

# Unannounced Care Inspection Report 15 February 2018



## Mullan Mews

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

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Assurance, Challenge and Improvement in Health and Social Care

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 provides 28 staff who provide care and support to 23 service users. 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 to support tenants 24 hours per day and each service user has an identified 'key worker'.

### 3.0 Service details

|  |  |
|--|--|
| <b>Organisation/Registered Provider:</b><br>Belfast Health & Social Care Trust | <b>Registered Manager:</b><br>Jacqueline Smyth                   |
| <b>Responsible Individual:</b><br>Martin Dillon                                |  |
| <b>Person in charge at the time of inspection:</b><br>Care Co-ordinator        | <b>Date manager registered:</b><br>Jacqueline Smith - 03/05/2013 |

### 4.0 Inspection summary

An unannounced inspection took place on 15 February 2018 from 09.00 to 12.00.

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

Evidence of good practice was found in relation to:

- staff recruitment
- induction
- appraisal
- communication and engagement with service users and other relevant stakeholders
- person centred care

The inspector noted some of the compliments received by the agency:

- “My \*\*\*\*\* could not be happier than in Mullan Mews.”
- “The family were finding it difficult to choose a suitable environment for our \*\*\*\*\* but Mullan is home from home.”
- “Thank you for the increased support for my \*\*\*\*\* since discharge from hospital.”
- “Everyone has been nothing but kind to the whole family since my \*\*\*\*\* moved in.”
- “I would be lost without staff, I appreciate everything they do.”

**Service user comments made to the inspector:**

- “I really like it here.”
- “We all feel safe and secure.”
- “Staff are great and have help me settle.”
- “I have great activity programme, I don’t just sit around.”
- “Staff are always available to help me.”

**Staff comments made to the inspector:**

- “Supervision is one to one and is regular with senior staff.”
- “I have had good support from the manager and the coordinators.”
- “I have felt part of the team from day one.”
- “All of my training is up to date and is excellent.”
- “We have a great staff team.”
- “Induction is thorough and staff will shadow other more experienced staff.”

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.

**4.1 Inspection outcome**

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <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 care coordinator, as part of the inspection process and can be found in the main body of the report.

**4.2 Action/enforcement taken following the most recent care inspection dated 12 January 2017**

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

**5.0 How we inspect**

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

- discussion with staff
- examination of records
- consultation with service users
- evaluation and feedback

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

- previous RQIA inspection report
- records of notifiable events
- any correspondence received by RQIA since the previous inspection

During the inspection the inspector met with the care coordinator, two staff and five service users.

The following records were viewed during the inspection:

- Service users' care records
- Risk assessments
- Monthly quality monitoring reports
- Service user meeting minutes
- Staff meeting minutes
- Staff training records including:
  - Safeguarding
  - Dementia awareness
  - Managing tenants monies
  - Challenging behaviour
- Records relating to staff supervision and appraisal
- Complaints records
- Incident records
- Staff rota information
- Induction Policy (2016)
- Supervision and Appraisal Policies (2015)
- Risk Management Policy (2016)
- Safeguarding Policy (2017)
- Record Keeping Policy(2016)
- Incident Policy (2016)
- Confidentiality Policy (2016)
- Whistleblowing Policy (2016)
- Complaints Policy (2016)
- Data Protection Policy (2016)
- Statement of Purpose (2016)
- Service User Guide (2016)

At the request of the inspector, staff were asked to display a poster within the agency's registered premises. The poster invites staff to give their views and provides staff with an electronic means of providing feedback to RQIA regarding the quality of service provision; no responses were received.

The inspector provided 10 questionnaires for service users/relatives seeking their views on the service five were returned to RQIA.

### **Comments:**

- "The staff that care for my \*\*\* are amazing, they go the extra mile and take a person centred approach to another level."
- "Staff are trained and professional, if it wasn't for the staff \*\*\* would be in a nursing home now."
- "I am so happy with my \*\*\*\*\* care, every time I visit I come away happy to know that she is in such a good lovely place."

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

The inspector would like to thank the staff, service users for their support and co-operation during the inspection process.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 15 January 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 January 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 inspector reviewed the agency's systems in place to avoid and prevent harm to service users; this included a review of staffing arrangements in place within the agency.

It was identified that the agency's staff recruitment process is managed by the organisation's Human Resources (HR) department. The agency's recruitment policy outlines the process for ensuring that required staff pre-employment checks are completed prior to commencement of employment. The care coordinator stated that they receive confirmation from the HR department when staff are available for work following the satisfactory completion of pre-employment checks. Documentation viewed and discussions with the registered manager indicated that the organisation's recruitment systems are effective for ensuring that staff are not provided for work until required checks have been satisfactorily completed.

The agency's induction policy outlines the induction programme noted to be in excess of the three day timescale as required within the domiciliary care agencies regulations. It was noted that staff are required to complete corporate induction, a range of mandatory training and shadow other staff employed by the agency during their induction period. Staff stated that all staff are required to complete training in dementia management/awareness.

A record of the induction programme provided to staff is retained; the inspector viewed records of individual staff induction and noted that they are verified by the registered manager. Discussions with staff indicated that they had the appropriate knowledge and skills to fulfil the requirements of their job roles.

It was indicated from discussions with staff and service users that the agency aims to ensure that there is at all times an appropriate number of skilled persons available to meet the assessed needs of service users. The inspector viewed the agency's staff rota information for weeks ending: 25/1/18, 1/2/18 and 8/2/18 and noted it reflected staffing levels as described by the coordinator. The rotas highlighted the person in charge on each shift pattern.

The agency's staff supervision and appraisal policies outline the timescales and procedures to be followed. It was identified that staff are provided with a supervision contract. The agency retains a record of staff supervision and appraisal. Records viewed by the inspector indicated that support staff had received appraisal in accordance with the agency's policies and procedures and a number of supervision sessions.

The inspector viewed details of training completed by staff; it was noted that staff are required to complete induction training, a range of mandatory training and training specific to the needs of individual service users. The inspector noted some of the comments made by staff following training:

- "I understand more about risk management."
- "Training made me aware of new legislation and will enable me to pass on information to other staff."
- "I will value diversity, respect and dignity."
- "I will value members of staff and service users and challenge inequality."
- "Training will ensure I provide tenants families with a high level of respect."
- "I will be able to recognise the signs of abuse."
- "I will ensure all complaints are shared with relevant people."
- "I now have a full understanding of safeguarding."

The agency's policies and procedures in relation to safeguarding adults and whistleblowing were reviewed. The 'Safeguarding' policy and procedure provided information and guidance in accordance with the required standards. The policy has been updated in line with the Department of Health, Social Services and Public Safety Northern Ireland (DHSSPSNI) updated adult safeguarding guidance issued in July 2015 ('Adult Safeguarding Prevention and Protection in (Partnership)'). The agency has highlighted the identification and role of an Adult Safeguarding Champion.

The agency maintains a record of referrals made to the Health and Social Care Trust (HSCT) safeguarding team and other relevant stakeholders relating to alleged or actual incidences of abuse. Documentation viewed and discussions with the coordinator indicated that the agency has made no referrals in relation to adult protection matters since the previous inspection.

It was identified that staff are required to complete safeguarding vulnerable adults training during their induction programme and a two yearly update. Staff demonstrated that they had a clear understanding of adult safeguarding matters and the process for reporting concerns.

The inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to service users' health, welfare and safety. The agency's protocol for assessment of needs and risk outlines the process for assessing and reviewing risk.



It was identified that the agency receives a range of relevant information and assessments relating to individual service users prior to them receiving care and support. The agency has a range of risk assessments and care plans in place relating for individual service users. Staff and service users described how they are support to be involved in the development and review of their care plans; they are reviewed and updated as required. The inspector noted some comments made by service users and relatives during their annual care review:

- “My \*\*\*\*\* is very happy here and has settled well.”
- “We are happy that \*\*\* is now safe and secure.”
- “It’s good to hear \*\*\* speak highly of the staff.”
- “I can see how happy and settled \*\*\*\*\* is living here.”
- “I am very happy and have no concerns.”
- “Staff always go beyond the call of duty and my family are very grateful to them.”

Staff record daily the care and support provided to service users; an annual review is completed with service users which was noted to involve their HSCT community keyworker.

The agency’s registered premises are suitable for the operation of the agency as described in the Statement of Purpose. The staff accommodation is accessed from a shared entrance with the homes of the service users.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s staff recruitment processes, appraisal, and adult protection.

Five returned questionnaires from service users indicated 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

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 responding to and meeting the assessed needs of service users were reviewed. Details of the nature and range of services provided are outlined within the Statement of Purpose and Service User Guide.

The agency’s management of records policy details the procedures for the creation, storage, retention and disposal of records. Records viewed during the inspection were noted to be maintained in accordance with legislation, standards and the organisational policy. Staff personnel and service user records viewed by the inspector was noted to be retained securely.



Staff could describe the methods used for supporting service users to be effectively engaged in the development of their care plans; it was noted that service users are provided with a copy of their care plan. The agency requests that service users sign their care plan to indicate that they are in agreement to the care and support to be provided.

The inspector reviewed the agency's arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to service users. The agency has a system in place for monitoring the quality of the service provided; it was noted that the process involves a monthly audit being completed by the HSCT assistant services manager. The process seeks to obtain feedback from service users, relatives and relevant stakeholders in relation to the quality of the service provided.

Records of monthly quality monitoring visits were noted to include details of the review of the agency's systems and an improvement plan. The documentation includes details of the review of accidents, incidents or safeguarding referrals, complaints, medication, care plans and staffing arrangements. It was noted that the person completing the monitoring visit records the comments made by service users, and where appropriate their representatives. The inspector noted some of the comments made by service users, staff, relatives and the HSC trust staff.

#### **Service users:**

- "I enjoy the company of others."
- "Help is always here if you need it."
- "I love living here and could not speak highly enough of the staff."
- "I like living ere my family visit often."

#### **Staff:**

- "I like to work consistently."
- "Training is excellent."
- "I can understand the dementia experience."
- "Good communication and support from the managers and senior staff."

#### **Relatives:**

- "I have good confidence in staff and their experience of dementia."
- "Mon with staff I can discuss anything."
- "Mullan was a good move for \*\* and is working well."
- "Good communication with staff I can discuss anything."
- "Staff make this a homely and happy place."

#### **HSC Trust:**

- "Behaviors are managed well by experienced staff with positive outcomes."
- "A good model of care."
- "My client appreciates the staff support."
- "I'm impressed by the standard of care and support provided by staff."

The agency’s systems to promote effective communication between service users, staff and relevant stakeholders were reviewed during the inspection. Discussions with staff and service users indicated that staff communicate appropriately with service users and where appropriate their representatives.

Staff who met with the inspector demonstrated that they were very knowledgeable about the individual needs of service users; they could describe the methods used to support service users to remain and maintain their independence.

The agency facilitates monthly staff meetings; it was identified from records viewed that a range of standard items are discussed at each meeting, they include operational matters, policies, staffing and tenant issues. The agency facilitates monthly service user meetings; records viewed were noted to contain a number of service users’ comments and views. Service user stated that they can talk to staff at any time and that in addition they can discuss any matters at their meetings.

Discussions with the staff demonstrated that they endeavour to develop and maintain effective working relationships with the other HSCT representatives and relevant stakeholders. The inspector viewed evidence of engagement between the agency’s staff and HSCT community keyworkers.

**Areas of good practice**

There were examples of good practice identified throughout the inspection in relation to the agency’s auditing arrangements and communication with service users and relevant stakeholders.

Five returned questionnaires from service users indicated 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

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 assessed the agency’s ability to treat service users with dignity, respect and compassion and to engage service users in decisions affecting the care they receive. Discussions with staff and service users indicated that the values such as choice, dignity and respect were embedded in the culture of the agency.

Staff could describe the methods used for supporting service users to make informed choices and for respecting their views and wishes. Observations made during the inspection indicated that staff respected the views and opinions of service users and encouraged service users to make choices regarding their care, support and daily routines.

There are a range of systems in place to promote effective engagement with service users and where appropriate their representatives in conjunction with the HSC community keyworker; they include the agency's monthly quality monitoring process; complaints process, care review meetings and tenant's meetings. It was identified that the agency's quality monitoring process assists in the evaluation of the quality of the service provided and in identifying areas for improvement. The agency had recorded two complaints being received both of which were fully satisfied.

The agency has processes in place to record comments made by service users; records of service user care review meetings, tenant's meetings and quality monitoring reports viewed by the inspector provided evidence that the agency endeavours to engage with service users and where appropriate their representatives in relation to the quality of the service provided. The inspector noted that the agency completed an annual quality review seeking comments on the quality of the service from service users, relatives and the HSC Trust.

#### **Relatives were asked to comment on the following:**

- What are your views on the service delivered?
- What are your views on the communication with staff?
- What are your views on the assessment, support and review process?
- How have any concerns or complaints you have raised been responded to?
- Do you feel visitors are welcome here?
- Have you any suggestions on how the service is provided?

#### **Comments received:**

- "\*\*\*\*\* who walks the dog is always made welcome."
- "I have no complains I'm very happy with the service."
- "I'm very happy and don't think it could be made any better."
- "The staff are very friendly and approachable."
- "Good staff and very happy to discuss any wee snags."
- "Very happy \*\*\*\* is happy in the new home and content that \*\*\* is safe and secure."

#### **Service users were asked to comment on the following:**

- What are your views on the service?
- How do staff support you working here?
- How do you feel you are treated by staff?
- If you had any complaints or concerns who would you speak to?
- Do you have any suggestions on how the service is provided to you?

#### **Comments received:**

- "It's a nice place I like it everyone is very friendly."
- "Very good I chose it."

- “Great place I’m not coming into an empty house on my own.”
- “The staff give me my medication and always ask how I’m feeling.”
- “Staff support always given when needed.”
- “Staff are very good. I feel content and secure.”
- “I’m treated very well I feel at ease.”
- “If I had a complaint I would tell the manager or someone higher up.”
- “They are kind and very sensitive.”

**Professional staff were asked to comment on the following:**

- What is your role HSC Trust?
- What is the purpose of your involvement in the service?
- How effective is communication with staff?
- Can you comment on how helpful, polite and courteous you found staff?
- Can you comment on any changes in the quality of life the person has experienced since moving here?
- Have you any suggestions to improve service delivered?

**Comments received from professional staff:**

- “I have never had any issues or concerns regarding communication.”
- “Excellent communication skills.”
- “The staff are very approachable and informative.”
- “My client has been able to live in a homely environment.”
- “My client has improved so much.”
- “I would be happy to recommend Mullan Mews to anyone who met the criteria.”

Staff spoke enthusiastically about the number of ways they support service users to participate in activities of their individual choice and preferences; and in addition the group activities provided which service users can choose to participate in.

**Areas of good practice**

There were examples of good practice identified in relation to the agency’s processes for engaging with service users, effective communication and providing care in an individualised manner.

Five returned questionnaires from service users indicated 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.

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <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 agency has systems of management and governance in place to promote the delivery of safe, effective and compassionate care. The agency is currently managed on a day to day basis the registered manager and a number of care staff. Staff who met with the inspector could describe the process for obtaining support from senior management if required.

The agency has a range of policies and procedures noted to be in accordance with those as required within the minimum standards; they are retained in an electronic format which staff can access. During the inspection the inspector viewed a number of the organisation's policies; it was identified that those viewed had been reviewed and update in accordance with timescales for review as outlined within the minimum standards.

The agency's systems for auditing and reviewing information with the aim of promoting safety and improving the quality of life for service users were reviewed. Records viewed and discussions with the staff indicated that the agency's governance arrangements promote the identification and management of risk; these include provision of required policies, monthly audit of complaints, accidents, safeguarding referrals and incidents notifiable to RQIA.

The agency's complaints policy outlines the process for effectively handling complaints; discussions with the registered manager and staff indicated that they had a clear understanding of the actions required in the event of a complaint being received. Staff indicated that they receive training in relation to managing complaints during their induction programme.

The agency retains a record of all complaints or compliments received. It was noted from discussions with staff and records viewed that the agency has received two complaints since the previous inspection; records viewed by the inspector indicated that the agency has acted in accordance with their policy and procedures in the management of complaints.

Records viewed and discussions with the staff indicated that the agency has in place effective management and governance systems to monitor and improve quality; these include arrangements for the ongoing review of incidents, accidents, safeguarding referrals and complaints.

The organisational and management structure of the agency is outlined in the agency's statement of purpose. Staff who spoke to the inspector had a clear understanding of their job roles and responsibilities; the coordinator stated that staff are provided with a job description at the commencement of their employment.

Staff demonstrated that they had a clear understanding of the procedure for raising concerns and had knowledge of the agency's whistleblowing policy.

On the date of inspection the RQIA certificate was noted to be displayed appropriately and was reflective of the service provided.

There was evidence of ongoing, effective collaborative working relationships with relevant stakeholders, including other HSCT representatives.

Staff are required to be registered with the Northern Ireland Social Care Council (NISCC) or other relevant regulatory body; details of individual staff member's registration status are retained by the agency. Discussions with the coordinator provided assurances that the agency has a process for monitoring registration status of staff and for ensuring that staff will not be supplied for work if they are not registered appropriately.

The agency's Statement of Purpose and Service User Guide were noted to have been reviewed and updated in (2016). Staff and service users who spoke to the inspector indicated that they are aware of who they should contact if they have any concerns regarding the service. No concerns regarding the management of the agency were raised during the discussions.

### Areas of good practice

There were examples of good practice identified throughout the inspection in relation to the agency's governance arrangements and management of complaints.

Five returned questionnaires from service users indicated that a well led service meant:

- you always 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
- you know how to make a complaint

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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