

# Unannounced Care Inspection Report 20 February 2018



## Mainstay DRP, Rathdree Supported Housing Service

**Type of Service: Domiciliary Care Agency**  
**Address: 31 St Patrick's Drive, Downpatrick, BT30 6NE**  
**Tel No: 02844839683**  
**Inspector: Amanda Jackson**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Mainstay DRP, Rathdree Supported Living Service is a supported living type domiciliary care agency, located close to the centre of Downpatrick. The agency provides care and support to enable service users with a learning disability to live in their own home within the local community.

The agency provides care and support to 17 service users: the overall aim is to promote independence of the service users and enhance their quality of life.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Mainstay DRP  <b>Responsible Individual:</b> Mrs Helen Owen	<b>Registered Manager:</b> Mr Gareth Anthony Baker – acting – no application submitted
<b>Person in charge at the time of inspection:</b>  Mr Gareth Anthony Baker	<b>Date manager registered:</b> N/A

### 4.0 Inspection summary

An unannounced inspection took place on 20 February 2018 from 09.15 to 13.15.

This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to a number of areas of service delivery and care records and was supported through review of records at inspection. Feedback from service users, families, staff during the course of the inspection was positive with five service users, two staff and three relatives presenting positive feedback. The inspector made several attempts to liaise with a Health and a Social Care Trust (HSCT) professional involved with the service, no feedback was provided.

One area was identified for improvement and development. This relates to monthly monitoring of service quality in line with Regulation 23(2).

Service users and families communicated with by the inspector, presented a range of positive feedback regarding the service provided by Rathdree supported housing service in regards to safe, effective, compassionate and well led care. Examples of feedback have been detailed within the report and were shared with the registered person and acting manager during inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

Following discussions with service users, family members and the staff it was noted that there was evidence overtime of positive outcomes for service users.

The inspector would like to thank the service users, agency staff and Mainstay DRP human resources (HR) staff for their warm welcome and full cooperation throughout the inspection process.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

Details of the Quality Improvement Plan (QIP) were discussed with Mr Gareth Baker, Acting Manager, and the registered person, Mrs Helen Owen as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent care inspection dated 29 March 2017

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 29 March 2017.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- previous inspection report and QIP
- record of notifiable events from the previous inspection
- Record of complaints notified to the agency

On the day of inspection the inspector spoke with the five service users who are supported by Rathdree supported housing service, to obtain their views of the service.

The inspector also spoke with the registered person, acting manager and two support workers.

During the inspection the inspector spoke with three family members by telephone to obtain their views of the service. The service users interviewed have received assistance with the following:

- social support
- support with personal care needs
- support with medication management
- support with budgeting

At the request of the inspector, the acting manager was asked to display a poster prominently within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. One questionnaire was returned. The manager was also asked to distribute ten questionnaires to service users/family members. Seven questionnaires were returned. Feedback from all questionnaires has been detailed within the body of the inspection report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, supervision, appraisal, complaints management, safeguarding, whistle blowing and incident reporting.
- A number of long term staff members' supervision and appraisal records.
- A number of long term staff members' training records.
- Staff training, supervision and appraisal matrix.
- Staff meeting minutes.
- A range of staff rota's.
- Staff NISCC registration processes.
- Statement of purpose.
- Service user guide.
- Three long term service users' records regarding ongoing review, and quality monitoring.
- Service user/tenant meeting minutes.
- Three monthly quality monitoring reports.
- Annual quality process.
- Communication records with HSCT professionals through annual reviews.
- Two compliments.

Five areas for improvement were identified at the last care inspection.

The findings of the inspection were provided to the registered person and acting manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 29 March 2017

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 29 March 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(b)  <b>Stated:</b> First time	Where the agency is acting otherwise than as an employment agency, the registered person shall make suitable arrangements to ensure that the agency is conducted, and the prescribed services arranged by the agency,	

	<p>are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Evidence of policy reviews and review of service users agreements were evident during inspection together with updated staff training in the area of safeguarding.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Regulation 15(12)(b) <b>Stated:</b> First time</p>	<p>The Regulation and Improvement Authority to be notified of any incident reported to the police no later than 24 hours after the registered person-</p> <p>(i)has reported the matter to the police; or (ii)is informed that a matter has been reported to the police</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> The agency had notified RQIA regarding one incident arising since the previous inspection. This matter had been notified to RQIA in accordance with Regulation 15(12)(b).</p>	
<b>Action required to ensure compliance with the Domiciliary Care Agencies Minimum Standards, 2011</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 13.3 <b>Stated:</b> First time</p>	<p>Staff have recorded formal supervision meetings in accordance with the procedures.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of the staff supervision and appraisal matrix together with staff discussions during inspection confirmed supervision meetings were in accordance with the agency procedures.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 1.9 <b>Stated:</b> First time</p>	<p>A report is prepared that identifies the methods used to obtain the views and opinions of service users and their carers/representatives, and incorporates the comments made and issues raised and any actions to be taken for improvement. A summary of the key findings is provided to service users and their carers/representatives, and a copy of the full report is available on request.</p>	<b>Met</b>

	<p>The report should be submitted to RQIA on completion.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 4 <b>Stated:</b> First time</p>	<p><b>Action taken as confirmed during the inspection:</b> Review of the annual quality report for 2017 confirmed a process had been implemented to obtain the feedback from all stakeholder groups. The report detailed feedback and a range of actions to be taken from feedback provided. The reports made reference in the conclusion section on how the service plans to develop this process further in 2018 with service user and stakeholder focus groups in order to gain more qualitative feedback on service quality and any identified areas for service development. The inspector also discussed how the current report makes reference to all areas of Mainstay services including day care and suggested that a more specific report to each area may be beneficial in identifying key areas for development. The registered person agreed to review this matter further for the coming 2018 review process.</p>	<p><b>Met</b></p>

## 6.2 Review of areas for improvement from the last finance inspection dated 25 September 2017

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.		Validation of compliance
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 23 (2) (3) (4) <b>Stated:</b> First time	The registered person shall ensure that there is a robust system in place to evaluate the quality of services provided by the agency and to address any areas for improvement identified.  A report of the agency's quality monitoring activity should be forwarded to RQIA on a monthly basis until further notice.	<b>Partially Met</b>
	<b>Action taken as confirmed during the inspection:</b> Reports have been submitted by Rathdree to RQIA since the previous inspection and remain under review by RQIA at the time of this inspection.	

### 6.3 Inspection findings

#### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The inspector was advised by five service user and three family members spoken with that the safety of care being provided by the staff at Rathdree supported housing service was of a good standard.

Policies and procedures relating to staff recruitment and induction were held on site. The acting manager confirmed all policies are accessible on the service website and in hard copy.

The acting manager verified all the pre-employment information and documents would have been obtained as required through the agency's recruitment process. The service has not recruited new staff since the previous inspection. Review of recruitment records in respect of the agency's sister service confirmed compliance with Regulation 13 and Schedule 3.

The agency has not introduced new staff members to the service over the past year. An introduction/induction process for new staff was discussed and reviewed during the agency's sister service inspection. Induction records were reviewed during that inspection and found to detail an ongoing induction process over many months. The initial three day induction programme in accordance with the required Regulations was confirmed during that inspection. The inspector did however discuss the format of the induction records which was somewhat difficult to review to confirm compliance with the required timeframes for induction; the registered person agreed to review the induction template post inspection.

The induction process reviewed is recorded and signed off by the individual staff member and senior staff or Manager during the induction. There was evidence that the NISCC induction standards are embedded within the Mainstay DRP induction programme.

Discussions with the acting manager and other support staff confirmed all staff members' are currently registered with NISCC. A system for checking staff renewal and registration status with NISCC has been implemented by the organisation. The acting manager provided evidence of this process which detailed staff registration status, number and renewal date on a central record held by the services HR department (HR dept). The acting manager provided assurances the process of review is fully embedded. A range of communication methods to be used by the agency to inform staff of their requirement to renew registration were discussed and will include discussion at staff meetings and through staff supervisions.

Staff spoken with during the inspection where able to describe their registration process; and what registration with NISCC entails and requires of staff on an ongoing basis.

No issues regarding the carers' training were raised with the inspector by the service users or families communicated with during inspection.

Five service users spoken with confirmed that they could approach the support staff if they had any issues and were assured matters would be addressed. The service users spoken with did raise some concern in respect of staff members and their approach to supporting service users; the acting manager confirmed the context of this matter during inspection and agreed to discuss the matter further with the service users involved. Service users and families confirmed communication is good and in a timely and professional manner. Examples of some of the comments made by the service users and families are listed below:

- "Some staff are better than others at supporting us"
- "Staff are good".
- "xxx loves it there."
- "Everything is great."

The agency's policies and procedures in relation to safeguarding adults and whistleblowing where discussed with the staff team and the policy was confirmed as available on the service information system. The agency has developed a revised policy in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) adult safeguarding policy issued in July 2015 ('Adult Safeguarding Prevention and Protection in Partnership'). The agency's whistleblowing policy and procedure was found to be satisfactory.

Staff spoken with at inspection where knowledgeable regarding their roles and responsibilities in regard to safeguarding. Most staff where familiar with the new regional guidance and revised terminology which is currently being rolled out within the Mainstay DRP training programmes.

Staff were not clear regarding the safeguarding champion within the service and this was shared with the acting manager and registered person during inspection feedback.

The inspector was advised that the agency had no safeguarding matters since the previous inspection which were reportable to RQIA. Staff spoken with during inspection presented an appropriate understanding of their role in safeguarding and whistleblowing and were able to clearly describe the process.

Where issues regarding staff practice are highlighted via processes such as complaints or safeguarding, the acting manager confirmed processes which would be used to address any matters arising. No matters have arisen since the previous inspection.

Staff training records viewed for 2016-17 confirmed all staff had completed the required mandatory update training programme. The training records reviewed on the 2016-17 training matrix contained each of the required mandatory training subject areas and additional training areas specific to the service users needs. Training is facilitated through the Mainstay DRP central training programme. Discussion during inspection with support staff confirmed satisfaction with the quality of training offered. Staff confirmed accessibility to additional training as required.

Records reviewed for a range of staff members evidenced mandatory training and appraisal compliant with agency's timeframes. Staff supervision and appraisals were found to be consistently referenced in accordance with the agency's policy timeframes. Staff spoken with during the inspection confirmed the availability of continuous ongoing update training alongside supervision and appraisal processes and good systems of daily communication.

The acting manager confirmed that the agency implements an ongoing quality monitoring process as part of their review of services. Review of three service users' records evidenced ongoing review processes, records had been signed by those involved including the service users where appropriate. Communication with service users and families during inspection supported a process of ongoing review with service user involvement. The acting manager confirmed that HSCT representatives were contactable when required regarding service user matters.

Service users and families communicated with by the inspector, discussions with staff and review of agency rotas suggested the agency have appropriate staffing levels at present. Current staffing levels appeared appropriate on rota's reviewed at inspection.

Review of records management arrangements within the agency supported appropriate storage and data protection measures were being maintained.

Seven service user questionnaires were received post inspection and supported that care received is safe. Service users' commented, 'Everything is great, I like living here', 'I like all the staff, they help me'.

One staff questionnaire was received post inspection and supported the staff member was satisfied that care provided is safe.

## Areas of good practice

There were examples of good practice found during the inspection in relation to systems and processes for staff recruitment, training, supervision and appraisal. Review of service users' support needs were found to be ongoing. Feedback from service users and three families supported consistency in support provided to service users by Rathdree supported housing service.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.5 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector was informed by the five service users' and three family members spoken with that there were no matters arising regarding the support being provided by the staff at Rathdree supported housing service.

No issues regarding communication between the service users, families and staff were raised with the inspector. Reviews were discussed with service users who confirmed they were involved in reviewing their support needs. Consistency of staff and involvement from HSCT professionals has led to an ongoing review process with support and communication at the expected standards for those receiving support. The acting manager confirmed service users receive a questionnaire to obtain their views of the service as part of the annual review process. Service user and family focus groups were also trialled during the 2017 annual review process but require further consideration for the 2018 review. Review of the recent survey report confirmed this process however a clear action plan to address outcomes specific to the domiciliary care service was not evident. This matter was discussed with the registered person and acting manager and assurances provided that this would be reviewed for the 2018 review of service quality process. Service user feedback has been ongoing over time together with feedback from relatives and professionals through service user reviews. These processes were confirmed during inspection.

Examples of some of the comments made by service users, families and a HSCT professional are listed below:

- "Very happy with the service."
- "Everything is great."
- "More support for xxx with their dietary needs would be good."
- "I can't praise them highly enough."
- "xxx is doing alright there."

Service user records included reviews completed by the agency annually or more frequently with the HSCT and evidenced service users views are obtained and incorporated. Review of support plans within the agency supported an ongoing process involving service users, families and keyworkers; the support plans are signed by service users where appropriate. The review process was discussed with service users during inspection and all confirmed involvement in this process.

The service has not introduced any new service users since the previous inspection. The manager confirmed the service user guide would be provided to new service users at introduction to the service.

The agency maintains recording books for each service user on which support staff record their daily input. The agency also completes a monthly review of service users' needs and these were reviewed during inspection and held centrally within service user files.

Staff spoken with at inspection demonstrated an awareness of the importance of accurate, timely record keeping and their reporting procedure to their senior staff or acting manager if any changes to service users' needs are identified. Staff discussed ongoing quality monitoring of service users' needs to ensure effective service delivery. Staff described aspects of care and support which reflected their understanding of service users' choice, dignity, and respect.

Seven service user questionnaires were received post inspection and stated care is effective. Two service user's commented, 'I like going out with staff', 'I like it here, staff help me and I can talk to them'.

One staff questionnaire was received post inspection and stated the staff member was satisfied that support provided to service users is effective.

**Areas of good practice**

There were examples of ongoing support and review provided by staff and communication between service users, family, support staff and other key stakeholders. Feedback from service users and families was very positive regarding the effectiveness of service support and this was shared with the acting Manager and registered person during the inspection.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is care compassionate?**

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The service users and families spoken with by the inspector felt that care was compassionate.

Views of service users are sought through an annual review process as detailed under the previous section. Examples of some of the comments made by the service users, families and professionals during the inspection and received by the agency as compliments are listed below:

- “xxx is happy living there and I am happy with the service.”
- “I receive a survey from Rathdree seeking my views on service quality.”
- “The house is very well kept and is a credit to your staff team.”

The agency implements service user quality review practices on an ongoing basis. Quality monitoring contacts during monthly quality visits evidenced positive feedback from service users however, family member and HSCT professional feedback was not consistently sought; an area for improvement has been made.

Staff spoken with during the inspection presented appropriate knowledge around the area of compassionate care and described practices supporting individual service users’ wishes, dignity and respect.

Seven service user questionnaires were received post inspection and confirmed that care provided is compassionate. Service user’s commented, ‘I like it, staff help me email my sister in Australia’ and ‘Staff treat me with kindness, I like living here’.

One staff questionnaire was received post inspection and supported the staff member was satisfied that care is compassionate.

### **Areas of good practice**

There were many examples of good practice found during the inspection in relation to the provision of compassionate care discussed by service users, family, the HSCT professional and staff during the inspection process.

### **Areas for improvement**

One area for improvement was identified during the inspection and relates to monthly monitoring reports in accordance with Regulation 23(2). Monthly reports have been requested for submission to RQIA over the coming months to ensure compliance with Regulations.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	1	0

## 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

All of the people spoken with confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Positive feedback received during inspection has been referenced under the previous three sections and further detailed below. Comments made by staff, family and the HSCT professional include:

- “Everything is great.”
- “No issues.”
- “Staff support xxx well.”
- “Things are going fantastic.”

The RQIA registration certificate was up to date and displayed appropriately. Under the direction of the current acting manager, the agency provides domiciliary care and support to 17 adults living within their own home.

The agency’s complaints information viewed was found to be appropriately detailed, and included reference to independent advocacy services.

The policies and procedures are maintained on the service website and the contents discussed with the acting manager. The arrangements for policies and procedures to be reviewed at least every three years was found to have been implemented consistently within all policies reviewed. Staff spoken with during inspection confirmed that they had access to the agency’s policies and procedures. Staff confirmed that revised policies and procedures are discussed at staff meetings which take place on an ongoing basis and were evident during inspection.

The complaints log was viewed for 2016-2017 to date, with no complaints arising.

Discussion with the acting manager confirmed that systems were in place to ensure that notifiable events were investigated and reported as appropriate to RQIA. One incident had arisen since the previous inspection; review of this incident supported appropriate reporting procedures in place.

The inspector reviewed the monthly monitoring reports for October, November and December 2017. The reports evidenced that an independent consultant completes this process for the agency. Monthly monitoring was not found to be in accordance with minimum standards with lack of input from service user’s relatives and professionals. The inspector specified an area for improvement in this matter. This feedback was shared with the registered person and acting manager who agreed to share this matter with the independent consultant following inspection.

Discussion with two support staff during inspection indicated that they felt supported by the acting manager and within the staff team at Mainstay DRP. Staff confirmed they are kept informed regarding service user updates/changes and any revision to policies and procedures. Staff also stated they are kept informed when update training is required. Staff discussed supervision, annual appraisal and training processes as supportive and informative in providing quality care to service users.

Communications with professionals involved with the agency were evident during this inspection and supported an open and transparent process in respect of appropriately meeting service users assessed needs.

Four service user questionnaires were received post inspection and supported the service being well led. One service user commented, 'Everything is great, I like living here.'

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to service user support plans and review of service users support needs. Monthly monitoring processes and maintaining relationships with key stakeholders were also evident however, consistent feedback from all stakeholders is required during the monthly monitoring process.

### Areas for improvement

No areas for improvement have been identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with the registered person, Mrs Helen Owen and the acting manager, Mr Gareth Baker as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and/or the Domiciliary Care Agencies Minimum Standards, 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

## Quality Improvement Plan

### Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 23(2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> For ongoing submission to RQIA.</p>	<p>At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency—</p> <p>(a) arranges the provision of good quality services for service users;</p> <p>(b) takes the views of service users and their representatives into account in deciding—</p> <p>(i) what services to offer to them, and</p> <p>(ii) the manner in which such services are to be provided</p>
	<p><b>Response by registered person detailing the actions taken:</b> Monthly Provider Visit Report Format is currently under review , and reports will be forwarded to RQIA on a regular basis</p>



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