

# Inspection Report

6 May 2021



## Mullan Mews Supported Housing Scheme

Type of service: Domiciliary Care Agency  
Address: 6 - 16 Willowfield Avenue, Belfast, BT6 8HW  
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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust</p> <p><b>Responsible Individual:</b> Dr Catherine Jack – registration pending</p>	<p><b>Registered Manager:</b> Miss Ashlyn Foster – acting – no application required</p> <p><b>Date registered:</b> 26 November 2020 - acting</p>
<p><b>Person in charge at the time of inspection:</b> Interim Manager</p>	
<p><b>Brief description of the accommodation/how the service operates:</b></p> <p>Mullan Mews is a supported living type domiciliary care agency located in East Belfast. The service currently provides care and support to 11 service users with a diagnosis of dementia to enable them to live as independently as possible. Service users live within shared houses that include communal lounges, kitchen and dining rooms and individual bedrooms. Staff are available 24 hours per day and each service user has an identified 'key worker'. Service users rent their accommodation from Clanmill Housing Association and the Belfast Health and Social Care Trust (BHSCT) and Supporting People commission their care and support services.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 6 May 2021 at 9.45am by the care inspector.

This inspection focused on recruitment, Northern Ireland Social Care Council (NISCC) registrations, adult safeguarding, notifications, complaints, whistleblowing, Deprivation of Liberty Safeguards (DoLS) including money and valuables, restrictive practice, monthly quality monitoring and Covid-19 guidance.

## 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.

The inspection focused on:

- contacting the service users, BHSCT representatives and staff to find out their views on the service.

- reviewing a range of relevant documents, policies and procedures relating to the service's governance and management arrangements.

#### 4.0 What people told us about the service

We spoke with two service users and two members of staff. No questionnaires were received. In addition we received feedback from HSCT representatives. No electronic feedback was received.

#### Comments received during inspection process

##### Service users' comments

- "I like it here."
- "They are good to me."
- "The staff do everything for me."
- "The staff give me choices for meals."
- "They couldn't be more helpful, they are excellent."
- "They like to know I'm going ok."
- "I was able to pick my own room and for the first time from Christmas, I have had a full nights sleep."
- "I have my own privacy here."
- "I'm not used to living with other people but they all seem friendly."
- "It's a great wee place."

##### Staff comments

- "Mullan Mews is a great place."
- "It can be demanding due to the changing needs of the tenants."
- "I've seen a positive difference since the new manager has joined us. She is on the floor regularly and knows the tenants."
- "There is an open door policy."
- "It's great working with older people."
- "When we have the right tenants in here, it's a lovely place. Some of our tenants should have moved on due to their needs."
- "Joint activities for our tenants' wellbeing are essential."
- "Mullan Mews is all about the tenants."
- "We work well as a team. We support each other and lift each other up."
- "The tenants get first class care here."
- "The service is very person centred."

##### HSCT representatives' comments

- "Communication between myself and staff is very good. I am always able to contact them, and they are quick to respond."
- "On the rare occasion that I have raised an issue, it has been taken seriously and dealt with swiftly."
- "The service in Mullan Mews is being delivered to a very high standard."

- “Communication from staff is excellent. They would relay all the necessary information on referral forms, via email or telephone.”
- “I attend annual reviews with service users, staff and family. These are very thorough and holistic reviews of the individual.”
- “It is a pleasure working with staff and service users in Mullan Mews.”

## 5.0 The inspection

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

The last inspection to Mullan Mews Supported Housing Scheme was undertaken on 10 January 2019 by a care inspector; no areas for improvement were identified.

## 5.2 Inspection findings

### 5.2.1 Are there systems in place for identifying and addressing risks?

The service’s provision for the welfare, care and protection of service users was reviewed. The organisation’s policy and procedures reflect information contained within the Department of Health’s (DOH) regional policy ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 and clearly outlines the procedure for staff in reporting concerns. The organisation has an identified Adult Safeguarding Champion (ASC).

Discussions with the person in charge demonstrated that they were knowledgeable in matters relating to adult safeguarding, the role of the ASC and the process for reporting adult safeguarding concerns. Staff could describe the process for reporting concerns out of hours.

It was noted that staff are required to complete adult safeguarding training during their induction programme and annual updates thereafter.

Staff indicated that they had a clear understanding of their responsibility in identifying and reporting any actual or suspected incidents of abuse. They could describe their role in relation to reporting poor practice and their understanding of the service’s policy and procedure with regard to whistleblowing.

The service has a system for retaining a record of referrals made to the BHSCT in relation to adult safeguarding. Records viewed and discussions with the manager indicated that three adult safeguarding referrals have been made since the last inspection and all were managed in accordance with the service’s policy and procedures.

Service users who spoke to us stated that they had no concerns regarding their safety; they described how they could speak to staff if they had any concerns in relation to safety or the care being provided. The service has provided service users with information in relation to keeping themselves safe and the details of the process for reporting any concerns.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that incidents had been managed in accordance with the service's policy and procedures.

Staff have undertaken DoLS training appropriate to their job roles. Staff demonstrated that they have an understanding that service users who lack capacity to make decisions about aspects of their care and treatment have rights as outlined in the Mental Capacity Act.

The person in charge told us that the service does not manage individual service users' monies.

There was a good system in place in relation to the dissemination of information relating to Covid-19 and infection prevention and control practices.

Where a service user is experiencing a restrictive practice, the care records contain details of assessments completed and agreed outcomes developed in conjunction with the HSCT representative.

### **5.2.2 Is there a system in place for identifying care partners?**

The person in charge told us that there were three care partners visiting the service users. One care partner was visiting to promote the mental and emotional wellbeing of one service user who was impacted upon due to the Covid-19 restrictions. The care partners participate in the weekly testing programme currently in place within the service. They are also trained in infection prevention and control (IPC) as well as the requirements of personal protective equipment (PPE) including the donning and doffing processes. The care partners do not undertake any personal care with the service users and are only permitted in certain areas of the service.

### **5.2.3 Are their robust systems in place for staff recruitment?**

The review of the service's staff recruitment records confirmed that recruitment was managed in accordance with the regulations and minimum standards, before staff members commence employment and direct engagement with service users. Records viewed evidenced that criminal record checks (Access NI) had been completed for staff.

A review of the records confirmed that all staff provided are appropriately registered with the Northern Ireland Social Care Council (NISCC). Information regarding registration details and renewal dates are monitored by the person in charge; this system was reviewed and found to be in compliance with regulations and standards. Staff spoken with confirmed that they were aware of their responsibilities to keep their registrations up to date.

The person in charge told us that the service does not use volunteers.

### **5.2.4 Are there robust governance processes in place?**

Samples of the monthly quality monitoring reports were reviewed as per Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. It was noted that some reports

did not contain feedback from stakeholders nor had a review of the action plans to monitor the progress made. A full and robust analysis of service delivery was not undertaken due to gaps in the monitoring processes. The monthly quality monitoring reports are to ensure that the service are providing a good quality of care and should identify any deficits in staff records and service user records. An area for improvement has been made in this regard.

There is a process for recording complaints in accordance with the service's policy and procedures. It was noted that complaints received since the last inspection had been managed in accordance with the organisation's policy and procedures and are reviewed as part of the service's monthly quality monitoring process.

## 6.0 Conclusion

As a result of this inspection one area for improvement was identified in respect of the monthly quality monitoring reports. Details can be found in the Quality Improvement Plan included.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with the person in charge, 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(1)(2)(b)(i)(ii)(4)(5)

**Stated:** First time

**To be completed by:**  
Immediately from the date of inspection and ongoing

(1) The registered person shall establish and maintain a system for evaluating the quality of the service which the agency arranges to be provided.

(2) At the request of the Regulation and Improvement Authority, the registered person shall supply to it a report, based upon the system referred to in paragraph (1), which describes the extent to which, in the reasonable opinion of the registered person, the agency-

(b) takes the views of service users and their representatives into account in deciding-

(i) what services to offer to them, and

(ii) the manner in which such services are to be provided; and

(4) The report shall also contain details of the measures that the registered person considers it necessary to take in order to improve the quality and delivery of the services which the agency arranges to be provided.

(5) The system referred to in paragraph (1) shall provide for consultation with service users and their representatives.

Ref: 5.2.4

#### **Response by registered person detailing the actions taken:**

The service has taken measures to ensure improvement in the quality of internal monthly audits. The ASM will conduct the Regulation 23 review of the service on a monthly basis. Consistency in management governance will ensure focus on capturing the experiences of our service users, which incorporates the views of family and other professionals involved in their care, with the aim of ensuring high standards in the provision of safe, effective and compassionate care. The service user feedback questionnaires will continue to be promoted out and will be reviewed as part of monthly assurance visits. There has been a review and update of the regulation 23 pro-forma to ensure emphasis on obtaining real time views of service users and families to inform quality improvement initiatives. The views from other representatives will be proactively sought and incorporated as a central quality assurance consideration within regulation 23 monthly reports.

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



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