

Announced Care Inspection Report 4 January 2017



MENCAP Riversley Project

Type of Service: Domiciliary Care Agency
Address: 4 Church Street, Banbridge BT32 4AA
Tel No: 02840628075
Inspector: Joanne Faulkner

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Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An announced inspection of MENCAP Riversley Project took place on 4 January 2017 from 10.00 to 15.00. The inspector was accompanied by Clair McConnell, RQIA's User Consultation Officer (UCO).

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the Domiciliary Care Agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Delivery of safe care was evident on inspection. There was evidence that the agency has in place robust recruitment, staff induction and training systems and aims to ensure that there is at all times an appropriate number of suitably qualified, competent and experienced staff to meet the needs of service users. The welfare, care and protection of service users is promoted through the identification of safeguarding concerns, implementation of safeguarding procedures and collaborative working with the Health and Social Care Trust (HSCT), and when required other stakeholders. The agency has systems in place for ensuring the identification, prevention and management of risk and to promote positive outcomes for service users. Service users indicated that they felt care provided to them was safe. No areas for quality improvement were identified during the inspection.

Is care effective?

Delivery of effective care was evident on inspection. It was identified that the agency responds appropriately to meet the individual needs of service users through the comprehensive assessment of need and the development and ongoing review of individualised care plans. The agency has in place systems for reviewing and monitoring of the quality of care in conjunction with service users, and where appropriate their representatives; and for providing ongoing assurance of continuous service improvement. There are systems in place to promote effective communication with service users and relevant stakeholders. No areas for quality improvement were identified during this inspection.

Is care compassionate?

Delivery of compassionate care was evident during the inspection. The inspector and UCO found that an ethos of dignity and respect and independence was embedded throughout staff attitudes and in the provision of individualised care and support. It was noted from observations made and discussions with staff and service users that staff value and respect the views of service users. Service users indicated that their views were listened to and their choices respected. The agency has effective systems in place for obtaining and responding to the views and opinions of service users. The inspector and UCO identified evidence of a range of positive outcomes for service users. No areas for quality improvement were identified during this inspection.

Is the service well led?

Delivery of a well led service, which results in positive outcomes for service users, was evident on inspection. The agency has in place management and governance systems to meet the needs of service users. Agency staff have a clear understanding of their roles and

responsibilities within the management structure, and have confidence in the lines of accountability. The registered person and senior managers operate the agency in accordance with the Minimum Standards and fulfil their responsibilities in a manner which encourages the respect of staff and promotes effective service delivery. Evidence of effective working partnerships with HSCT representatives and other external stakeholders was identified. No areas for quality improvement were identified during this inspection.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with the person in charge as part of the inspection process and can be found in the main body of the report.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 17 December 2015.

2.0 Service details

Registered organisation/registered person: MENCAP/Barry Joseph McMenamin	Registered manager: Sinead Marie Murphy
Person in charge of the service at the time of inspection: Sinead Marie Murphy	Date manager registered: 6 June 2012

3.0 Methods/processes

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

- Discussion with the person on charge and staff
- Examination of records
- Consultation with service users
- Evaluation and feedback

Prior to inspection the following records were analysed:

- Previous RQIA inspection report and QIP
- Records of notifiable events
- Any correspondence received by RQIA since the previous inspection

The following records were viewed during the inspection:

- Service users' care records
- HSC Trust assessments of needs and risk assessments
- Care review records
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Records relating to safeguarding of vulnerable adults
- Records relating to recruitment process
- Staff induction records
- Staff rota information
- Recruitment Policy
- Adult Safeguarding Policy
- Whistleblowing Policy
- Complaints Procedure
- Data Protection Policy
- Confidentiality Policy
- Statement of Purpose
- Service User Guide

It was identified that policies and procedures viewed had been issued or reviewed within the previous three years which is in accordance with the timescales detailed within the minimum standards.

During the inspection the inspector and the UCO met with four service users, the person in charge and two staff members.

Questionnaires were distributed for completion by staff and service users during the inspection; one service user and six staff questionnaires were returned to RQIA.

Feedback received by the inspector during the course of the inspection and from returned questionnaires is reflected throughout this report.

4.0 The inspection

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. The registered office is situated at the rear of the main house where eight service users live.

Attached to the rear of the house is a three storey building which has 21 apartments that accommodate a further nine service users. The remaining apartments provide accommodation for frail elderly tenants and scheme staff, in conjunction with Fold Housing.

The agency's aim is to provide care and support to service users with a learning disability, to enable them to live in their own home within the local community; many of the service users moved to the scheme from long stay hospital placements.

The agency is staffed by a team manager and a number of support staff. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker.'

Discussion with the staff and service users provided evidence of positive outcomes for service users; details of which have been included within this report.

The inspector and UCO would like to thank the person in charge, service users and agency staff for their support and co-operation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 7 December 2015

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21(1)(a) Stated: First time	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.	Met
	The registered person is required to ensure that the agency's staff rota information is updated to include the full name and role of staff provided and that the date is clearly recorded.	
	Action taken as confirmed during the inspection: The inspector viewed the agency's staff rota information and noted that it details the full name and role of staff provided and records the date.	

4.2 Is care safe?

During the inspection the inspector reviewed current staffing arrangements in place within the agency.

The agency's recruitment policy outlines the mechanism for ensuring that staff pre-employment checks are completed prior to commencement of employment. It was identified that the agency has a process for ensuring that required pre-employment checks are completed accordance with minimum standards. The person in charge stated that confirmation is received from the organisation's personnel department when the process has been satisfactorily completed; they stated that staff are not provided until confirmation has been received. The inspector viewed email correspondence received by the agency informing them that satisfactory pre-employment checks had been completed for individual staff members. The inspector noted that service users are supported to be involved in the staff recruitment process.

The agency's induction programme, 'Shape your Future' outlines the induction programme lasting at least three days which is in accordance with the regulations; it was noted that staff are required to complete the organisation's induction programme during the initial twelve weeks of employment. Staff stated that they are required to shadow other staff members during their initial five shifts. The inspector and UCO viewed records maintained by the agency relating to the induction programme provided; it was noted that staff are required to complete a range of induction booklets and undergo competency assessments. Records viewed outlined the information provided and additional support available to staff during their induction period.

The agency has a procedure for the induction of staff supplied at short notice/emergency and for verifying their identity. It was identified from discussions with the person in charge that relief staff are not being accessed from another domiciliary care agency. The person in charge stated that relief staff are employed by the organisation and required to complete a full induction.

Staff could describe the details of their induction programme and indicated that it had prepared them for the requirements of their job roles. They stated that their initial induction had included training, shadowing other staff members, meeting service users and becoming familiar with their individual care needs. Staff who met with the inspector indicated that they had the knowledge and skills to carry out their job roles; they could describe the need to provide care in a manner that respects the privacy, dignity and vies of service users.

Discussions with the person in charge, staff and service users indicated that there are available at all times an appropriate number of skilled and experienced persons to meet the assessed needs of service users. Staff rota information viewed reflected staffing levels as described by the person in charge; it was noted that additional staff are to be provided to give service users' the option of availing of private 'Lifestyle support'.

The agency's 'Shape your Future' policy outlines the frequency and process to be followed in relation to supervision and appraisal. The inspector identified that the agency maintains a record of staff supervision and appraisal; records viewed indicated that they are completed in accordance with the agency's policies and procedures. Staff confirmed that they received supervision and appraisal and could describe the benefits.

The agency has an electronic system for recording training completed by staff and for identifying when training updates are required. The person in charge described the process for identifying gaps and the role of the organisations training co-ordinator. Staff stated that they are required to complete mandatory training and in addition training specific to the needs of individual service users.

The inspector reviewed the agency's provision for the welfare, care and protection of service users. The person in charge described the agency's response to the DHSSPS regional guidance 'Adult Safeguarding Prevention and Protection in Partnership' July 2015; it was noted that the organisation has recently reviewed their policy and procedures relating to the safeguarding of vulnerable adults to reflect information contained within the guidance and in line with HSCT procedures. The agency maintains records relating to safeguarding vulnerable adult referrals made by the agency.

It was identified from discussions with staff and training records viewed that staff are required to complete a workbook and face to face training in relation to safeguarding vulnerable adults during their induction period. In addition it was noted that staff are required to complete an annual update. Staff who met with the inspector and UCO demonstrated that they had a clear understanding of safeguarding issues and could describe the procedure for reporting concerns; in addition they had knowledge of the agency's whistleblowing policy.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. Staff could describe the process for assessing and reviewing risk; discussions with service users indicated that they are supported to be involved in the completion of risk assessments and management plans. From records viewed it was identified that risk assessments and care plans are reviewed annually or as required.

The agency's registered premises are located within the same building as the service users' accommodation; the premises include a range of facilities which are suitable for the operation of the agency as described in the Statement of Purpose.

One service user and six staff questionnaires were returned to RQIA; responses received would indicate that both staff and service users are very satisfied that safe care is provided.

Service user comments

- 'It is nice.'
- 'Staff care for me.'
- 'I like living here; I wouldn't want to be anywhere else.'
- 'I have my own room.'

Staff comments

- 'I got induction; it was good.'
- 'I feel service users are safe.'
- 'I get supervision.'
- 'I like working here.'
- 'We have enough staff; there have been no issues since we got new staff.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The inspector reviewed the agency's arrangements for appropriately responding to and meeting the assessed needs of service users. Information relating to the nature and range of services provided by the agency is detailed within the Statement of Purpose and Service User Guide.

The agency's data protection, and record keeping policies detail the processes for the creation, storage, retention and disposal of records; the inspector noted that records viewed during the inspection were maintained in accordance with legislation, standards and the organisational policy. It was noted that the agency's office was accessed via a keypad system.

The inspector viewed the care records for a number of the service users; it was noted that staff record daily the care and support provided to service users. Records viewed indicated that risk assessments and care plans are reviewed and updated annually or as required, in accordance with the agency's policies and procedures.

It was identified from records viewed and discussions with person in charge that the agency has in place systems to monitor, audit and review the effectiveness and quality of care provided to service users.

The service manager stated that they are required to complete a monthly report and in addition a monthly quality monitoring visit is completed by another manager from within the organisation. The inspector noted from records viewed that the views of service users and where appropriate relevant representatives had been recorded. The records include details of the audit of complaints, compliments, accidents, incidents, safeguarding concerns and in addition a review of staffing, documentation and financial management arrangements are completed.

The agency facilitates tenants' meetings; records viewed and discussions with service users indicate that they are supported to attend and encouraged to express their views. Service users stated that they are provided with details of the agency's complaints procedure and could describe the process for making a complaint.

The agency provides service users with human rights information issued by the Ministry of Justice; the service user guide contains details of the process for accessing independent advocacy services.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were reviewed. Discussions with service users and staff, and observation of staff interaction during the inspection indicated that staff communicate appropriately and effectively with service users. The inspector and UCO observed that service users can speak to staff at any time and those who spoke to the inspector made positive comments about staff.

The person in charge could describe instances of liaison in order to achieve better outcomes for service users and stated that the agency seeks to establish effective working relationships with the HSCT representatives and other relevant stakeholders.

One service user and six staff questionnaires were returned to RQIA; responses received would indicate that both staff and service users are very satisfied that care provided is effective.

Service users' comments

- 'I had my care review.'
- 'Staff take us out; we went on holiday.'
- 'Staff are good; XXXX is great.'
- 'I am happy here.'
- 'The staff help us with everything.'

Staff comments

- 'Service users have choice; they can make their own decisions.'
- 'We promote independence and encourage service users to do things they like such as going to the pub and going on holiday.'
- 'Training is good.'
- 'Complaints are listened to.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspector sought to assess the agency's ability to treat service users with dignity, respect and equality, and to fully involve service users in decisions affecting their care, support and life choices.

It was noted that issues relating to confidentiality forms part of the staff induction training. Agency staff had knowledge of the agency's confidentiality procedure and could describe a number of examples of situations where they have promoted confidentiality. Staff stated that the views and choices made by service users determine the care provided. Discussions with service users and staff, and observations made during the inspection indicated that the promotion of values such as dignity, choice and respect, equality and diversity, were embedded in the culture and ethos of the organisation and that care is provided in a person centred manner.

A number of individual service user care plans viewed by the inspector were noted to be completed in a person centred manner; service users stated that they are involved the development of their care plans. Records of service user meetings indicated the involvement of service users.

The inspector viewed a range of information in an alternative format provided by the agency to enable service users to have a clear understanding of the information being provided. Formal processes to record and respond to service users are maintained through the agency's compliments and complaints process, monthly quality monitoring, review meetings involving HSC Trust representatives, and partnership meetings. The comments of service users were recorded on a number of the agency's records.

Throughout the inspection the inspector and UCO observed staff communicating with service users in a manner which respected their views and feelings. Discussions service users indicated that they are involved in decision making relating to the care and support they receive. Service users stated that they could make choices regarding their daily activities and that staff respect their privacy and dignity.

Staff could describe the process for liaising with HSCT representatives in relation to instances where there are concerns regarding capacity and consent issues.

Staff could describe the processes in place to evaluate the quality of service provided; it was noted that they are completed in a manner which takes into account the views of service users and their representatives. The agency's monthly quality monitoring, service users' meetings and stakeholder satisfaction questionnaires provide evidence of consultation with service users and where appropriate their representatives.

One service user and six staff questionnaires were returned to RQIA; responses received would indicate that both staff and service users are very satisfied that care provided is compassionate.

Service users' comments

- 'I can stay at home if I want to.'
- 'I go out to visit my family house.'
- 'I speak to the staff if I am worried about anything.'
- 'We go on holiday; the staff ask us where we want to go.'
- 'I got a new lamp; I helped to choose it.'
- 'We went to Disneyland, Paris; I really enjoyed it.'

Staff comments

- 'I really appreciate the way things are done here.'
- 'Service users are involved in care planning and have daily contact with staff.'
- 'Care is geared around the service users' choices.'
- 'Staff are good at helping each other out.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector reviewed management and governance systems in place within the agency to meet the needs of service users. The agency has in place a range of policies and procedures which were noted to have been reviewed and updated in accordance with timescales denoted within the Minimum Standards.

It was identified that the agency's policies and procedures are retained in paper format and retained in the agency's office and in addition can be accessed electronically. Staff could describe the process for accessing the agency's policies.

The agency's complaints policy outlines the procedure in handling complaints; it was noted from records viewed that the agency has received no complaints for the period 1 April 2015 to 31 March 2016. Discussion with the person in charge and staff indicated that they have the knowledge of the agency's policy and they were familiar with the process for receiving and managing complaints.

Records viewed and discussions with the person in charge indicated that the agency's governance arrangements promote the identification and management of risk; these include ongoing review of required policies and procedures, and monthly audit of safeguarding incidents, complaints and incidents notifiable to RQIA.

It was identified the agency has in place management and governance systems to drive quality improvement. Arrangements for managing and reviewing of incidents and complaints include mechanisms for identifying trends and reducing the risk of recurrences. Records viewed provided evidence of appropriate staff supervision, appraisal, and management of performance issues.

The agency's Statement of Purpose and Service User Guide are kept under review. The organisational and management structure of the agency outlines lines of accountability and roles of staff; the person in charge stated that the documents are currently being updated to include details of the name of the registered provider and registered manager.

It was noted that during induction staff are provided with a job description which outlines the role and responsibilities of their job role; staff demonstrated that they had a clear understanding of their roles and responsibilities. Service users were aware of staff roles and had knowledge of who to contact if they required assistance or had a concern.

The registered person has worked effectively with RQIA to operate and lead the organisation in achieving and maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the RQIA certificate of registration was displayed appropriately and was reflective of the service provided by the agency.

Discussions with the person in charge and staff indicated that the agency works collaboratively with HSCT representatives and other external stakeholders.

Staff stated that they can access support of the manager or the person in charge at any time and described the process for receiving support out of office hours.

One service user and six staff questionnaires were returned to RQIA; responses received would indicate that both staff and service users are very satisfied that the service is well led.

Service user comments

- 'The staff are good.'

Staff comments

- 'I feel supported; XXXXX is approachable.'
- 'I have no problems with anything.'
- 'If I am worried I speak to the person in charge.'

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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