

Inspection Report

3 October 2023



Mallusk Supported Living Service

Type of service: Domiciliary Care Agency
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Inspire Wellbeing	Registered Manager: Mrs Maxine McQuillan
Responsible Individual: Ms Kerry Anthony	Date registered: Registration pending
Person in charge at the time of inspection: Mrs Maxine McQuillan	
Brief description of the accommodation/how the service operates: Mallusk Supported Living Services is a domiciliary care agency operated by Inspire Wellbeing Limited. It is a purpose built building comprising of eight self-contained flats; and the agency's office is situated in the main building. The agency provides service for service users with a learning disability and/or autism. At the time of the inspection there were five individuals in receipt of care and support. The service users care and support is commissioned by the Northern Health and Social Care Trust (NHSCT) and the South Eastern Health and Social Care Trust (SEHSCT).	

2.0 Inspection summary

An unannounced inspection took place on 3 October 2023 between 9.15 a.m. and 2 p.m. The inspection was conducted by a care inspector.

The inspection was focused to assess progress with the areas for improvement identified at the last care inspection.

Given the acuity and complexity of service users currently living within the service, RQIA met with the responsible individual and representatives of the agency's senior management team following the inspection, to discuss the workforce arrangements. Assurances were provided as to the current service challenges and the contingencies that are in place to address these to ensure the provision of safe, effective, compassionate and well led care. RQIA will keep this matter under review.

Two areas for improvement, previously identified in relation to staff training and NISCC registrations, were not met and have been stated for the second time.

There were no concerns raised in relation to the agency. The manager demonstrated a good awareness of the needs of service users within the service.

Mallusk Supported Living Service uses the term 'tenants' 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 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed. This included any previous areas for improvement identified, registration information, and any other written or verbal information received from service users, relatives, staff or the Commissioning Trust.

As a public-sector body, RQIA has a duty to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the individual choices and freedoms associated with any person living in their own home.

Having reviewed the model "We Matter" Adult Learning Disability Model for NI 2020, the Vision states, 'We want individuals with a learning disability to be respected and empowered to lead a full and healthy life in their community'.

RQIA shares this vision and want to review the support individuals are offered to make choices and decisions in their life that enable them to develop and to live a safe, active and valued life. RQIA will review how service users who have a learning disability are respected and empowered to lead a full and healthy life in the community and are supported to make choices and decisions that enables them to develop and live safe, active and valued lives.

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

4.0 What did people tell us about the service?

During the inspection we provided a number of easy read questionnaires for those supported to comment on the following areas of service quality and their lived experiences:



- Do you feel your care is safe?
- Is the care and support you get effective?
- Do you feel staff treat you with compassion?
- How do you feel your care is managed?

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

- "It would be nice to have a deputy manager."
- "Very supportive team in Mallusk, great communication and positive atmosphere."
- "This is a well-managed service and staff take pride in their work and doing the best they can by the service users. Positive risk taking is massive within this service and allows our service users to really enjoy and experience the things they wish to."

5.0 The inspection

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

Areas for improvement from the last inspection on 24 April 2023		
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 23(2)(a)(4) Stated: Second time	The registered person shall ensure that the monthly quality monitoring reports reviews all records to ensure the provision of good quality services for service users. This is to include a review of the DoLS arrangements in place for service users and a review of the staffs' registrations with NISCC. The reports should also detail measures that they consider necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.	Met

	These actions are to be reviewed at every monitoring visit to drive improvement.	
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Regulation 16 (2)(a) Stated: First time To be completed by: DD Month Year	The registered person shall implement a robust system to oversee staff' compliance with training requirements; this should include all mandatory training, including DoLS, First Aid and Swallow awareness. Records pertaining to training must be kept up to date.	Partially met
	Action taken as confirmed during the inspection: Whilst training in relation to First Aid and Swallow awareness was up to date, the majority of staff had not undertaken training in relation to DoLS. This area for improvement has been stated for the second time.	
Area for improvement 3 Ref: Regulation 13 (d) Stated: First time	The registered person shall ensure that a system is developed and implemented to demonstrate robust oversight of staffs' NISCC registrations; this should include the registration status of all agency staff supplied by recruitment agencies.	Partially met
	Action taken as confirmed during the inspection: Although there was evidence of monthly checks of the registration status of substantive staff, the system for checking agency staff was not sufficiently robust. Whilst acknowledging that this is the responsibility of the recruitment agency which employs the care workers, the profiles supplied by the recruitment companies lacked sufficient detail for the manager to be assured that the agency worker had registered with NISCC within the requisite timescale for registration. Given that the agency had a significant reliance of agency workers who were working for protracted periods, these agency workers should also be included in the monthly checks. This area	

	for improvement was partially met and has been stated for the second time.	
Action required to ensure compliance with The Domiciliary Care Agencies Minimum Standards (revised) 2021		Validation of compliance
Area for improvement 1 Ref: Standard 8.10 Stated: First time	The registered person shall further develop the auditing processes to ensure that service users' behaviour charts are audited on a regular basis; this refers specifically to the need to audit the practice of staff' withdrawal from service users' accommodation, where their presence may be contributing to a service user's behaviour; such incidents should be recorded separately from the daily notes to enable effective auditing.	Met
	Action taken as confirmed during the inspection: Review of records confirmed that this area for improvement had been met. Advice was given in relation to recording and auditing all service user behaviours in the same manner.	

5.2 Inspection findings

While the manager demonstrated a good awareness of the needs of service users within the service, it was noted that current workforce arrangements included a significant reliance on the use of agency staff and that the appointment of a Deputy Manager remained outstanding.

Given the acuity and complexity of service users currently living within the service, RQIA met with the responsible individual and representatives of the agency's senior management team following the inspection. During this meeting we discussed the current managerial and governance arrangements in place within Mallusk Supported Living Service. Assurances were provided as to the current service challenges and the contingencies that are in place to address these to ensure the provision of safe, effective, compassionate and well led care. The responsible individual also advised that all future monthly monitoring visits will be undertaken by someone at a senior management level. RQIA will keep this matter under review.

There was a system in place to ensure that complaints were managed in accordance with the agency's policy and procedure. Where complaints were received since the last inspection, these were appropriately managed and were reviewed as part of the agency's quality monitoring process.

The Annual Quality Report was reviewed. The manager was advised to include feedback from staff within the next report.

The agency is in the process of installing Closed Circuit Television (CCTV) in specific areas within service users' accommodation. The manager was aware of the need for a policy relating to the use of overt CCTV to be developed, in advance of the commencing using this. This also needs to be included in the Statement of Purpose, which the manager is aware of.

The manager had submitted an application to RQIA for registration as manager; this will be reviewed in due course.

6.0 Quality Improvement Plan (QIP)/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

	Regulations	Standards
Total number of Areas for Improvement	2*	0

* the total number of areas for improvement includes two that have been stated for a second time.

The areas for improvement and details of the QIP were discussed with Mrs Maxine McQuillan, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007	
Area for improvement 1 Ref: Regulation 16 (2)(a) Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall implement a robust system to oversee staff' compliance with training requirements; this should include all mandatory training, including DoLS, First Aid and Swallow awareness. Records pertaining to training must be kept up to date.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager has implemented regular review of the service's training compliance records held within Inspire's staff records management software. Any discrepancy or out of date records will be identified and corrected in conjunction with Inspires Organisational Development Team. The Registered Manager has also introduced an additional documented check within the supervision process for the further monitoring of individual actions such as the completion of independently scheduled ELearning. Any compliance issues will be identified and action taken to address, these will be reported on through</p>

	the Registered Manager's monthly Quality and Compliance Report. As this is the second stating of this area for improvement, action will be further monitored and assured through quality monitoring and supervisions.
Area for improvement 2 Ref: Regulation 13 (d) Stated: Second time To be completed by: Immediate from the date of the inspection	<p>The registered person shall ensure that a system is developed and implemented to demonstrate robust oversight of staffs' NISCC registrations; this should include the registration status of all agency staff supplied by recruitment agencies.</p> <p>Ref: 5.1</p> <p>Response by registered person detailing the actions taken: The Registered Manager's checks of agency worker profiles prior to commencement with their work at the service will include a check of that the persons professional registration details are appropriately recorded. When not present agencies will be requested to provide registration numbers and renewal / expiry dates. This information will be further checked during the manager's monthly check of professional registrations. As this is the second stating of this area for improvement, action will be further monitored and assured through quality monitoring and supervisions.</p>

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