service on an annual basis. The Annual Quality Report was reviewed and it was noted that stakeholder feedback was included. The report was assessed as satisfactory.

There was a system in place to ensure that complaints are managed in accordance with the agency's policy and procedure. Staff demonstrated a good awareness of both the complaints procedure and whistleblowing policy. There was evidence of a system to ensure oversight of complaints; this included a review of complaints during the monthly quality monitoring visits. Details relating to the complaints process was included in the Statement of Purpose and Service Users Guide (SUG).

There was a selection of policies available to direct staff in care delivery and support planning based on individual risk assessments. Staff confirmed they had access to policies.

The service has an operational policy, procedure and protocol that clearly directs staff from the agency as to what actions they should take if they are unable to gain access to a service user's home. This policy includes information on how to manage and report such situations in a timely manner.

3.3.2 Staffing Arrangements (recruitment and selection, induction and training)

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 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. Checks were made to ensure that staff were appropriately registered with NISCC or any other relevant regulatory body; there was a system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to the Northern Ireland Social Care Council's (NISCC) 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. Written records were retained by the agency of the person's capability and competency in relation to their job role.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. Staff confirmed they receive an opportunity to discuss the post registration training requirements during supervision and appraisal meetings. All staff had received supervision in accordance with the agency's policy.

The agency maintained a record of staff training and there was system to provide the manager with compliance figures for staff on a regular basis. The training compliance was good.

There were good systems in place to manage staffing. There were enough staff on duty to support service users. Staff provided positive feedback regarding the training they received and confirmed that it enabled them to fulfil the duties and responsibilities of their roles. There was evidence that staff had received mandatory and training appropriate to the work they are to perform.

There were no volunteers deployed within the agency.

3.3.3 Care Records

From reviewing service users' care records, 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 records were person centred, well maintained; and were kept under regular review. It was evident services users and /or their relatives participate in this process, where appropriate, and a review of the care provided is completed on an annual basis, or when changes occur.

A number of service users' tenancy and financial support agreements did not contain details of charges made in relation to utilities. This matter was brought to the attention of the manager during the inspection and they have subsequently confirmed they are in discussions with the housing provider to address this matter. The tenancy and financial support agreements, will be reviewed at the next inspection.

Discussions with staff and review of service users' care records 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.

3.3.4 Safeguarding

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. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was satisfactory. Discussions with the manager 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 and their understanding of the agency's policy and procedure with regard to whistleblowing.

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. The manager was aware that RQIA must be informed of any safeguarding incident that is reported to the Police Service of Northern Ireland (PSNI).

3.3.5 Deprivation of Liberty Safeguards (DoL-S)

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 DoLS training appropriate to their job roles. The manager reported that no service users were subject to DoLS and no restrictive practices were employed.

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 Mrs Donna Martin, 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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