

Unannounced Care Inspection Report 10 January 2017



Mullan Mews Supported Housing Scheme

Type of service: Domiciliary Care Agency
Address: 6 - 16 Willowfield Avenue, Belfast BT6 8HW
Tel no: 02890466480
Inspector: Michele Kelly

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Mullan Mews Supported Housing Scheme took place on 10 January 2017 from 10:00 to 14:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the domiciliary care agency was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

During the inspection the inspector found evidence to indicate that the agency was delivering safe care. The agency maintains a stable provision of appropriately trained and supervised staff who understand the needs of service users. Staff provided feedback that managers are approachable and available for consultation at all times. The welfare, care and protection of service users is supported through the identification of safeguarding issues, implementation of safeguarding procedures and working in partnership with Health and Social Care (HSC) Trust professionals.

The arrangements for the provision of care and support include appropriate involvement of tenants, the HSC Trust and relatives. The inspector found evidence of positive outcomes through a process of person centred assessment, and a six monthly review of needs, preferences, and risks.

No areas for quality improvement were identified.

Is care effective?

During the inspection the inspector found evidence to indicate that the agency was delivering effective care. The agency responds appropriately to the needs of service users through the development and review of care and support plans. The agency's systems of quality monitoring have been implemented consistently in line with regulations and standards, providing continuous review of services in conjunction with service users and their representatives.

No areas for quality improvement were identified

Is care compassionate?

During the inspection the agency was found to be delivering person centred compassionate care. The inspector observed interactions between staff and service users and received feedback from service users and a relative which indicated that the dignity and respect of service users are upheld through service delivery. Formal systems of quality monitoring and an informal culture of seeking and respecting the views of service users on a daily basis were evident on inspection.

The agency maintains systems to ascertain service users' wishes and feelings, and to involve them in decision making.

No areas for quality improvement were identified.

Is the service well led?

During the inspection the agency was found to be competently delivering a well led service. The management had supportive structures to guide staff. Staff working within the agency had a clear understanding of their roles and responsibilities within the management structure, and had confidence in the lines of accountability. The inspector reviewed evidence of effective communication by the agency with the HSC Trust regarding changes in service users' needs.

No areas for quality improvement were identified

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jacqueline Smyth, registered manager 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 25 January 2016.

2.0 Service details

Registered organisation/registered person: Belfast HSC Trust/Martin Joseph Dillon	Registered manager: Jacqueline Paula Smyth
Person in charge of the service at the time of inspection: Initially senior care coordinator, Jacqueline Paula Smyth from 11:00 onwards.	Date manager registered: 3 May 2013

3.0 Methods/processes

Prior to inspection the following records were analysed:

- Previous inspection report
- Records of notifiable incidents
- Correspondence with RQIA

During the inspection the inspector spoke with the registered manager, the assistant services manager, senior care coordinator, two support staff, three service users and one relative.

The following records were examined during the inspection:

- Five care and support plans
- HSC Trust assessments of needs and risk assessments
- Care review records
- Recording/evaluation of care used by the agency
- Monthly monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision
- Complaints records
- Incident records
- Induction records
- Staff rota information
- Recruitment procedures 2016
- Statement of Purpose 2016
- Service User Guide 2016

As part of the inspection and at the request of the inspector, questionnaires were distributed for completion by staff; five were returned. At the request of the inspector, questionnaires were distributed for completion by service users; seven were returned.

Feedback received by the inspector during the inspection process is included throughout this report.

4.0 The inspection

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'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'.

The inspector would like to thank the agency staff and service users for their warm welcome and full cooperation throughout the inspection process.

4.1 Review of requirements and recommendations from the last care inspection dated 25 January 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 21(1)(a) Stated: First time	The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are- (a) kept up to date, in good order and in a secure manner. This requirement relates to the registered person ensuring that the agency's staff rota information includes the full names of staff provided.	Met
	Action taken as confirmed during the inspection: The inspector viewed the staff rota and noted that the full names of staff scheduled for duty are now included.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 9.1 Stated: First time	It is recommended that the agency's induction policy clearly details that staff are provided with an induction programme lasting a minimum of three working days.	Met
	Action taken as confirmed during the inspection: The inspector viewed the induction procedure which details a comprehensive programme lasting more than three days. Examination of induction records also verified that the programme of induction involves competency assessments and shadowing over a period of weeks. The organisation's corporate induction policy is currently under review.	

4.2 Is care safe?

During the inspection staffing arrangements were reviewed by the inspector. The agency has a recruitment policy and procedures in place; a dedicated human resources department oversees the recruitment process, including the completion of appropriate pre-employment checks.

Staff rotas and feedback from staff and service users indicated that sufficient numbers of staff are available to meet the needs of service users at all times.

It was noted that the agency has an induction policy and induction programme of at least three days in accordance with Regulations. The inspector received feedback from staff which indicated that the induction prepared them sufficiently for their roles and responsibilities.

Records of training were reviewed by the inspector and it was noted that mandatory training and additional training which is beneficial to service users has been attended by staff. The inspector noted on the day of inspection that a staff member was overdue training in Safeguarding Vulnerable Adults. Subsequently the inspector received email confirmation of this person’s attendance at this training.

The registered manager maintains a system to ensure that staff supervision and appraisals are planned, completed in accordance with policy, and records maintained.

The inspector received feedback from agency staff and viewed training materials which indicated that the regional guidance ‘Adult Safeguarding Prevention and Protection in Partnership’ July 2015 had been reflected in training. Staff were aware of their obligations in relation to raising concerns about poor practice. Staff stated that all suspected, alleged or actual incidents of abuse are fully and promptly investigated in accordance with procedures. Where shortcomings in systems have been highlighted as a result of an investigation, additional identified safeguards are put in place.

The inspector examined the safety of the agency’s arrangements to identify and manage risk to service users. The agency has in place appropriate risk management strategies. There were records of risk assessments completed with each service user, and regularly evaluated, reviewed and recorded. The agency’s governance arrangements include audit of any restrictive practices in place. It was noted that the review arrangements with the HSC Trust multidisciplinary teams allow for very flexible and regular review of service users as indicated by their level of need.

Twelve completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.3 Is care effective?

The agency’s arrangements for appropriately assessing and meeting the needs of people who use the service were examined during the inspection. The full nature and range of service provision, including the use of restrictive interventions, is laid out in the Statement of Purpose (2016) and Service User Guide (2016).

The inspector reviewed a range of care plans which are provided to service users. Care plans are developed with service users in conjunction with assessment information provided by HSC Trust professionals. HSC Trust professionals are involved in evaluation and review of care plans which takes place six monthly or when the need is indicated. Records indicated regular evaluation and review of care plans; this was supported by feedback from agency staff. It was

noted that agency staff show flexibility in the provision of care and support to service users; this was confirmed by feedback from a relative and service users.

The agency's systems to promote effective communication between service users, staff and other key stakeholders were assessed during the inspection. Discussions with service users and relatives indicated service users have open lines of communication with staff. Service users and relatives who provided feedback indicated that they know who to go in the agency to discuss an issue or complaint. Complaints and compliments records, the service user and relatives' evaluation surveys, and tenant meetings records provided evidence of how the agency maintains records of comments made by service users and/or their representatives.

The agency has a thorough quality monitoring system to oversee, audit and review the effectiveness and quality of care delivered to service users. The quality monitoring system provides an objective, thorough standard of monitoring in accordance with RQIA guidance. Quality monitoring reports included consultation with a range of service users, staff, relatives and HSC Trust professionals, and progress on improvement matter.

Service users' comments:

- "This is a marvellous place to live."
- "All the staff are lovely."

Relatives' comments

- "Reviews are very comprehensive; they take account of our views."
- "Activities are fabulous especially, singing for the brain."

Twelve completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care compassionate?

The inspection sought to assess the agency's ability to treat service users with dignity and respect, and to fully involve service users in decisions affecting their care and support.

Discussion and feedback from staff indicated that the values stated in the Minimum Standards, including dignity, respect, independence, choice, rights, equality and diversity, were embedded in the culture and ethos of service delivery at Mullan Mews.

A relative explained how the staff of Mullan Mews had worked with diligently with HSC Trust professionals to provide appropriate care enabling a service user to remain at home during a period of illness. The relative emphasised the compassionate nature of care in Mullan Mews and the willingness of staff and management to listen and respond to concerns.

A staff member interviewed outlined good examples of how tenants’ needs are responded to and spoke enthusiastically about the choices and activities available for service users.

Service users who provided feedback discussed the manner in which agency staff have sought to communicate and treat them with respect on a day to day basis:

- “I feel at home, feel safe.”
- “I think this place would be hard to beat.”
- “I feel if I have any concerns the staff listen and my views are respected.”

Twelve completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.5 Is the service well led?

The inspector examined management and governance systems in place to meet the needs of service users. It was noted that the agency maintains a comprehensive range of policies and procedures which are reviewed at least every three years. Policies and procedures are maintained on an electronic system accessible to all staff, and key policies are retained in the office used by staff daily. The agency maintains and implements a complaints and compliments policy. The inspector noted that complaints received during the reporting period of 1 April 2015 to 31 March 2016 had been fully investigated and were resolved.

The management structure of the agency is clearly defined and was well understood by staff and service users. A staff member commented on the thorough approach to supervision and mentioned that management are “helpful” and “approachable”.

The manager discussed recent rota changes designed to ensure equal distribution of duties and responsibilities. The inspector noted how staff, service users and their representatives were able to discuss their views regarding the implementation of this change at meetings. A relative confirmed they were informed of the process and their views were listened to.

The inspector viewed staff meeting minutes which provided an opportunity for discussion with staff about a range of issues. At these meetings staff were also directed to themed reading appropriate to their roles and responsibilities.

All of the service users and relatives interviewed confirmed that they are aware of whom they should contact if they have any concerns regarding the service. Discussion with the manager and review of electronic records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. There was evidence of regular and effective staff supervision and appraisal.

Staff could describe lines of accountability and knew when and who to discuss concerns with. The inspector was informed that staff were confident that managers would listen to and

address their concerns and suggestions. Staff discussed how they would respond to concerns about performance of a colleague and knew how to access the whistleblowing policy.

Twelve completed questionnaires were returned to RQIA from service users and staff. Respondents were satisfied with this aspect of care.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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