

# Announced Care Inspection Report 10 January 2019



## Mullan Mews Supported Housing Scheme

**Type of Service: Domiciliary Care Agency**  
**Address: 6-16 Willowfield Avenue, Belfast, BT6 8HW**  
**Tel No: 02890466480**  
**Inspector: Caroline Rix**

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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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

Mullan Mews is a supported living type domiciliary care agency located in East Belfast. The agency provides care and support to service users with a diagnosis of dementia. The agency currently provides care and support to 20 service users within shared houses that include communal lounges, kitchen and dining rooms and individual bedrooms. The agency's aim is to provide care and support to service users, to enable them to live as independently as possible. Staff are available 24 hours per day and each service user has an identified 'key worker'. Service users rent their accommodation from Clanill Housing Association and the Belfast Health and Social Care Trust commission their care and support services.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care (HSC) Trust	<b>Registered Manager:</b> Jacqueline Smyth
<b>Responsible Individual:</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Senior care coordinator	<b>Date manager registered:</b> 03/05/2013

### 4.0 Inspection summary

An announced inspection took place on 10 January 2019 from 09.20 to 15.15 hours.

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

The inspection assessed progress with any areas for improvement identified since the last care inspection and to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to care records, reviews, communication between service users and staff and other key stakeholders.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience. The inspector would like to thank the service users and staff for their warm welcome and full cooperation throughout the inspection process.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with the senior care coordinator, 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.

## 4.2 Action/enforcement taken following the most recent care inspection dated 15 February 2018

No further actions were required to be taken following the most recent inspection on 15 February 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Previous inspection report
- Record of notifiable events for 2018/19
- All communications with the agency by RQIA.

The inspector spoke with two senior care coordinators and two support workers to discuss their views regarding care provided by the agency, staff training and staff's general knowledge in respect of the agency. Their feedback is contained within the body of this report. The inspector also met the assistant services manager during the inspection.

As part of the inspection the inspector spoke with six service users and one visitor to obtain their views on the quality of services being provided. Their feedback is contained within the body of this report. The inspector also spent a period of time observing the service users' interactions with staff.

The inspector requested that the senior care coordinator place a 'Have we missed you'" card in a prominent position in the agency to allow service users, relatives and staff who were not available on the day of the inspection to give feedback to RQIA regarding the quality of service provision, no feedback has been received.

The senior care coordinator was asked to provide service users/relatives with an RQIA survey/stamped addressed envelope asking for their views on the services they receive, five surveys were returned to RQIA and the feedback is included within the body of this report.

The senior care coordinator was also asked to display a staff poster prominently within the agency's registered premises. The poster invited staff to give their feedback to RQIA via electronic means regarding the quality of service provision. No staff responses were received by RQIA at the time of writing this report.

The following records were examined during the inspection:

- A range of policies and procedures relating to recruitment, induction, complaints management, safeguarding and incident reporting.
- Two staff recruitment records
- Two staff induction records
- Three staff supervision records
- Two staff appraisal records
- Three staff training records
- Staff training plan

- Staff meeting minutes
- Staff NISCC registration and renewal process for registration
- Statement of purpose
- Service user guide
- Two service users' records regarding support plans, reviews and quality monitoring
- Service user house meeting minutes
- Three monthly monitoring reports
- Annual quality review report for 2017
- Communication records with other professionals
- Notification and incident records
- Complaints log and records
- Compliments log and records

The findings of the inspection were provided to the senior care coordinator at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 February 2018

The most recent inspection of the agency was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 15 February 2018

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

**Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.**

The agency's staff recruitment process is managed by the organisation's human resources (HR) department. The inspector visited the HR department on 6 December 2018 and examined a sample of individual staff personnel records; documentation viewed included details of the recruitment processes and evidence of pre-employment checks completed.

The agency's recruitment policy outlines the system for ensuring that required staff pre-employment checks are completed prior to commencement of employment. Documentation viewed by the inspector indicated that there is robust recruitment systems in place to ensure all required checks have been satisfactorily completed prior to staff being provided into service

users homes. The senior care coordinator could describe the process for obtaining confirmation from their HR department that new staff are available to commence employment.

The inspector noted that arrangements are in place to ensure that staff are registered as appropriate with the relevant regulatory body. The records confirmed that all staff are registered with The Northern Ireland Social Care Council (NISCC). The senior care coordinator discussed the system in place to identify when staff are due to renew registration with NISCC.

The induction programme for new staff was viewed, which includes a detailed induction procedure and support mechanisms in place which is compliant with Regulation 16(5)(a). Documentation viewed by the inspector contained details of the information provided during the induction period and learning outcomes achieved by staff over a six month period that included a shadowing system. The manager/or senior care coordinator had signed records to confirm that staff members had been deemed competent at the end of their probationary period. The inspector noted the staff team remains stable, although the registered manager had been absent for some months during 2018. Suitable management arrangements had been in place during the manager's absence. The staffing arrangements enable the agency to provide familiar staff to service users who benefit from continuity.

The inspector reviewed the agency's training matrix and training records maintained for individual staff members; those viewed indicated that staff had completed relevant training. Records of training and staff feedback indicated that staff attends a range of training necessary to meet the individual needs of service users and to develop their knowledge and skills for example: dementia awareness, human rights training. The organisation has a learning and development team to assist managers to ensure that learning objectives have been met, and to identify future learning needs.

The agency's supervision and appraisal policies outline the timescales and processes to be followed. The inspector noted from documentation viewed that the agency maintains a record of individual staff supervisions and appraisals in line with their policies and procedures. Staff described the value of the various supervision meetings with the manager and senior staff. Staff confirmed senior staffs are approachable at any time for support and guidance.

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Adult Safeguarding' protocol provided clear information and guidance as required; in line with (DHSSPSNI) guidance of July 2015 'Adult Safeguarding Prevention and Protection in Partnership'. The details of the agency's Adult Safeguarding champion with key responsibilities are detailed in their procedure. The senior care coordinator demonstrated a clear understanding of safeguarding issues; and could describe the procedure to be followed which is in accordance with the agency's protocol and procedures. No safeguarding reports had been received since their last inspection.

The agency's whistleblowing policy and procedure was found to be satisfactory, and had been review by the organisations policy committee on 11 January 2018. Staff demonstrated a clear understanding of the whistleblowing procedure.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users health, welfare and safety. There was evidence of positive risk taking in collaboration with the service user and/or their representative, the agency and the HSC Trust.

Records confirmed that comprehensive risk assessment and safety management plans had been completed in conjunction with service users/ representatives.

The returned questionnaires from service users/representatives indicated that they were 'satisfied' or 'very satisfied' that safe service meant:

- There are enough staff to help you
- You feel protected and free from harm
- You can talk to staff if you have concerns.

One survey included this comment:

'Very happy with all aspects of the care provided. The staff are great.'

Staff commented during inspection:

- "Our training is very good. Great experience learning and working with dementia sufferers. I can bring this experience to help with my own family."
- "Training has helped me do the best job I can for our service users, now and hopefully in the future."

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to: staff recruitment, induction, training, adult safeguarding and management of risks.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care effective?**

**The right care, at the right time in the right place with the best outcome.**

The agency's arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. Two care and support plans were reviewed by the inspector which had a strong person centred focus, were up to date, and clearly detailed the service users' needs and how they wished these to be met. The files contained records of the care and support provided and evidenced the views and choices of the service user.

Service users are supported to participate in regular reviews involving their HSC Trust keyworker. The senior care coordinator described how service users are encouraged and supported to be fully involved in the completion of individual risk assessments and development of their care and support plans which are reviewed at agreed intervals or as required.



The inspector noted that the agency has collaborated effectively with a range of professionals in relation to managing complex situations involving the well-being and safety of service users. It was clear from discussions and observations that the staffs on duty have an excellent knowledge of the service users' needs.

The majority of service users have lived at Mullan Mews for a period of time and it was clear from observed interactions that the staff have a good understanding of the service users' differing modes of communication; both in terms of their verbal and non-verbal communication needs such as facial expressions.

A visitor commented during inspection:

- "I find the support here is very good with a positive atmosphere. The staff are all great and xxx has lived quite happily here for a number of years. I am happy with how xxx is supported and her choices are respected. I have no concerns or issues."

The returned questionnaires from service users/representatives indicated that they were 'very satisfied' that effective service meant:

- You get the right care, at the right time in the right place
- The staff knew their care needs
- You are kept aware of your care plans
- Your care meets your expectations.

One survey included this comment:

'My relative has been given excellent care and xxx is much better since going into Mullan Mews. I am very grateful to the staff for xxx care. The place is so friendly, clean and welcoming. It has given all our family peace of mind to have Mullan Mews.'

Staff commented during inspection:

- "We have built up trust and relationships with our service users and families, some over many years."
- "The care and support provided changes as the service users' needs change, to allow them to have as many choices as possible in their own homes."
- "I love seeing our service users enjoying the little things, music, dancing, going out in the local area, engaging with school children from next door and their church groups."

### **Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to communication between service users, agency staff and other relevant stakeholders and the monitoring of the quality of the services provided.

### **Areas for improvement**

No areas for improvement were identified during the inspection.



	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 6.6 Is care compassionate?

**Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users/their representatives in decisions affecting their care and support. The inspector found that an ethos of dignity and respect, independence, rights, equality and diversity was reflected throughout staff attitudes and the delivery of the service.

Service users are given choice regarding activities and support with activities such as meal planning and food choices, and the staff were knowledgeable as to the type of activities they like to do and the support required. For example, a service user was supported and encouraged to push the shopping trolley in the supermarket when buying groceries, and to attend an indoor bowling club. The inspector observed a service user being supported with lunch preparations for their group

The inspector viewed evidence of effective communication with service users and their representatives, including quality monitoring visits and contacts, and regular support plan reviews between keyworker, service users and relatives.

Service users spoken with commented:

- "I am very happy here, I had a good Christmas with my family and some lovely presents."
- "I have no problems living here, everyone is good to me. I have a lovely room with all my own things in it, where I can go any time I want or if I want a quiet time."
- "Lovely girls here, who help me when I need it. This is a great place, sure it is so comfortable and everyone is friendly."
- "My family come often to see me and we go out a lot. I love walking, always take my stick with me, and like my own company, so this place suits me grand."

Compliments from service user's/ representatives and other professionals reviewed during inspection provided the following example in support of compassionate care:

- 'Compliments to all the staff on quality of care provided to xxx(service user) who was terminally ill.' (Telephone feedback from the District Nurse regarding a former service user).
- 'I pray every night for all the staff at Mullan Mews and for the person who told me about this place. I think all the staff are very supportive, helpful and welcoming to me and our family each time we visit. I have 100% praise for all aspects of the care and environment at Mullan Mews.' (Verbal feedback from service user's relative during a care review meeting).
- 'Thank you to all staff on how I was supported with the moving in process of my relative. I was very impressed with the layout of the home and the opportunity for my relative to have continuous company. I get messages and emails from others who visit my relative complementing our choice of home.' (Telephone feedback from the relative of a service user).

Records of service users house meetings were viewed, which indicated that they had discussed a wide variety of topics, for example; holiday planned/Christmas shopping, tickets for shows and entertainment, hand hygiene tips and reminders on staying safe and living together.

The returned questionnaires from service users/representatives indicated that they felt ‘very satisfied’ that compassionate care meant:

- Staff treat you with kindness
- Staff ensure you are respected and that your privacy and dignity is maintained
- Staff inform you about your care
- Staff support you to make decisions about your care.

One survey included this comment:

‘Mullan Mews is a great place where the care and time taken with my relative is fabulous. The staff go way above their duty every day and make all users feel special and needed in a lovely atmosphere.’

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of care, promoting dignity and respect, listening to and valuing service users and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.7 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that robust systems of management and governance established by the organisation have been implemented at the agency.

The agency’s Statement of Purpose and Service User Guide were noted to have been regularly reviewed and updated. The organisational and management structure of the agency is outlined in the Statement of Purpose; it details lines of accountability.

The assistant service manager discussed the management of the service with the inspector. An acting manager had been in post during part of 2018 however, the registered manager has returned to work in January 2019 on a phased return from absence. The day to day operation of the agency is overseen by the manager, with five senior support workers and a team of

support staff providing care and support services, along with domestic staff and a Clanmill housing officer on site.

A range of policies viewed by the inspector were noted to have been reviewed, updated or being updated in accordance with timescales outlined within the minimum standards. Policies and procedures are maintained on an electronic system accessible to all staff, and paper policies are retained in the office used by staff daily.

The agency maintains variety of processes to ascertain and respond to the views of service users such as monthly quality monitoring, review meetings and the annual quality survey. The inspector noted the feedback received by the agency following their annual satisfaction survey in September 2017 was positive. The senior care coordinator indicated that the annual survey for 2018 was planned for January/February 2019.

Monthly monitoring reports were viewed for September to November 2018. These reports evidenced that monitoring of the quality of service provided in accordance with minimum standards is undertaken by an area manager who has a good working knowledge of the service.

Each report contained a summary of service user, relatives and staff monitoring, feedback and compliments along with views of other professionals; and evidenced how any issues arising had been managed. The records included details of the review of accidents, incidents and in addition details of the review of staffing arrangements, documentation, finance and training.

The agency maintains and implements a policy relating to complaints. The inspector noted no complaints had been received since the last inspection.

A review of incident reports documentation confirmed that potential concerns were managed appropriately in accordance with the agency's policies and procedures. There were no incidents that required notification to RQIA since the last inspection.

The inspector discussed arrangements in place in relation to the equality of opportunity for service user and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of service users. The equality data collected was managed in line with best practice.

Staff were able to discuss the ways in which their development and training enables them to engage with a diverse range of service users.

Discussions with the staff highlighted evidence that supports service users' equal opportunities, regardless of their abilities, their background or their lifestyle. Some of the areas of equality awareness identified during the inspection included:

- effective communication
- service user involvement
- safeguarding
- advocacy
- individual person centred care
- individual risk assessment
- disability awareness

The agency’s commitment to equality and individual person centred care is an area of positive practice and is to be commended.

The returned questionnaires from service users/representatives indicated that they felt ‘very satisfied’ that the service was well led and meant:

- You know who is in charge at any time
- You feel the service is well managed
- Your views are sought about your care and the quality of the service.

One survey included this comment:

‘The staff in Mullan Mews are caring, tender and fully aware of the needs of my relative. My relative is well looked after and thinks of it as their home right from the very start. We are fully satisfied with Mullan Mews services.’

Staff commented during inspection:

- “There is great team work here, the management are all ‘hands on’, always available, approachable and supportive.”
- “The down side of the job is when a service user becomes ill, or needs to move so their needs can be better met elsewhere-thankfully this isn’t often.”

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s management and governance arrangements and maintaining good working relationships.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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