Inspection Report

21 November 2022

Mallusk Supported Living Service

Type of service: Domiciliary Care Agency
Address: 3 St Andrews Bungalows, 11 Hydepark Road, Newtownabbey, Co.Antrim, BT36 4PY
Telephone number: 028 9083 9294

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Inspire Wellbeing **Responsible Individual:** Ms Kery Anthony	**Registered Manager:** Ms Marta Kukuryk **Date registered:** Application received 27 October 2022 – pending review
Person in charge at the time of inspection: Ms Marta Kukuryk	
Brief description of the accommodation/how the service operates: Mallusk Supported Living Services is a domiciliary care agency that provides a variety of services in service users' own homes. It is a purpose built building comprising of self-contained flats. The agency office is situated in the main building. The scheme provides service for service users with a learning disability and/or autism. The scheme provides opportunities to service users based on their assessed needs.	

2.0 Inspection summary

An unannounced inspection took place on 21 November 2022 between 10.00 a.m. and 3.30 p.m. The inspection was conducted by a care inspector.

The inspection examined the agency's governance and management arrangements, reviewing areas such as staff recruitment, professional registrations, staff induction and training and adult safeguarding. The reporting and recording of accidents and incidents, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS), service user involvement, restrictive practices, Dysphagia management and Covid-19 guidance was also reviewed.

One area for improvement was identified which related to the monthly monitoring reports.

Good practice was identified in relation to service user involvement. There were good governance and management arrangements in place.

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

3.0 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, staff and other stakeholders on how they could provide feedback on the quality of services. This included easy read questionnaires and an electronic survey for staff.

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?

No questionnaires were returned.

During the inspection we spoke with a number of service users and staff members.

Comments received included:

Service users' comments:

- "I love it here."
- "Staff are nice."
- "Staff cook my food."

Staff comments:

- "I have been here since it opened. Everything was so new so I learnt on the job but it's been exciting."
- "The service is not for everyone. It is a very specialised service and we need a certain type of person to work here."
- "Care plans are very detailed."
- "Change is gradual for our service users and schedules are so important."
- "Our scheme is one of a kind."
- "Staffing levels would be of concern."
- "There is no bluffing in this job."

A number of staff responded to the electronic survey. The majority of respondents indicated that they were either 'very satisfied' or 'satisfied' that care provided was safe, effective and compassionate and that the service was well led. One respondent was 'dissatisfied' that the care was safe and was 'neither satisfied nor dissatisfied' that the care was effective or that the service was well led.

Written comments included:

- "It is great to work with such uplifting individuals who are so supportive and welcoming into the scheme as a new employee. I really enjoy coming to work."
- "The service has been operational for a year now and it is developing well. We thought that we would have more service users in at this time but due to the current recruitment process this is taking longer than expected."
- "Understaffed. Staff are getting hurt during incidents."

On the day of inspection, staff levels were discussed with the manager and assurances were provided that the service was actively attempting to recruit staff members. This service provides care to service users with complex needs. Staff were provided with training specific to their role within the service.

5.0 The inspection

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

The last care inspection of the agency was undertaken on 3 March 2022 by a care inspector. No areas for improvement were identified.

5.2 Inspection findings

5.2.1 What are the systems in place for identifying and addressing risks?

The agency's provision for the welfare, care and protection of service users was reviewed. The organisation's adult safeguarding policy and procedures were reflective of the Department of Health's (DoH) regional policy and clearly outlined the procedure for staff in reporting concerns. The organisation had an identified Adult Safeguarding Champion (ASC). The agency's annual Adult Safeguarding Position report was reviewed and found to be satisfactory.

Discussions with the manager established that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting and managing adult safeguarding concerns.

Staff were required to complete adult safeguarding training during induction and every year thereafter. Staff who spoke with the inspector had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidences of abuse and the process for reporting concerns in normal business hours and out of hours. They could also describe their role in relation to reporting poor practice and their understanding of the agency's policy and procedure with regard to whistleblowing.

The agency retained records of any referrals made to the HSC Trust in relation to adult safeguarding. No adult safeguarding referrals had been made since the previous inspection.

Service users said they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns about safety or the care being provided. The agency had provided service users with information about keeping themselves safe and the details of the process for reporting any concerns.

RQIA had been notified appropriately of any incidents that had been reported to the Police Service of Northern Ireland (PSNI) in keeping with the regulations. Incidents had been managed appropriately.

Staff were provided with training appropriate to the requirements of their role. The manager reported that none of the service users currently required the use of specialised equipment. They were aware of how to source such training should it be required in the future.

Care reviews had been undertaken in keeping with the agency's policies and procedures. There was also evidence of regular contact with service users and their representatives, in line with the commissioning trust's requirements.

All staff had been provided with training in relation to medicines management. The manager advised that no service users required their medicine to be administered with a syringe. The manager was aware that should this be required, a competency assessment would be undertaken before staff undertook this task.

The Mental Capacity Act (MCA) provides a legal framework for making decisions on behalf of service users who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, service users make their own decisions and are helped to do so when needed. When service users lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff who spoke with the inspector demonstrated their understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the MCA.

Staff had completed appropriate DoLS training appropriate to their job roles. There were arrangements in place to ensure that service users who required high levels of supervision or monitoring and restriction had had their capacity considered and, where appropriate, assessed. Where a service user was experiencing a deprivation of liberty, the care records contained details of assessments completed and agreed outcomes developed in conjunction with the HSC Trust representative.

There was a system in place for notifying RQIA if the agency was managing individual service users' monies in accordance with the guidance.

5.2.2 What are the arrangements for promoting service user involvement?

From reviewing service users' care records, it was good to note that service users had an input into devising their own plan of care. Service users were provided with easy read reports which supported them to fully participate in all aspects of their care. The service users' care plans contained details about their likes and dislikes and the level of support they may require. Care and support plans are kept under regular review and services users and /or their relatives participate, where appropriate, in the review of the care provided on an annual basis, or when changes occur.

The service was unable to hold service users' meetings due to the complexity of the service users' needs; however the manager advised that staff have weekly 1:1 meetings with the service users to discuss their schedules however any changes required need to be done gradually.

It was important that service users are supported to maintain their relationships with family, friends and partners during the Covid-19 pandemic. Service users were provided with an easy read document to explain Covid-19 and how they could keep themselves safe and protected from the virus. Where individuals with learning disabilities continued to experience anxiety about the pandemic, the agency was aware of the resources available from NI Direct, HSC websites and local organisations to support service users.

5.2.3 What are the systems in place for identifying service users' Dysphagia needs in partnership with the Speech and Language Therapist (SALT)?

New standards for thickening food and fluids were introduced in August 2018. This was called the International Dysphagia Diet Standardisation Initiative (IDDSI). Whilst none of the service users had swallowing difficulties, the manager advised that this training was being offered to staff and would be completed by 15 December 2022. It was positive to note that staff had completed training in relation to how to respond to choking incidents

5.2.4 What systems are in place for staff recruitment and are they robust?

A review of the agency's staff recruitment records confirmed that all pre-employment checks, including criminal record checks (AccessNI), were completed and verified before staff members commenced employment and had direct engagement with service users. Checks were made to ensure that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC). There was an appropriate system in place for professional registrations to be monitored by the manager. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

There were no volunteers working in the agency.

5.2.5 What are the arrangements for staff induction and are they in accordance with NISCC Induction Standards for social care staff?

There was evidence that all newly appointed staff had completed a structured orientation and induction, having regard to NISCC's Induction Standards for new workers in social care, to ensure they were competent to carry out the duties of their job in line with the agency's policies and procedures. There was a robust, structured, three day induction programme which also included shadowing of a more experienced staff member. The staff member remained on a six month probation period and was signed off, if appropriate, as competent by the manager. Written records were retained by the agency of the person's capability and competency in relation to their job role.

The agency has maintained a record for each member of staff of all training, including induction and professional development activities undertaken.

All registrants must maintain their registration for as long as they are in practice. This includes renewing their registration and completing Post Registration Training and Learning. The manager was advised to discuss the post registration training requirement with staff to ensure that all staff are compliant with the requirements.

5.2.6 What are the arrangements to ensure robust managerial oversight and governance?

We reviewed a sample of the monthly quality monitoring reports which are designed to ensure that the service is providing a good quality of care and drive improvement. The reports should identify any deficits in staff records, service user records and provide an analysis of any patterns or trends contained within the information.

It was noted that the reports lacked sufficient detail in relation to the quality of the service being delivered. Where action plans which required to be addressed by the manager were set out within the reports, there was no evidence that these were being reviewed during the next monitoring visit. An area for improvement has been identified in this regard.

The Annual Quality Report was reviewed and was satisfactory.

No incidents had occurred that required investigation under the Serious Adverse Incidents (SAIs) or Significant Event Audits (SEAs) procedures.

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

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 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

An area for improvement has 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	1	0

The area for improvement and details of the QIP were discussed with Ms Marta Kukuryk, 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 23(2)(a)(4) **Stated:** First time **To be completed by:** Immediately from the date of inspection and ongoing	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. These actions are to be reviewed at every monitoring visit to drive improvement. Ref: 5.2.6
	Response by registered person detailing the actions taken: The Registered Person has directed a review of the organisations quality monitoring following feedback from RQIA. In response the organisation has reviewed its monitoring documentation and improved its alignment to RQIA guidance. This includes a review of DoLS, a check of professional registrations and a review of the completion of previous identified areas for improvement highlighted at inspection or monitoring. The revised form has been reviewed with those undertaking monitoring with enhanced guidance provided on the level of detail required to be included in the reports. The revised documentation is in use through the organisation as of 01/12/22. The services allocated Assistant Director and the organisations Assistant Director for Quality will review completed reports for the service to monitor adequacy until the area for improvement has been removed.

Please ensure this document is completed in full and returned via Web Portal

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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