



The Regulation and  
Quality Improvement  
Authority

Inspector: Joanne Faulkner  
Inspection ID: IN023178

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**Unannounced Care Inspection  
of  
NIAMH Moylena Court**

**18 January 2016**

The Regulation and Quality Improvement Authority  
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## 1. Summary of Inspection

An unannounced care inspection took place on 18 January 2016 from 10.00 to 15.00. 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 areas of concern. A Quality Improvement Plan (QIP) was not included in 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> NI Association for Mental Health/William Henry Murphy	<b>Registered Manager:</b> Brian Anthony Tierney
<b>Person in Charge of the Agency at the Time of Inspection:</b> Brian Anthony Tierney	<b>Date Manager Registered:</b> 16 April 2013
<b>Number of Service Users in Receipt of a Service on the Day of Inspection:</b> 10	

NIAMH Moylena Court is a supported living type domiciliary care agency, located close to Antrim town centre. The agency offers domiciliary care and housing support to service users with enduring mental health issues.

Agency staff are available to provide care and support 24 hours per day and each service user has an identified key worker. The agency's registered office is located in the service users' home. Oaklee Housing is the landlord for the accommodation.

The agency's aim is to provide care and support to service users; this includes helping service users with tasks of everyday living, emotional support and assistance to access community services, with the overall goal of promoting good mental health and maximising quality of life. Referrals are made by the local trust, primarily by the community mental health team.

### 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 standard 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:

- Discussions with the registered manager and staff
- Examination of records
- Consultation with service users and stakeholders
- Evaluation and feedback

During the inspection the inspector met with five service users and three staff; the inspector spoke to a HSCT representative.

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 individual service user care and support plans
- HSC trust assessments of needs and risk assessments
- Care review records
- Monthly quality monitoring reports
- Minutes of tenants' meeting
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints procedure (May 2014)
- Complaints register
- Recruitment policy (August 2015)
- Probationary policy (September 2014)
- Induction and foundation framework policy (October 2015)
- Absence from work policy (January 2015)
- Staff handbook (September 2014)

- Supervision/appraisal policy (September 2014)
- Staff register/information
- Agency's staff rota information
- Whistleblowing policy (September 2014)
- Disciplinary procedure (August 2015)

Service user and staff questionnaires were provided following the inspection; there have been no questionnaires returned to RQIA.

The inspector would like to thank the service users, staff, a HSCT representative and the registered manager 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 announced care inspection dated 11 November 2014. 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
<p><b>Requirement 1</b></p> <p><b>Ref:</b> 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;</p> <p>(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 service user care records and finance documentation.</p>	<p><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector viewed a selection of service user care and finance records and noted that agency staff record their full signature on the documentation.</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 recruitment policy outlines the mechanism in place to ensure that appropriate pre-employment checks are completed; the registered manager stated that the checklist is retained by the agency's human resources department. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency. Prior to commencement of employment staff are required to complete a medical; the manager could describe the 'Absence Management Policy' which details the process for managing absence from work and for supporting staff to return to work.

The agency's induction policy outlines the induction programme completed over a minimum of three days. Staff stated that their initial induction included shadowing existing staff members. The agency maintains a record of the induction programme provided to staff; it details information provided during the induction period and supervision/support provided during the nine month probationary period. All staff are required to complete the organisation's Induction Foundation Framework (IFF) in the initial nine months of employment; it was identified that staff are provided with the agency's staff handbook and have access to the agency's policies and procedures online. The manager stated that staff are required to complete the agency's performance management system during their probationary period.

The agency has a procedure for the induction of short notice/emergency staff and for verifying their identity prior to their supply. The registered manager stated that relief staff are accessed from a pool of peripatetic staff employed by the organisation so as to promote continuity of care; they stated that relief staff undergo the full induction programme provided to permanent staff. The manager stated that staff are not accessed from another domiciliary care agency.

The agency's policies outline the frequency and procedures to be followed in relation to supervision and appraisal; it was noted that staff are provided with a supervision contract. 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 stated that they are provided with a record of their supervision and appraisal meetings.

It was identified that staff required to cover in the absence of the registered manager are required to complete an annual competency assessment.

#### **Is Care Effective?**

Discussions with the registered manager, staff and service users indicated that at all times there is an appropriate number of skilled and experienced persons available to provide the required care and support. Staff rotas viewed reflected staffing levels as described by the registered manager; staff stated that staffing levels can vary daily to account for the individual needs of service users.

Staff rota information viewed for the forthcoming days indicated that staff are allocated to shifts as required. It was identified that the rota information detailed the full name and role of staff and clearly recorded the date and time of shifts and identified the person in charge of the shift.

Staff stated that they are provided with a job description outlining their role and responsibilities; they could describe the detail of their induction program and stated that they felt equipped to fulfil the requirements of their role. The agency maintains a record of induction; records viewed indicated that staff receive more frequent supervision during the induction period.

Records viewed and discussion with staff indicated that those undertaking supervision of staff have received appropriate training.

Staff stated that they receive four to six weekly supervision and annual appraisal. The agency has in place an electronic database to record training received and identifying training gaps or needs; it was viewed by the inspector. Staff stated that the agency provides mandatory training and in addition training specific to the needs of individual service users; they stated that they are encouraged to highlight any training needs to their line manager during supervision, appraisal or at any time.

Staff who spoke to the inspector were aware of the agency's whistleblowing policy and their responsibility in highlighting concerns. The agency's whistleblowing policy makes reference to the role of RQIA in relation to raising concerns.

### **Is Care Compassionate?**

Service users stated that they are introduced to new staff members. The manager and staff could describe how the agency endeavours to maintain continuity of staff and could describe the impact of staff changes on services users.

Staff stated that they receive induction and ongoing training specific to the needs of service users; they stated that they have the required knowledge, skills and support to carry out their roles. Service users confirmed that staff provided have knowledge of their needs and individual wishes. The agency maintains a record of all staff training; records viewed indicate that staff have received relevant mandatory training and in addition training specific to the needs of individual service users.

Agency staff described how their induction included meeting service users and becoming familiar with their care and support needs. Service users stated that their privacy and dignity and wishes are respected at all times.

The agency's disciplinary procedure outlines the procedure for managing unsatisfactory performance of a domiciliary care worker.

### **Service User Comments:**

- "The staff are great."
- "I love it here."
- "There are enough staff."
- "Staff help us with anything."

### **Staff Comments:**

- "The induction was good."
- "We support the service users to lead a normal life."

- “We have a good staff team.”
- “I have been supported to complete QCF level 5.”
- “I can speak to the manager at any time; I feel supported.”
- “I get supervision; it is beneficial.”
- “We have enough staff; we all pull together.”
- “We can raise concerns.”
- “The manager encourages us to take an interest in developing our skills.”

#### **Service user representative comments:**

- “Staff go the extra mile.”
- “The care is very individualised; clients have diverse needs.”
- “Communication is good.”
- “I have a good working relationship with the manager and staff.”
- “Staff keep me updated of any changes.”

#### **Areas for Improvement**

There were no areas for improvement identified within Theme 1.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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### **5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive.**

#### **Is Care Safe?**

Assessments of need and risk assessments viewed reflected the involvement of service users and where appropriate their representatives. Service users stated that they are encouraged to be involved in the completion of their care plans and that their views and opinions are reflected. The manager stated that the agency is currently completing assessments in an updated format for each individual service user.

It was noted from records viewed that the agency receives a range of multidisciplinary assessments prior to the service user accepting a tenancy.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as full a life as possible. From discussion with service users and records viewed there was evidence of positive risk taking in collaboration with the service user and/or their representative. A number of service users could describe the care and support provided to them and how staff supported them to take positive risks.

#### **Is Care Effective?**

Service users are encouraged to participate in an annual review of their care in conjunction with representatives for the HSCT. The registered manager described instances when reviews are completed more frequently. Staff stated that they record electronically the daily care and support provided to service users; they stated that individual care plans are reviewed annually or as required.

Service users stated that they are involved in the development of their care plans; care plans viewed included the choices and routines of service users.

The agency facilitates six weekly service user meetings; service users indicated that they are facilitated to express their views and opinions. Service users are informed of the agency's complaints procedure; the agency maintains a record of compliments and complaints. Monthly monitoring visits are completed and documentation viewed indicates engagement with service users and where appropriate their representatives.

Service users have been provided with human rights information.

### **Is Care Compassionate?**

Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care and support they receive.

Discussions with service users and staff, and records of tenant meetings viewed reflected the involvement of service users.

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

The registered manager described the process for liaising with the HSC trust regarding best interest practices for service users where there are capacity and consent issues.

### **Service User Comments:**

- "I can do what I want."
- "I go out to the shops."
- "Food is good; we do a menu and help make the food."
- "I have no concerns."
- "We are treated well; with respect."
- "I am looking forward to the renovations."

### **Staff Comments:**

- "Service users are supported in an individualised way."
- "Service users are given choice."
- "Service users are encouraged to develop their skills to their own ability."
- "Service users are involved in developing their care plans."
- "Service users meet their key worker."

### **Areas for Improvement**

There were no areas for improvement identified within Theme 2.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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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 unannounced monthly monitoring visits are completed by the agency's services manager. From records viewed it was noted that the report details any incidents or safeguarding concerns, a service improvement plan is developed and the registered manager is required to record when the recommended actions have been completed. Records indicated that the views of service users and where appropriate their representatives had been recorded.

### 5.5.2 Complaints

The agency has received no complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the registered manager. The agency's complaints policy outlines the procedure in handling complaints.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Brian Tierney	<b>Date Completed</b>	20/2/16
<b>Registered Person</b>	Billy Murphy	<b>Date Approved</b>	29/02/2016
<b>RQIA Inspector Assessing Response</b>	Joanne Faulkner	<b>Date Approved</b>	2/3/16

Please provide any additional comments or observations you may wish to make below:

***\*Please ensure this document is completed in full and returned to [agencies.team@rqia.org.uk](mailto:agencies.team@rqia.org.uk) from the authorised email address\****

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 service. 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.