



The Regulation and
Quality Improvement
Authority

Mullan Mews
RQIA ID: 10843
6 - 16 Willowfield Avenue
Belfast
BT6 8HW

Inspector: Joanne Faulkner
Inspection ID: IN023179

Tel: 02890466480
Email: jacci.smyth@belfasttrust.hscni.net

**Unannounced Care Inspection
of
Mullan Mews Supported Housing Scheme**

25 January 2016

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 25 January 2016 from 09.30 to 15.30. Overall on the day of the inspection the agency was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to 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
Total number of requirements and recommendations made at this inspection	1	1

The details of the QIP within this report were discussed with the person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Belfast HSC Trust/Martin Joseph Dillon	Registered Manager: Jacqueline Paula Smyth
Person in Charge of the Agency at the Time of Inspection: Senior Support Worker	Date Manager Registered: 21 September 2015
Number of Service Users in Receipt of a Service on the Day of Inspection: 29	

Mullan Mews is a supported living type domiciliary care agency located on the outskirts of 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 in their own home within the local community. Staff are available to support tenants 24 hours per day and each service user has an identified 'key worker'.

The design of the facility incorporates five town houses, each with six en-suite bedrooms and communal living/dining facilities. The agency's offices are situated adjacent to the service users' homes.

Specific services provided by the agency include assistance with personal care, medication, budgeting, shopping, cleaning, laundry and attending social activities, dependent upon individual service users' needs, interests and wishes.

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 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:

- Discussion with the person in charge
- Examination of records
- Consultation with staff/service users/relatives
- File audit
- Evaluation and feedback

During the inspection the inspector met with five service users, three staff and spoke to the relative of two service users.

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:

- Care records for three service users
- HSC Trust assessments of needs, risk assessments and review meeting records
- Recording/evaluation of care documentation used by the agency
- Monthly quality monitoring reports
- Tenants' meeting minutes
- Staff meeting minutes
- Staff training records
- Records relating to staff supervision and appraisal
- Complaints register
- Recruitment policy (January 2013)
- Induction policy (August 2013)

- Supervision policy (August 2013)
- Assessment of needs and risk assessment policy (October 2015)
- Staff register/information
- Agency's rota information
- Whistleblowing policy (June 2013)
- Staff handbook
- Disciplinary procedure (August 2015)

Staff questionnaires were completed by six staff; they indicated the following:

- Service users' views are taken into account in the way the service is delivered.
- Staff are aware of the agency's whistleblowing policy.
- Staff are very satisfied that the care is delivered in a person centred manner.
- Staff are very satisfied that concerns raised are taken seriously.
- Staff are satisfied that they are familiar with service users' care needs.
- Five staff are satisfied that their induction prepared them for their role.
- Five staff are satisfied that at all times there are an appropriate number of suitably skilled and experienced persons to meet the needs of service users.

One individual indicated that they were not satisfied that their induction prepared them for their role. It was noted that the staff member had commenced employment a number of years previously; they stated that they felt that the induction currently provided to new staff was much improved.

Service users' questionnaires were completed by five service users following the inspection; they indicated that:

- Service users are very satisfied with the care and support they receive.
- Service users are satisfied that they are consulted in relation to the quality of the service.
- Service users are very satisfied that staff help them to feel safe and respond to their needs.
- Service users are very satisfied that staff know how to care for them.
- Service users are very satisfied that staffing levels are appropriate.

One individual stated, "I consider Mullan Mews to be the best anyone could wish for."

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

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the agency was an unannounced care inspection dated 30 January 2015. 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>Requirement 1</p> <p>Ref: Regulation 14.(b)</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>This requirement relates to the registered person ensuring that the agency has in place a policy relating to staff meals; it should clearly describe the process for staff accessing food whilst on duty in a service user's home and details of any charges to service users for staff food whilst being accompanied on an outing.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed the agency's policy relating to staff meals; it details the arrangements for staff accessing food whilst on duty in a service user's home and outlines any charges to service users for staff food whilst being accompanied on an outing.</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, June 2013, outlines the mechanism to ensure that appropriate pre-employment checks are completed; the person in charge stated that a record is retained by the human resources department. The agency maintains an alphabetical index of all domiciliary care workers supplied or available for supply for the agency.

Prior to employment agency staff are required to complete a health assessment; the person in charge could describe the process for managing absence from work and for supporting staff to return to work following a period of absence.

The agency's induction policy, August 2013, outlines the induction programme provided to staff; the person in charge stated that new staff are required to shadow existing staff members in the service users' homes for a minimum of one week. It was identified that the induction is completed in the initial few months of employment and that staff receive induction specific to the needs of the individual service users; however, it was noted that the policy did not detail the duration of induction. The agency maintains a record of the induction programme provided to staff; it indicates that induction is completed over at least three days. The induction record is signed by the manager and staff member.

The agency has a procedure for the induction of short notice/bank staff; the person in charge stated that staff are supplied from the organisations bank staff.

Staff stated that they are provided with a handbook and have access to the agency's policies and procedures.

The agency's supervision policy details the frequency and procedure for staff supervision. Staff stated that they are provided with a supervision contract and receive supervision four to six weekly; it was identified that staff undertaking supervision have received appropriate training.

Is Care Effective?

Discussions with the person in charge, staff, relatives and service users indicated that an appropriate number of skilled and experienced persons are available at all times to meet the assessed needs of service users. Staff rota information viewed, reflected staffing levels as described by the person in charge.

The inspector viewed the agency's staff rota for the forthcoming days and staff were allocated shifts as described by the person in charge. It was identified that the staff rota did not record the full name of all staff supplied.

Staff stated that they are provided with a job description during their induction and in pre-employment information provided. It was identified from records viewed that the job description provided a summary of the job role and outlined staff responsibilities. Staff could describe their roles and responsibilities and the process for highlighting any training needs.

Staff could describe the detail of their induction program and stated that they felt equipped to carry out the requirements of their job roles. The agency maintains a record of induction and competency assessments completed during the induction period.

Staff stated that they receive supervision four to six weekly and an annual appraisal; they stated that they are encouraged to highlight any training needs to their line manager. It was noted from records viewed that staff providing supervision have received appropriate training and that staff had received supervision and appraisal in line with the agency's policy.

The agency has recently introduced an electronic database to record staff training; it highlights when updated training is required. From records viewed it was identified that the agency provides mandatory training to all staff and in addition training specific to meet the needs of individual service users.

The agency's whistleblowing policy outlines the requirement for staff to report concerns; staff could describe their responsibility in highlighting concerns.

Is Care Compassionate?

The agency maintains a record of comments made by service users/representatives at tenants' meetings in relation to staffing arrangements and new staff; this was verified by records viewed. Service users stated that they are introduced to new staff members.

Staff could describe the impact of staff changes on service users; the person in charge stated that the agency endeavours to maintain continuity of staff and stated that there is minimal use of bank staff.

Staff are required to complete corporate induction; training records viewed indicated that staff receive additional training specific to the needs of individual service users. Staff stated that they had the appropriate knowledge and skills to carry out their job roles.

Staff described how their induction included meeting service users and becoming familiar with their individual care plans. Service users stated that they are consulted in relation to the care and support they receive and that their privacy, dignity and wishes are respected.

The agency's disciplinary procedure, August 2015, outlines the process for managing unsatisfactory performance of staff; the person in charge could describe the agency's procedure and stated that it is a staged approach with an emphasis on supporting staff to improve their knowledge and skills.

Service User Comments:

- "I love this place; I am really contented."
- "Staff are very good."
- "If I am worried I speak to the staff."
- "There are always enough staff around; they will help me with anything."
- "Staff take us out."
- "I help set the table for dinner."
- "Staff look after us; they bring us a wee cup of coffee."

Staff Comments:

- “I received induction; the training is fantastic.”
- “I have supervision.”
- “This is a fantastic place to work.”
- “I can speak to the manager at any time; I feel supported.”
- “We have enough staff.”

Relative’s Comments:

- “The staff are great.”
- “Staff are very caring and approachable.”
- “Staff are responsive to the needs of my mother.”

Areas for Improvement

There were two areas for improvement identified within Theme 1:

Regulation 21(1)(a)

This requirement relates to the registered person ensuring that the agency’s staff rota information includes the full names of staff provided.

Standard 9.1

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.

Number of Requirements:	1	Number of Recommendations:	1
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5.4 Theme 2: Service User Involvement - Service users are involved in the care they receive.**Is Care Safe?**

The agency’s Assessment of needs and Risk Assessment policy outlines the processes to be followed when completing individual needs assessments. Assessment documentation viewed included the views and choices of service users and/or representatives. Service users and relatives stated that they are involved in developing their individual care and support plans and that their views are reflected.

Staff could describe the benefits of positive risk taking and their role in supporting service users to live as independently as possible. They could describe examples of positive risk taking agreed in collaboration with the service user and/or their representatives.

Is Care Effective?

From records viewed it was noted that staff record daily the care and support provided to individual service users and in addition complete a monthly summary. Service users and their relatives stated that they are encouraged and supported to participate in a six monthly review of their care and support involving their HSCT representative. From records viewed it was

noted that care plans are reviewed six monthly. 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's statement of purpose outlines the arrangements for consultation with service users and their relatives. It was identified that the agency facilitates tenants' meetings; records viewed indicate that service users are encouraged to express their views and opinions. Service users and their relatives are provided with a tenant and family agreement and are informed of the agency's complaints procedure; the agency maintains a record of all 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 the human rights information in a suitable format.

Is Care Compassionate?

Discussions with service users, relatives and staff indicate that service users receive care in an individualised manner. Care plans viewed were written in an individualised manner and service users stated that they are consulted about the care they receive and can make choices about the care and support they receive.

Promotion of values such as dignity, choice and respect were evident through discussion with staff, relatives and service users and additionally through observations made during the inspection.

The person in charge could describe the process for liaising with the relevant HSCT representative regarding best interest practices for service users where there are capacity and consent issues.

Service User Comments:

- "I love it here; I am very settled."
- "We can do what we want."
- "Staff take us out."
- "We have freedom; we are never in."
- "I am encouraged to be independent."
- "There is nothing that I am not happy about."
- "I have my own key."

Staff Comments:

- "Service users are listened to."
- "Service users and their families are involved in developing their care plans."
- "Service users can do what they want."
- "We encourage service users to develop their strengths."
- "The emphasis is based on what the service users can do."
- "I feel the tenants are receiving a very high standard of care."

Relative's Comments:

- "Staff are very welcoming."
- "My mother is really well looked after."
- "I am kept informed of any changes."
- "My mother is treated with respect."

Areas for Improvement

There were no areas for improvement identified within Theme 2.

Number of Requirements:	0	Number of Recommendations:	0
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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 assistant services manager. From records viewed it was identified that the views of service users, their relatives and where appropriate relevant professionals had been recorded. The documentation details any incidents or safeguarding concerns; it was identified that an action plan is developed.

5.5.2 Complaints

The agency has had four of complaints for the period 1 January 2014 to 31 March 2015; this was verified from records viewed and discussion with the person in charge. The agency's complaints policy outlines the procedure in handling complaints; records viewed indicated that the complaints received had been handled in accordance with the agency's policy and procedures.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the Domiciliary Care Agencies Minimum Standards, 2011 etc. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to agencies.team@rqia.org.uk and assessed by the inspector.

Quality Improvement Plan

Statutory Requirements

Requirement 1 Ref: Regulation 21(1)(a) Stated: First time To be Completed by: 25 March 2016	<p>The registered person shall ensure that the records specified in Schedule 4 are maintained, and that they are-</p> <p>(a) kept up to date, in good order and in a secure manner.</p> <p>This requirement relates to the registered person ensuring that the agency's staff rota information includes the full names of staff provided.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The facility's staff rota has been amended and now details the full names of staff.</p>

Recommendations

Recommendation 1 Ref: Standard 9.1 Stated: First time To be Completed by: 25 April 2016	<p>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.</p>
	<p>Response by Registered Person(s) Detailing the Actions Taken: The agency's local Induction Checklist and Staff Hand book have both been amended to include the required detail that staff are provided with induction programme lasting a minimum of three working days</p>

Registered Manager Completing QIP	Fiona Mc Kinney, ASM	Date Completed	08/03/16
Registered Person Approving QIP	Martin Dillion	Date Approved	14/03/16
RQIA Inspector Assessing Response	JOanne Faulkner	Date Approved	16/3/16

Please ensure this document is completed in full and returned to 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the service.