



The Regulation and
Quality Improvement
Authority

Mainstay DRP, Rathdree
RQIA ID: 10741
31 St Patrick's Drive
Downpatrick
BT30 6NE

Inspector: Joanne Faulkner
Inspection ID: IN023621

Tel: 02844839683
Email: christine@mainstaydrp.org

**Unannounced Care Inspection
of
Mainstay DRP, Rathdree Supported Housing Service
28 September 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 28 September 2015 from 10.30 to 16.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. The outcome of the inspection found no significant areas of concern though some areas for improvement were identified and are set out in the quality improvement plan (QIP) within this report. This inspection was underpinned by the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mainstay DRP/Helen Taylor	Registered Manager: Christine McLean
Person in Charge of the Agency at the Time of Inspection: Connall McEvoy /Patricia McKenna	Date Manager Registered: 15 January 2009
Number of Service Users in Receipt of a Service on the Day of Inspection: 12	

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 presently provides care and support to 12 service users; the overall aim is to promote independence of the service users and enhance their quality of life.

Four tenants live in the main house; seven live in an adjacent bungalow and a number of service users live in individual flats that are located in the surrounding area.

The agency operates a key worker system; service users are provided with support to maintain their tenancy, to develop independent living skills and to be involved in the local community. Specific services include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and social activities, dependent upon service users' needs, interests and wishes.

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following themes have been met:

Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Theme 2: Service User Involvement - Service users are involved in the care they receive

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the person in charge
- Examination of records
- Consultation with staff/service users
- File audit
- Evaluation and feedback.

During the inspection the inspector met with four service users and four care staff.

Prior to inspection the following records were analysed:

- Records of contact with the agency since the last inspection
- The previous inspection report and QIP

The following records were viewed during the inspection:

- Three care and support plans
- Care records
- Recording/evaluation records
- Monthly quality monitoring reports
- Minutes of service users' meetings
- Staff training records
- Records relating to staff supervision and appraisal
- Recruitment policy (December 2014)
- Induction records
- Supervision policy (March 2014)
- Disciplinary policy (May 2015)
- Agency's rota information

- Whistleblowing policy (June 2014)

Staff questionnaires were completed by four staff following the inspection; they indicated the following:

- Staff are satisfied that service users' views are taken into account in the way the service is delivered.
- Staff are satisfied that the induction process prepared them for their role.
- Staff are satisfied that the care is delivered in a person centred manner.
- Staff are aware of the agency's whistleblowing policy and satisfied that concerns raised are taken seriously.
- Staff are satisfied that service users are listened to and that the views of service users are taken into account in the way services are delivered.
- Staff are satisfied that at all times there is an appropriate number of suitably skilled and experience persons to meet the service users' needs.

A comment made by one individual in relation to staffing arrangements was discussed with the manager prior to issuing the report.

Service users' questionnaires were completed by eight service users following the inspection; they indicated that:

- Service users are satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users are satisfied that they feel safe and that staff respond to their needs.
- Service users are satisfied that staffing levels are appropriate.
- Service users are satisfied that staff have the knowledge to care for them..

The inspector would like to thank the service users and staff for their support and co-operation throughout the inspection process.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 16 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 6.-(1)(b)	The registered person shall produce a written service users' guide which shall include- (b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;	Met

	<p>This requirement relates to the registered person ensuring that the service users' guide is updated to detail arrangements in place relating to staff accessing food whilst on duty in a service user's home and arrangements in place for shared costs.</p>	
	<p>Action taken as confirmed during the inspection: It was identified that the agency's service user guide had been reviewed and updated to include details of arrangements for staff accessing food whilst on duty in a service user's home and arrangements are in place for shared costs.</p>	
<p>Requirement 2 Ref: Regulation 14.(b)(d)</p>	<p>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 are provided-</p> <p>(b) so as to safeguard service users against abuse or neglect; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that the agency's staff record their full signature on all finance documentation.</p> <p>Action taken as confirmed during the inspection: The inspector viewed a number of financial records and noted that staff had recorded their full signature.</p>	<p>Met</p>
<p>Requirement 3 Ref: Regulation 14.(e)</p>	<p>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 are provided-</p> <p>(e) in a manner which respects the privacy, dignity and wishes of service users, and the confidentiality of information relating to them; and</p> <p>This requirement relates to the registered person ensuring that the agency review the practice of monthly monitoring and recording of service users' weight to identify those service users who require regular weight monitoring.</p>	<p>Met</p>

	<p>Action taken as confirmed during the inspection: From discussions with staff and records viewed it was identified that the practice of monthly monitoring and recording of service users' weight had been ceased; the agency has a process for identifying those service users who require regular weight monitoring.</p>	
<p>Requirement 4 Ref: Regulation 14.(a)(b)</p>	<p>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 are provided-</p> <p>(a) so as to ensure the safety and well-being of service users:</p> <p>(b) so as to safeguard service users against abuse or neglect;</p> <p>This requirement relates to the registered person ensuring that the agency has in place risk assessments relating to any restrictive practice and that documentation reflects that services users and relevant representatives have been consulted in relation to any agreed restrictions.</p> <p>Action taken as confirmed during the inspection: The inspector viewed documentation in relation to one individual service user and noted that the agency has in place a risk assessment for a restrictive practice; records viewed indicate that the services user and relevant representatives have been consulted in relation to any agreed restrictions.</p>	<p>Met</p>
<p>Requirement 5 Ref: Regulation 6.-(1)(b)</p>	<p>The registered person shall produce a written service users' guide which shall include-</p> <p>(b) the terms and conditions in respect of the services to be provided to service users, including details as to the amount and method of payment of fees, if appropriate;</p> <p>This requirement relates to the registered person ensuring that the service users' guide makes relevant reference to restrictive practice.</p> <p>Action taken as confirmed during the inspection: The inspector viewed the agency's service user guide and noted that it makes relevant reference to restrictive practice.</p>	<p>Met</p>

<p>Requirement 6</p> <p>Ref: Regulation 23.-(1)(5)</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>This requirement relates to the registered person ensuring that the monthly quality monitoring record maintained, clearly records the identity of the service user representatives consulted with.</p> <p>Action taken as confirmed during the inspection: From records viewed it was identified that where contact had been made with service user representatives it is clearly identifies the person consulted; however it was noted that on a number of occasions the record did not indicate that service user representatives had been consulted with.</p> <p>This requirement will be stated for a second time.</p>	<p>Partially Met</p>
<p>Previous Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 4.2</p>	<p>It is recommended that the service user agreement is updated to detail charging arrangements relating to charges made by the agency to service users for food and the option to opt in or out of this service and the agency's transport service.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection: From documentation viewed it was noted that the service user agreement detailed that service users could opt in/out of transport services provided by the agency; however it was noted that it did not detail charging arrangements relating to charges made by the agency to service users for food.</p> <p>This recommendation will be stated for a second time.</p>	

5.3 Theme 1: Staffing Arrangements - Suitable staff are supplied to meet the assessed needs of service users

Is Care Safe?

The agency's recently updated recruitment policy outlines the mechanism for ensuring that the appropriate pre-employment checks are completed. The person in charge stated that a copy of this documentation is retained at the organisations human resources department. It was

identified that the agency did not maintain an alphabetical index of all domiciliary care workers supplied or available for supply for the agency. The person in charge could describe the process for ensuring that staff supplied are physically and mentally fit for the purposes of their job role. Prior to employment staff are required to complete a medical assessment.

The agency's induction programme is completed over a minimum of three days; during induction staff receive core mandatory training and also have the opportunity to shadow staff members in the homes of service users. A record of the induction provided to staff is maintained; records viewed provided evidence of the induction programme. The person in charge stated that the staff handbook is currently being formulated. Staff receive monthly supervision during their induction period and the inspector noted that an evaluation record is maintained.

The agency has a procedure for the induction of short notice/emergency staff and additionally for verifying the identity of all staff supplied; the person in charge stated that the agency do not supply staff from another domiciliary care agency.

The agency's supervision policy, March 2014 outlines the procedures for staff supervision and appraisal; it was noted that staff are provided with a supervision contract. A record of supervision and appraisal is maintained; those viewed indicate that they are completed in accordance with the agency's policies and procedures.

Is Care Effective?

Discussions with the person in charge, staff and service users indicated that an appropriate number of suitably skilled and experienced persons are available at all times. Staff rota information viewed reflected staffing levels as described by the person in charge. The person in charge described the process to ensure that staff provided have the knowledge, skills and training to carry out the requirements of their job role.

Staff rotas viewed for the forthcoming days indicated that staff are allocated to shifts as required; it was noted that the rotas viewed did not contain a list of abbreviations used.

Staff stated that they are provided with a job description outlining the roles and responsibilities prior to commencement of employment. Staff could describe their roles and responsibilities and the process for reporting any training needs; the agency maintains a record of staff training.

Staff could describe the detail of the induction programme received and stated that they felt equipped to fulfil the requirements of their job role. Induction information viewed indicated that an initial induction programme is provided to staff; however, the full induction process is completed over a period of six months. The agency maintains a record of induction which indicates that staff receive monthly supervision during their induction period.

A record of staff training is maintained; the person in charge stated that it is reviewed monthly to identify training gaps/needs. Staff stated that they are encouraged to highlight any concerns during supervision; they stated that they can approach the manager at any time.

The agency's policies outline the frequency of supervision and appraisal. It was identified that staff providing supervision have received relevant training. Staff confirmed that they receive quarterly supervision and annual appraisal. The agency requires that all staff complete

mandatory training; in addition training specific to the needs of individual service users is provided where required.

Staff could describe the process for highlighting concerns and were aware of the agency's whistleblowing policy.

Is Care Compassionate?

The person in charge described the process for discussing staffing arrangements with service users; records of tenants' meetings viewed detailed comments made by service users in relation to staffing arrangements.

Service users who spoke to the inspector stated that they are introduced to new staff. Staff could describe the impact of staff changes on service users and the benefits in providing continuity of care. The person in charge stated that the agency endeavours to provide continuity of staff to service users and therefore does not provide staff from another domiciliary care agency.

Induction and training records indicated that staff receive training specific to the needs of individual service users. Staff stated that they have the knowledge and skills to fulfil the requirements of their role. Service users stated that staff provided have the knowledge and skills to provide the care and support to meet their needs.

Staff described the process for becoming familiar with the needs of service users; they could describe the importance of respecting the privacy, dignity and choices of service users. Service users who spoke to the inspector stated that staff respect their privacy and dignity.

The agency's disciplinary policy, September 2015 outlines the process for addressing unsatisfactory performance of staff.

Service User Comments:

- "Staff talk to us."
- "I like it here."
- "I tell the staff if I don't want to do something."
- "We have enough staff."
- "We attend the tenants' meeting."
- "I am happy with everything."
- "We go on holiday."
- "I love living here."
- "Staff are very helpful and caring."
- "Staff helped me decorate my room."

Staff Comments:

- "The manager is approachable."
- "Induction and training is good."
- "Concerns are taken seriously."
- "There is good staff team; we communicate well."
- "I get supervision and appraisal."

- “We have enough staff; we do not use other domiciliary care agency staff.”
- “This is a very happy place.”
- “The organisation supported me to go to college to do a computer course.”

Areas for Improvement

There were three areas for improvement identified within Theme 1.

Regulation 21(1)(c) Schedule 4

This requirement relates specifically to the registered person ensuring that there is in place an alphabetical index of domiciliary care workers supplied or available for supply by the agency.

Regulation 17(1)

This requirement relates to the registered person ensuring that a staff handbook is prepared and provided to every member of staff.

Regulation 21 (1) (a) Schedule 4

This requirement relates to the registered person ensuring that the agency’s staff rota information includes a full list of abbreviations used.

Number of Requirements:	3	Number of Recommendations:	0
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive

Is Care Safe?

The person in charge stated that the agency receives a range of multi-disciplinary assessments from the referring HSC trust for new service users. Assessments of need and risk assessments viewed reflected the views and choices of service users; it was noted that these are updated annually or as required.

Service users who spoke to the inspector stated that they are involved in developing their care and support plans; they stated that they are encouraged to express their views and wishes and that staff are respectful of their choices.

Staff could describe a range of positive risks that service users are supported to take and the benefits of positive risk taking; they described their role in supporting service users to live as full a life as possible. Risk assessments are completed in conjunction with service users and their representatives.

Is Care Effective?

Service users and where appropriate their relatives are encouraged to participate in an annual review of their care involving representatives for the HSC trust; prior to the review meeting service users are supported to develop a list of issues they wish to discuss. Staff record daily the care provided and care plans are reviewed following the annual review or as required. Staff, in conjunction with individual service users, complete a monthly report. Service users stated that they meet with their keyworker regularly to discuss their care needs. Care and

support plans viewed detail agreed care and support provided to service users and contain information specific to them.

The agency facilitates bi-monthly tenants' meetings; records of meetings viewed indicate that the views of service users are encouraged and that their wishes and choices are respected. Service users and their relatives are informed of the agency's complaints procedure; the agency has a process for maintaining a record of all compliments and complaints. Service users stated that they meet formally with their keyworker monthly, however stated that they can speak to the staff daily if they have any concerns.

The agency's 'Service User Charter' provides service users with human rights information in a suitable format; it was noted that one service user previously availed of the support of an independent advocate. It was noted that service users are not provide with information relating to Advocacy services. It is recommended that the agency's service user guide is updated to include information relating to appropriate advocacy services.

Is Care Compassionate?

Discussions with staff and service users indicate that care is provided in an individualised manner. Service users could describe the agreed care and support that they receive from the agency's staff; they stated that they can refuse any aspect of their care and support. Care plans viewed were written in an individualised manner; and service users stated that they are consulted about the care and support they receive.

Staff could describe the process for engaging with service users and where appropriate their representatives. Staff described examples of responding to service users' wishes; records of tenants' meetings indicated the involvement of service users.

Promotion of values such as dignity, choice and respect were evident through discussion with staff and service users.

The person in charge could describe the process of liaising with the HSCT and relatives regarding best interest practices for service users who are identified as having capacity issues.

Service User Comments:

- "Staff listen to me."
- "Staff talk to me about my care and support."
- "I go to the daycentre."
- "I like going out."
- "We choose where we want to go on holiday; I went to Benidorm."
- "We can choose what we want to do."
- "I can go to the tenants' meeting if I want to."
- "The staff would do anything for you."

Staff Comments:

- "Service users are supported make their own choices."
- "We look for ways to support service users to take positive risks and live a better life."
- "Service users help develop their care and support plans."

- “Service users are encouraged to attend the tenants’ meeting and to contribute their views and wishes; some will comment and others will not.”
- “We have regular contact with service users’ relatives.”

Areas for Improvement

There was one area for improvement identified within Theme 2:

Standard 2.2

It is recommended that the registered person ensures that the agency’s service users’ guide is updated to include information in relation to advocacy services.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Monthly Quality Monitoring

The inspector viewed the agency’s quality monitoring documentation and noted that monthly monitoring visits are completed by the agency’s Community Services Manager. It was identified that the record detailed any incidents or safeguarding concerns; staffing issues, staff supervision, training needs, environmental issues and the outcome of a financial audit. Records viewed contained the views of service users’ relatives; however it was noted that on a number of occasions the visits had occurred whilst the service users were not at home and that that views of service users, staff and where appropriate relevant professionals had not been recorded.

5.5.2 Complaints

The agency has had no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge. The agency’s complaints policy outlines the procedure in handling complaints; records viewed indicate that the agency’s procedures had been followed.

Areas for Improvement

There was one area for improvement identified:

Regulation 23 (1)(5)

This requirement relates to the registered person ensuring that the system for evaluating the quality of services which the agency arranges to be provided involves consultation with service users and their representatives.

Number of Requirements:	1	Number of Recommendations:	0
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the agency. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the agency.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1 Ref: Regulation 21(1)(c)Schedule 4 Stated: First time To be Completed by: 28 December 2015</p>	<p>The registered person shall ensure that the records specified in schedule 4 are maintained, and that they are – (c) at all times available for inspection at the agency by any person authorized by the Regulation and Improvement Authority.</p> <p>This requirement relates specifically to the agency’s alphabetical index of domiciliary care workers supplied of available for supply by the agency.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The agency's alphabetical was on the notice board with the job descriptions at the time of the inspection. This has now been placed in a more prominent position and all staff have been made aware of it.</p>
<p>Requirement 2 Ref: Regulation 17(1) Stated: First time To be Completed by: 28 December 2015</p>	<p>Where an agency is acting otherwise than as an employment agency, the registered person shall prepare a staff handbook and provide a copy to every member of staff.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: A draft copy had been distributed to all Managers for any changes or amendments they required before circulating. The hand book has now been issued to all staff.</p>
<p>Requirement 3 Ref: Regulation 21 (1) (a) Schedule 4 Stated: First time To be Completed by: 28 December 2015</p>	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner;</p> <p>This requirement relates to the registered person ensuring that the agency’s staff rota information includes a full list of abbreviations used.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Abbreviations have now been added to the staff rota. Sleepins etc.</p>
<p>Requirement 4 Ref: Regulation 23 (1)(5) Stated: Second time To be Completed by: 28 November 2015</p>	<p>The registered person shall establish and maintain a system for evaluating the quality of services which the agency arranges to be provided.</p> <p>(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: More detail of consultation with service users and their families is now being added to the monthly monitoring quality evaluation.</p>

Recommendations			
Recommendation 1 Ref: Standard 4.2 Stated: Second time To be Completed by: 28 December 2015	It is recommended that the service user agreement is updated to detail charging arrangements relating to charges made by the agency to service users for food and the option to opt in or out of this service and the agency's transport service.		
	Response by Registered Person(s) Detailing the Actions Taken: Service user agreement has been updated and the options for service users to opt in or out of of food or transport service added.		
Recommendation 2 Ref: Standard 2.2 Stated: First time To be Completed by: 28 December 2015	It is recommended that the registered person ensures that the agency's service users' guide is updated to include information in relation to advocacy services.		
	Response by Registered Person(s) Detailing the Actions Taken: The service user's guide now advises of the availability of an advocacy service they may use if required, name and address of the service Mainstay DRP uses.		
Registered Manager Completing QIP	Christine McLean	Date Completed	04/11/15
Registered Person Approving QIP	Helen Taylor	Date Approved	04/11/15
RQIA Inspector Assessing Response	Joanne Faulkner	Date Approved	27/11/2015

Please ensure the QIP is completed in full and returned to agencies.team@rqia.org.uk from the authorised email address