



The Regulation and
Quality Improvement
Authority

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
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Tel: 028 9051 7500 Fax: 028 9051 7501

SECONDARY INSPECTION

| | |
|----------------------------|------------------------|
| Name of Agency: | Mullan Mews |
| RQIA Number: | 10843 |
| Date of Inspection: | 30 January 2015 |
| Inspector's Name: | Joanne Faulkner |
| Inspection Number: | 021158 |

1.0 General Information

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|--|---|
| Name of Agency: | Mullan Mews Supported Housing Scheme |
| Address: | 6 - 16 Willowfield Avenue Belfast BT6 8HW |
| Telephone Number: | 02890466480 |
| E-mail Address: | jacci.smyth@belfasttrust.hscni.net |
| Registered Organisation / Registered Provider: | Belfast HSC Trust Martin Dillon, Acting Responsible Person |
| Registered Manager: | Helen Taggart (Acting) |
| Person in Charge of the Agency at the Time of Inspection: | Helen Taggart |
| Number of Service Users: | 30 |
| Date and Type of Previous Inspection: | 18 September 2014 Primary Announced Care Inspection |
| Date and Time of Inspection: | 30 January 2015 09:30-12:00 |
| Name of Inspector: | Joanne Faulkner |

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect domiciliary care agencies. A minimum of one inspection per year is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

3.0 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to service users was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of domiciliary care, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- The Department of Health, Social Services and Public Safety's (DHSSPS) Domiciliary Care Agencies Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

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

- Discussion with the registered manager
- Examination of records
- File audit
- Evaluation and feedback

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to consider the following areas:

- Review of action plans/progress to address outcomes from the previous inspection

The table below sets out the definitions that RQIA has used to categorise the service's performance:

| Guidance - Compliance Statements | | |
|---|--|---|
| Compliance Statement | Definition | Resulting Action in Inspection Report |
| 0 - Not Applicable | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 1 - Unlikely to Become Compliant | | A reason must be clearly stated in the assessment contained within the inspection report. |
| 2 - Not Compliant | Compliance could not be demonstrated by the date of the inspection. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 3 - Moving Towards Compliance | Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year. | In most situations this will result in a requirement or recommendation being made within the inspection report. |
| 4 - Substantially Compliant | Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place. | In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report. |
| 5 - Compliant | Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken. | In most situations this will result in an area of good practice being identified and comment being made within the inspection report. |

4.0 Profile of the Service

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 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.

5.0 Inspection Summary

The unannounced inspection was undertaken on 30 January 2015 at the registered office.

The inspector was supported throughout the inspection by Fiona McKinney, assistant services manager and the acting manager, Helen Taggart.

The acting manager stated that the practice of staff eating food purchased from the household fund has ceased; the agency have completed an audit and identified that a number of staff provided their own food and in addition frequently contributed food items for both staff members and service users in the houses they provided care and support in. Outcome of the audit and information relating to the practice did not indicate that service users had been disadvantaged.

A focus group in relation to arrangements for meal provision was facilitated by an independent advocate from the Alzheimer's Society; service users and their relatives participated in this process. The inspector viewed the documentation relating to this it reflected the views of service users and relatives; it was noted that a large number of service users and relatives considered the practice of staff sharing a meal with service users to be beneficial to them.

The assistant services manager stated that the agency are currently in the process of developing a policy and procedure relating to staff accessing food whilst on duty in a service user's home and determining any contribution that will be required to be paid by the agency to the individual household budgets .

6.0 Review of Action Plans/Progress to Address Outcomes from the Previous Inspection

The inspector reviewed the Quality Improvement Plan issued following the previous inspection; two requirements and one recommendation have been assessed as being fully met. One requirement has been assessed as being partially met and will be restated.

The inspector would like to thank the acting manager and assistant services manager for their support and co-operation during the inspection process.

7.0 Follow-up on Previous Issues

| NO. | REGULATION REF. | REQUIREMENTS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------|---|--|--------------------------------------|
| 1. | 14.(b)(d) | <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; (d) so as to ensure the safety and security of service users' property, including their homes;</p> <p>This requirement relates to the registered person ensuring that an audit is completed to determine if the practice of staff consuming food purchased by the service users has disadvantaged service users and identify if any reimbursement was due.</p> <p>The registered people should submit to RQIA written confirmation of the agency's findings on or before 19 November 2014.</p> | <p>The agency completed an audit of the household budget for a period prior to and following the practice having ceased; the agency forwarded to RQIA the outcome of the audit.</p> <p>Outcome of the audit and other information relating to the practice did not indicate that service users had been disadvantaged. The assistant services manager stated that a number of staff regularly provided food items that were shared with service users.</p> <p>This requirement has been assessed as being fully met.</p> | Fully met. |

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|----|-------------------|--|---|----------------|
| 2. | 14.(b) | <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>The inspector viewed draft guidance relating to staff accessing food whilst on duty. The inspector was informed that the agency is in the process of determining the detail of the guidance document.</p> <p>This requirement has been assessed as being partially met and will be restated.</p> | Partially met. |
| 3. | 5.-(1) Schedule 1 | <p>The registered person shall compile in relation to the agency a written statement (in these Regulations referred to "the statement of purpose") which shall consist of a statement as to the matters listed in Schedule 1.</p> <p>This requirement relates to the registered person ensuring that the agency's statement of purpose makes reference to restrictive practice.</p> | <p>The inspector viewed the agency's statement of purpose; it was noted that it had been updated in December 2014 and included information relating to restrictive practice.</p> <p>This requirement has been assessed as being fully met.</p> | Fully met. |

| NO. | MINIMUM STANDARD REF. | RECOMMENDATIONS | ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION | INSPECTOR'S VALIDATION OF COMPLIANCE |
|-----|-----------------------|---|--|--------------------------------------|
| 1. | 9.5 | It is recommended that the registered person ensures that all policies and procedures are subject to a systematic review on a three yearly basis, with particular reference on this occasion to Supervision, Appraisal, Discipline, Grievance and Restrictive Practice policies and procedures. | <p>The acting manager stated that policies and procedures are currently being reviewed; the inspector viewed the policies currently in place and noted a number of local policies are available within the agency.</p> <p>This requirement has been assessed as being partially met.</p> | Partially met. |

8.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Helen Taggart, acting manager and Fiona McKinney, assistant services manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider / manager is required to record comments on the Quality Improvement Plan.

Where the inspection resulted in no recommendations or requirements being made the provider / manger is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

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.

Enquiries relating to this report should be addressed to:

**Joanne Faulkner
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Announced Secondary Inspection

Mullan Mews

30 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Fiona McKinney, assistant services manager and Helen Taggart, acting manager during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

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 (NI) 2007

| No. | Regulation Reference | Requirements | Number Of Times Stated | Details Of Action Taken By Registered Person(S) | Timescale |
|-----|----------------------|--|------------------------|---|---|
| 1. | 14.(b) | <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> | Twice | <p>The practice of staff sharing meals with tenants was reinstated on 27/04/15 following the commencement of Trust monthly contribution to household budget to cover costs of staff meals. Clear Guidance on Mealtimes was devised for staff who are aware of the process for staff sharing meals with tenants (please see attached)</p> | Five months from the date of inspection: 30 June 2015 |

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

| | |
|---|------------------|
| NAME OF REGISTERED MANAGER COMPLETING QIP | Jacqueline Smyth |
| NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP | Martin Dillon |

| QIP Position Based on Comments from Registered Persons | Yes | Inspector | Date |
|---|------------|--------------------|--------------|
| Response assessed by inspector as acceptable | X | Joanne faulkner | 17/07/1 5 |
| Further information requested from provider | | | |